

The Transition to Marriage Project

Approximately 149,000 couples will marry and 70,000 couples will divorce in a given year in Canada (Statistics Canada, 2001). Of the couples who marry today in Canada, approximately 40% will divorce at some point. How do couples go from being so happy that they pledge to spend the rest of their lives together, to deciding that they can no longer remain married? Although early relationship characteristics predict marital quality, there is less understanding of how couples have developed along these different marital paths. The purpose of the Transition to Marriage Project (TTM Project) is to understand relationship processes as they unfold naturally, beginning with a group of engaged couples and following them through the first two years of their marriage.

Although we asked couples about many different relationship processes, we had a specific focus in the TTM project on prosocial behaviours in marriage such as social support, forgiveness, and empathy. Traditionally, the focus in marital research has been on negative behaviours in marriage such as conflict and aggression, and how they are related to marital outcomes. This almost exclusive focus on negative relationship processes yielded much important information about marriages. However, the links between behaviour early in marriage, such as how couples solve problems or deal with conflict, and later outcomes (e.g., dissatisfaction and divorce) are inconsistent. In other words, happy couples certainly handle problems well and unhappy couples do not, but how couples handle problems does not necessarily lead to changes in satisfaction.

Since the mid 1990s, there has been a change in the trend to focus exclusively on conflict in marriages. Researchers have called for a greater focus on other key domains in marriage that have thus far been relatively neglected. New research that targets these so called “positive” relationship processes is now emerging and this project is a part of that trend.

Immediate Project Goals

- To study marriages from their beginnings as they develop over time to better understand the mechanisms that underlie marital dysfunction
- To focus on positive marital processes such as empathy, forgiveness, validation, capitalization, and social support

Down the Road...

Although the TTM project did not involve therapy, our hope is that what we learn about couples and marriages will be used to develop and to refine couples interventions. If we can better understand trajectories of marriage, then we can better understand how to effect change in those trajectories. Ultimately, our goal is to add to the body of literature that will help to sustain more personally satisfying romantic relationships that will benefit individuals and their children.

Who funded the project?

The SFU Transition to Marriage Project was funded by the Social Sciences and Humanities Research Council of Canada (Grant #410-2005-0829) <http://www.sshrc.ca/>.

Interviewers who worked on the project and ‘where are they now’

Colleen Allison is completing her PhD dissertation at SFU in the Clinical Psychology program under the supervision of Dr. Rebecca Cobb.

Patrick Poyner-Del Vento is completing his PhD dissertation at SFU in the Clinical Psychology program under the supervision of Dr. Rebecca Cobb.

Eva DeHaas is completing her PhD dissertation at SFU in the Clinical Psychology Program under the supervision of Dr. Kim Bartholomew.

Kim Watt is completing her MA thesis at SFU in the Clinical Psychology program under the supervision of Dr. Bob Ley.

Chiara Papile is completing her MA in Counselling at the University of Victoria.

Jill Logan is currently working at Riverview Hospital and she is applying to graduate school in the Fall 2009.

Amy Williams is completing her PhD dissertation at Wayne State University in Clinical Psychology under the supervision of Dr. Anne-Marie Cano.

Michelle Behr is completing her MA in Counselling psychology at Trinity Western University.

Danielle Brosseau is completing her MA in Counselling psychology at Trinity Western University.

Mandana Sharifi completed her MA in Counselling psychology at Trinity Western University and she is currently working at the Maples Adolescent Treatment Center.

Carlene van Tongeren completed her MA in Counselling at UBC and she is now in private practice.

Melodie Foellmi is completing her PhD in Clinical Psychology with a specialization in Forensic Psychology at Fordham University, New York.

Brandilyn Willet is a research assistant at BC Mental Health and Addictions.

Kim Burrus is a research associate at the BC Cancer Agency.

Joanne Magtoto is completing her honours BA at SFU and plans to apply to graduate school next year.

How did you recruit couples for the project?

We recruited participants through advertisements in local newspapers, on wedding-related electronic bulletin boards, on community notice boards, and on campus-based electronic notice screens; television and print media coverage; flyers posted in businesses that provided wedding-related services (e.g., wedding dress shops); and announcements mailed to local religious organizations. Members of the research team also attended local bridal shows and passed out flyers describing the study

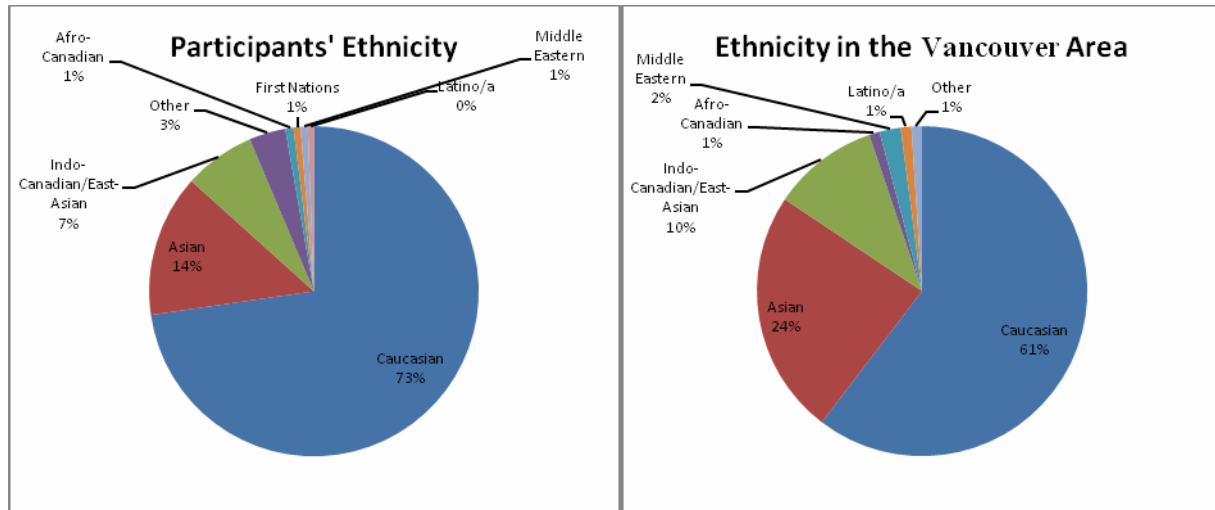
The most successful recruitment methods were the media ads and the bridal shows from which we received 33% and 29% of all responses, respectively. People who were interested in participating contacted the lab. Interested couples were screened for eligibility via a brief telephone interview during which we gathered demographic and relationship information that is described below.

In total, 684 individuals contacted us about the study (80% of whom were women), 461 phone screen interviews were completed, 226 couples were eligible to participate, 221 agreed to be in the study, and 201 participated (20 eligible couples who agreed to participate did not complete their questionnaires and thus were dropped from the study).

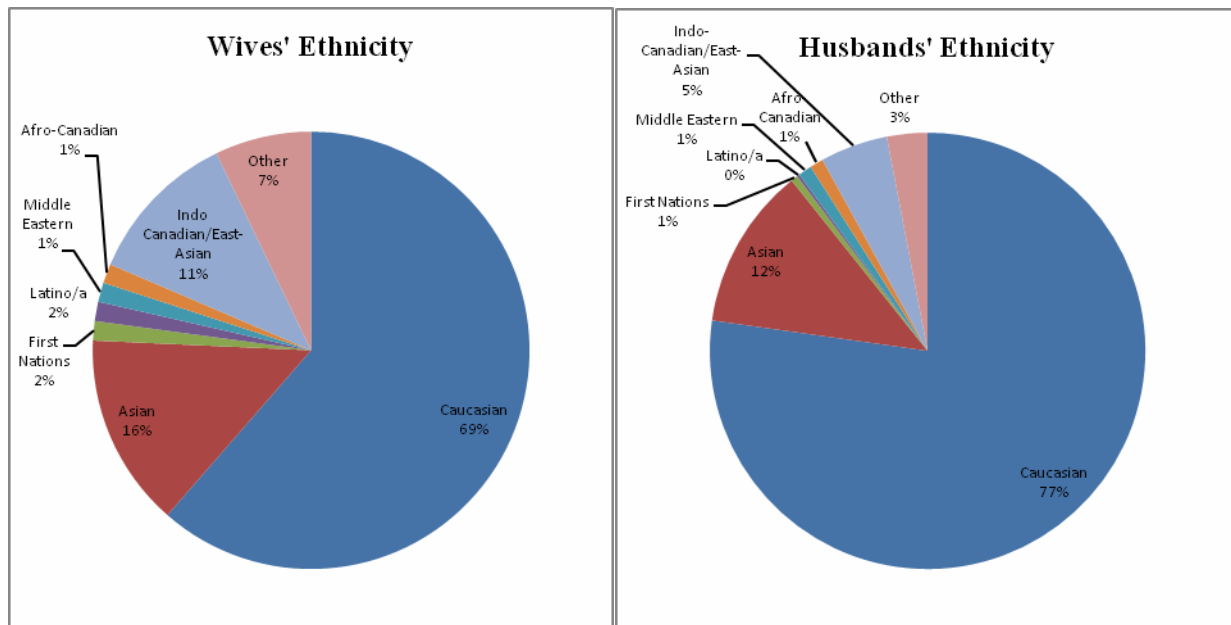
To be eligible for the Transition to Marriage project, couples had to be between 18 and 45 years of age, engaged with a set wedding date prior to November 2006, starting first marriages, currently without children, fluent in English, living in the Metro Vancouver area, and both partners had to be willing to participate. Generally, couples who were ineligible did not meet multiple inclusion criteria, but the most common reason couples could not participate in the TTM project was that their wedding date was set too far in the future to begin our study (25%). Some of the eligibility criteria was to ensure that the couples in our study were at similar points in their relationship (e.g., getting married with no children) and had not previously experienced marriage or divorce.

Recruitment sample: Age and ethnicity

Of the couples who responded to our ads, men averaged 30 years and women averaged 28 years of age. This is consistent with the trend of couples, especially Canadian couples, marrying later in life than in previous generations. The participants were predominantly Caucasian (73%), but considering that most other longitudinal studies on marriage are comprised of samples with 85-100% Caucasian couples, our recruitment sample was relatively diverse. In the graph below on the right is the ethnic/racial breakdown of our recruitment sample and on the right is the breakdown in the Metro Vancouver area.

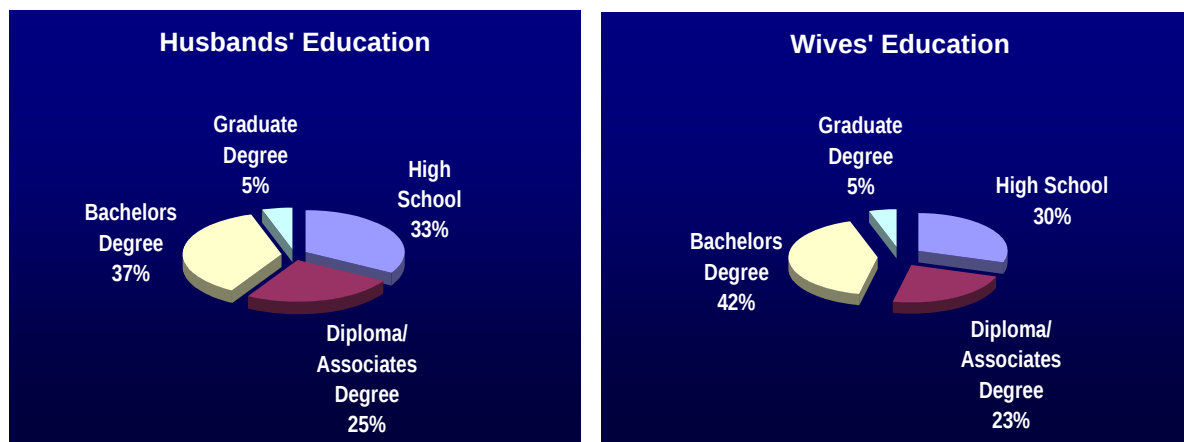


As you can see from the two graphs below, the women who responded to our recruitment efforts were more racially diverse than the men. Of the 428 couples who provided information about ethnicity, just over 21% were interracial.

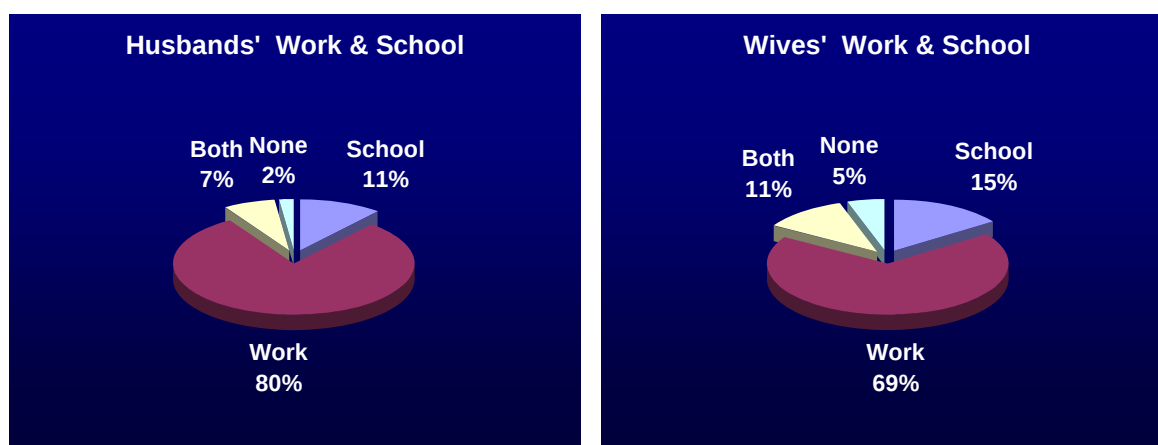


Recruitment sample: Work and Education

Consistent with a volunteer sample, the recruitment couples were fairly well educated with the majority having finished high school and about 40% having completed some college or university.

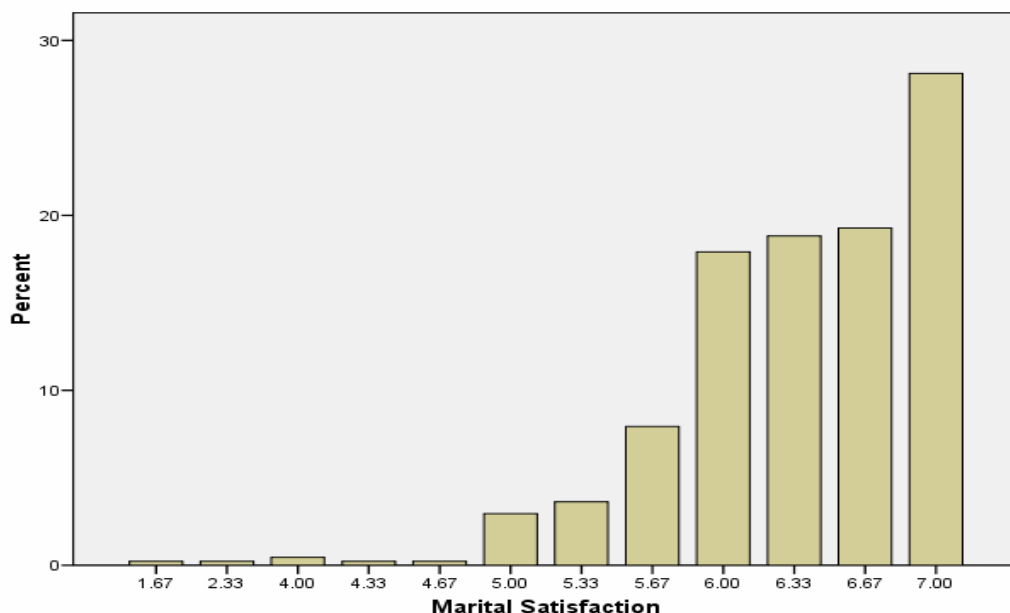


The majority of the recruitment couples were employed full time.



How satisfied were the recruitment couples?

As part of the phone screening, we asked the caller to rate their relationship satisfaction on three items: how satisfied are you with your partner, with your relationship, and with how you function as a team. We averaged the scores on the three items to provide a global satisfaction score for each caller. Callers were generally quite satisfied in their relationship and there were no differences between men and women on satisfaction. Less than 10% of participants said they were only somewhat satisfied with their partners, relationship, or teamwork. As you can see from the graph below relationship satisfaction was negatively skewed (clustered at the top of the scale), as is generally the case in newlywed or engaged samples.



How many of the recruitment couples were cohabiting?

At the time of the phone interview, almost half (41%) of the couples had been cohabitating for nearly two years (22 months). This is somewhat lower than the number of couples who cohabit prior to marriage in the US; about 60% of couples cohabit prior to marriage and usually for an average of a year and half.

How many recruitment couples had premarital or relationship counselling?

Of the 439 couples who provided the information, less than 9% had received relationship therapy, 18% indicated they had received marriage preparation, and another 26% of couples stated that they intended to seek marriage preparation. The number of couples who had either received or were planning to seek marriage preparation of some kind is high compared to national averages of about 25%. However, we do not know how many of the couples who intended to receive premarital counselling ended up doing so.

How many couples participated in the Transition to Marriage Project and what did they do?

Of the 221 couples who were eligible after the phone screening process, 201 couples participated in the first phase of the project. Spouses completed online questionnaires about 2 months prior to their wedding date and then every three months thereafter. Questionnaires assessed many dimensions of relationships, personal functioning, family background, and social context. Couples also visited the lab twice, once at the third phase of the study, which was just after their marriage, and again at the end of the study, which was about 2 years into their marriage. During the lab visits, couples were interviewed separately about their marriage, work, family, and children if they had any. They also provided information about their history of psychological symptoms such as anxiety and depression. The spouses also engaged in several recorded

discussions about their relationship. Finally, we interviewed both spouses together to learn more about the history of their relationship and marriage.

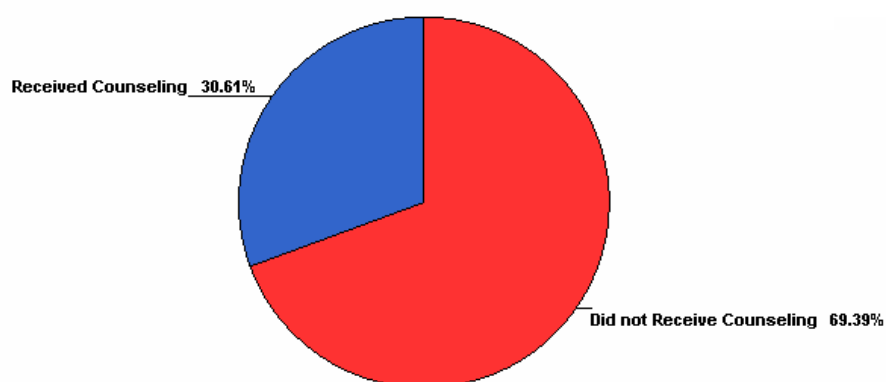
Did anyone drop out of the study or divorce?

Drop out, or attrition, is a common problem in longitudinal research. We began our study with 201 couples, and 183 wives and 180 husbands completed the final phase of the study. Thus, the rate of attrition in the study was about 10%, which is relatively low compared to other newlywed studies of similar duration where it is common to observe attrition rates from 3 to 24%.

Of those couples who did not complete the final phase, 13 dropped out of the project entirely and 5 couples that we know of separated or divorced and we no longer collected data from them.

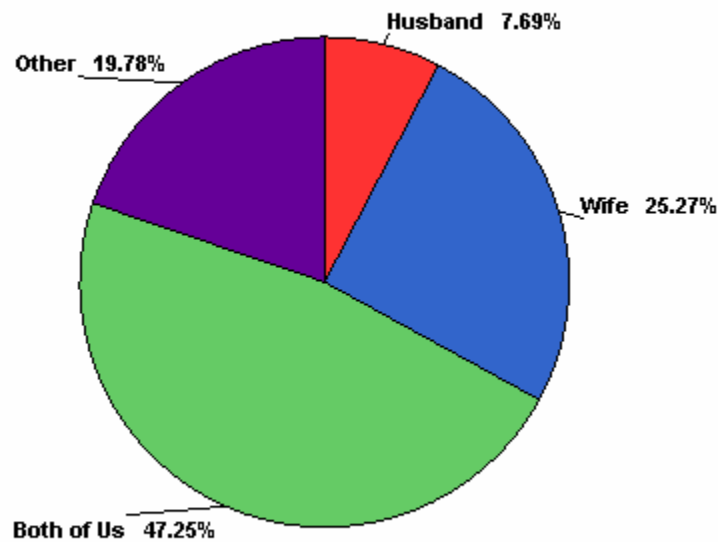
How many TTM couples participated in marriage preparation? Who initiated it?

Of the 201 couples in the TTM study, 30.61% participated in marriage preparation (marriage preparation). This is slightly higher in comparison to rates in the US, where approximately 25% of couples receive marriage preparation.



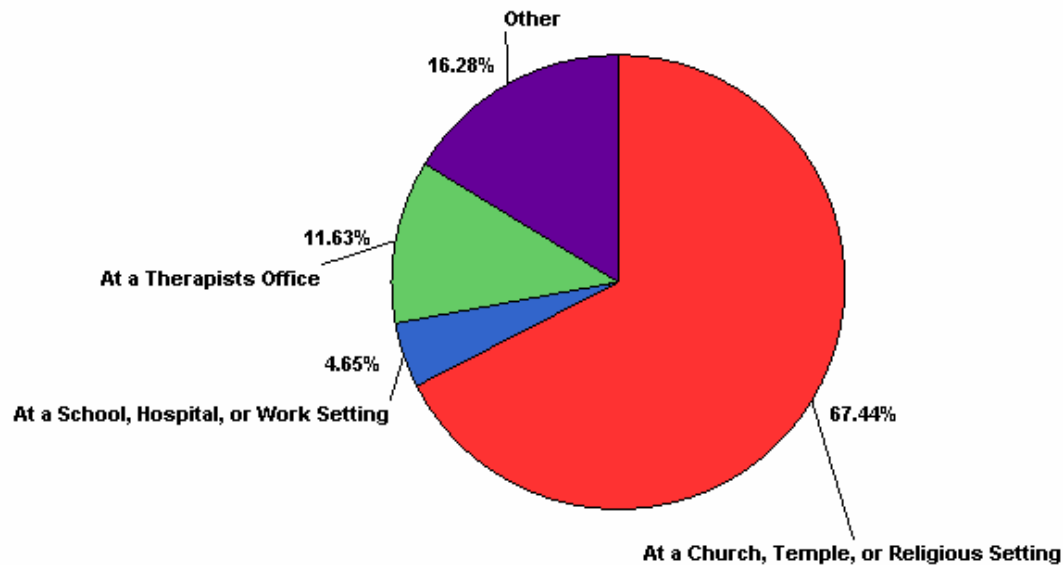
As you can see from the figure below, 47% of the couples said both partners initiated marriage preparation, 25% of the couples said that the wife had initiated therapy, and in only 7% of the couples did the husband initiate marriage preparation. About 19% of the couples said that someone else initiated the marriage preparation, perhaps a clergy member if the counselling was a requirement of their church.

Who Initiated the Marriage preparation?



Where did couples receive marriage preparation?

Most (67%) of the couples received marriage preparation in a church, temple, or other religious setting, and the intervention was usually led by either a religious leader or member of a religious group. Only 11% indicated that they received marriage preparation at a therapist's office. Most couples spent between 10 and 20 hours in marriage preparation, for which most paid nothing or less than \$100.



Did all the couples in the study come to SFU for the lab sessions?

During the course of the study, we asked couples to visit our research lab at SFU twice for a series of interviews and discussions. Approximately 85% of the 200 couples in the study visited our lab during the first lab session (three months after the wedding) and 79% of the couples visited during the second lab session (about two years after the wedding). Most of the couples who did not participate in the lab sessions were no longer participating in the study, but some opted not to visit the research lab due to time constraints or various other reasons.

What was the purpose of the discussions during the lab sessions?

At each of the lab sessions, we asked spouses to discuss with their partners a couple of different things. In the first set of discussions, we asked each spouse to talk with their partner about something that was a recent worry or concern (something that was not a source of marital conflict). This allowed us to observe how spouses talked about a problem in their lives and how their partners responded. We are currently analyzing the videos to determine the nature and quality of support behaviors that spouses' display in these discussions. Some of the behaviours that we code include whether partners' offer emotional support (e.g., "I know it's really hard for you to deal with losing your mother.") or instrumental support (e.g., "Would it help if I cooked dinner more often?"). We are also coding instances where things do not go well for the couple during the discussion (e.g., "Would you just get over this issue already?" or "You just don't understand me at all, and now I feel worse thanks to you."). We hope that by understanding how spouses talk about worries and concerns, and how they respond to each others' needs for support, that we will be better able to predict and to explain marital outcomes over time.

In the second set of discussions, we asked each spouse to discuss a time when they were hurt by their partner. We realize this was a difficult discussion for many of our couples, but hurt feelings are inevitable in relationships and if couples handle these incidents poorly, it could have negative effects on person and relationship health. We have also begun developing a coding system to analyze the positive (e.g., I feel like my trust in you is restored 100%) and negative behaviour (e.g. “When you said that to me, it made me doubt myself a little,” or “You were so inconsiderate; did you ever stop to think about my feelings for once?”) in these discussions. Ultimately, we hope to understand how empathy and forgiveness play a role in the success of relationships.

What kinds of topics did Couples discuss in the lab sessions?

Not surprisingly, the topics varied greatly in both sets of discussions. With regard to the worry discussions, many spouses chose topics related to their family (e.g., relationship difficulties with a sibling or in-law, the hardships of living far away from parents, worry about a family member’s destructive lifestyle). Other topics that were frequently chosen were concerns related to work, finances, childrearing, or a spouse’s personal concerns (e.g., how to stay on budget, trouble with a supervisor at work or a job, when to have children, doubts about being a good parent, losing weight).

With regard to the hurt feelings discussions, the events discussed also varied greatly. A common theme was one spouse taking offense to something the other partner said or did (e.g., name-calling, being dishonest, appearing inconsiderate, or overly demanding). Another common theme was a partner feeling neglected in some way (e.g., partner did not phone home when a call was expected, forgetting an important date, lack of support from partner).

Why did you need to observe couples having marital discussions rather than just asking them about their experiences?

In our research, we approach the study of relationships from multiple perspectives and we use multiple methods. We do simply ask couples about many things in their relationships either through self-report questionnaires or in interviews. However, every method of gathering information will have some drawback; for example, self-report data can be prone to response biases—people may feel compelled either consciously or unconsciously to respond in somewhat inaccurate ways. Couples may have also behaved in ways that are not typical during the discussions because the situation is unnatural and may place certain demands on participants to “behave well.” However, by using different methods to gather information (e.g., interviews, observations, physical data, partner reports), we hope to gain a better, richer, and more balanced picture of what is happening in marriages.

Why did You Collect Saliva Samples from the Couples who Visited the Lab?

We asked all the couples who visited the lab to provide saliva samples so that we could obtain hormone assays. We have not yet analyzed this data, but we plan to assay Cortisol and Testosterone for example. Cortisol is a hormone that is involved in regulating glucose metabolism, blood pressure, immune function, and inflammatory response. It is the so called ‘stress hormone’ because it is released in higher levels during the fight, flight, or freeze reaction (e.g., when we are feeling stressed or anxious). Although in relatively small doses cortisol prepares the body to meet a threat (e.g., by increasing blood pressure and blood sugar), chronic activation of the stress response results in higher and prolonged levels of cortisol in the bloodstream. This can have negative effects such as reduced immune response, blood sugar imbalances, higher blood pressure, and increased abdominal fat. We will assess cortisol levels from the saliva at baseline (when you arrived at the lab), and following a challenging situation (discussing difficult relationship topics with your spouse). We hope to link cortisol reactivity to physical changes over time (e.g., weight gain or increasing body fat) and to physical and mental health outcomes.

There is also some emerging evidence that testosterone is related to relationship formation and stability. We plan to examine whether testosterone levels predict stability and satisfaction in the TTM couples.

Health and Lifestyle in the TTM Couples

Why did you Measure Couples’ Height and Weight?

The quality of intimate relationships is clearly linked to well-being including physical and mental health. We measured height, weight and body fat during the lab sessions and asked couples about their health at each study phase so that we could track changes in physical condition that might be related to changes in the quality of relationships.

From the height and weight, we calculated a measure of body fat called the Body Mass Index, or BMI. The BMI is a ratio of weight to height-squared and it is used to indicate health risks that may be associated with weight, for example, being over or under weight. The Canadian guidelines for healthy weight for adults between 20 to 65 years of age suggests that a healthy BMI range is between 20-25. A generally healthy range for most people is between 25 and 27. A BMI of less than 20 may be associated with underweight health problems such as poor nutrition or eating disorders (CDC, 2009). A BMI of over 27 suggests an increasing risk for developing health problems such as coronary heart disease, hypertension, stroke, type II diabetes, and some types of cancer (CDC, 2009).

In the TTM study, the average BMI at the beginning of the study was 25.8 for men and 24.21 for women. This indicates that the majority of couples were in the healthy range. At the end of the study, the average BMI was 26.26 for men and 24.37 for women. For more information on BMI and healthy weights visit:

<http://www.cdc.gov/healthyweight/index.html>

Are Newlyweds Getting Enough Exercise?

On average, women exercised for about an hour three times a week, and about half of that time was spent in cardiovascular exercise (53%). Men exercised for over an hour about 2.5 times a week, and the majority of that time (60%) was spent in cardiovascular exercise. The Centre for Disease Control and Prevention in the USA recommends 150 minutes (2 hours and 30 minutes) a week of moderate to intense aerobic activity along with muscle-strengthening exercises on 2 or more days. Thus, couples in the TTM study were probably exercising an hour to 1.5 hours less per week than recommended. Health Canada and the Centre for Disease Control provide tips for building your physical activity. One suggestion is to break up your exercise into 10 minute intervals, for example, go for a brisk walk 3 times a day 5 days per week instead of trying to fit exercise into large blocks of time. Visit their websites for more great suggestions:

<http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>

<http://www.hc-sc.gc.ca/fn-an/nutrition/weights-poids/guide-ld-adult/index-eng.php> Oct 29/09

Do Newlyweds Get Enough Sleep?

Sleep is an essential part of a healthy lifestyle. Inadequate sleep is associated with many chronic diseases and conditions such as depression, diabetes, obesity, and cardiovascular disease (CDC, 2009). Insufficient or poor sleep is related to the onset of these diseases, and affects management and outcome (CDC, 2009). Newlyweds in our study consistently reported getting less than enough sleep throughout the first two years of their marriages. Adults generally need between 7 to 9 hours of sleep per day, which includes naps (CDC, 2009). Some strategies to improve sleep habits include going to bed at the same time each night, keep the bedroom dark and quiet, and avoid large meals before bedtime (CDC, 2009). For more tips, descriptions of sleep disorders, and other information visit:

<http://www.cdc.gov/sleep/index.htm>

How Much Alcohol are Newlyweds Consuming?

Most spouses drank three times a week or less, and consumed an average of 1-2 drinks each time. Based on a recent national survey of Canadians' use of alcohol and drugs, 74.2% of women and 53.4% of men have 1-2 drinks per typical drinking day. Men (23.2%) were more likely to report having 5 or more drinks per typical drinking day, but only 8.8% of women reported drinking a similar amount (Health Canada, 2008). Although the men in our study drink slightly more than the national average, wives' drinking habits were consistent with national averages.

How Much Caffeine are Newlyweds Consuming?

The majority of spouses drank less than 10 caffeinated beverages per week, which is well within Health Canada Guidelines. Caffeine can have some adverse effects, for example, on calcium balance, bone health, and reproduction (e.g., birth weights, fertility) (Health Canada, 2007). Health Canada (2007) recommends a maximum daily caffeine intake of 400 mg, which is equivalent to three 237 ml (8 oz) cups of coffee. For women of childbearing age, Health Canada (2007) recommends no more than 300 mg of caffeine per day, which is equivalent to about two 8 oz cups of coffee. For more information visit:

<http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/food-aliment/caffeine-eng.php>

How Healthy are Newlyweds' Diets?

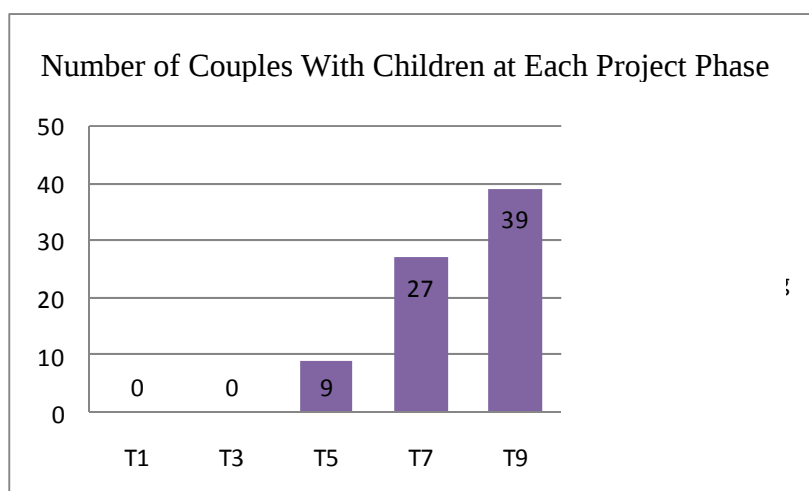
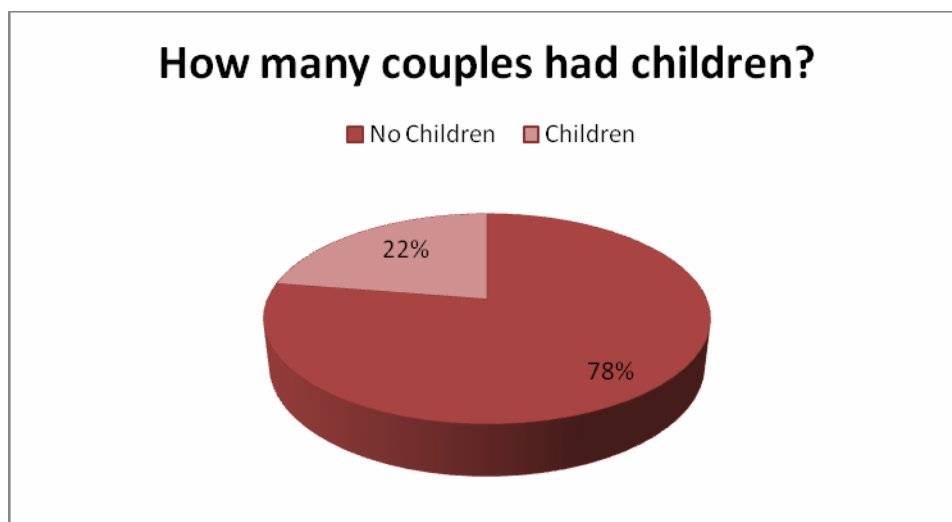
Diet and nutrition are important considerations for a healthy lifestyle. The men and women in this study consistently reported that they considered their diets somewhat healthy; they generally avoided sugary food and had a balanced diet of vegetables, grains, and fruits. Women regarded their diets as slightly more healthy than did the men.

A healthy diet combined with exercise helps reduce risk for disease such as Type 2 diabetes, heart disease, osteoporosis, and some types of cancer (Health Canada, 2007). Health Canada's (2007) Food Guide has many strategies and recommendations for healthy eating. For more information visit:

<http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>

How Many Couples Became Parents?

By the first lab visit, which was about 6 months of marriage, 7% of the couples were expecting children. By the end of the study, 22% of the couples had had at least one child. Of course, some of the couples in the project dropped out, and we do not have information on whether they went on to have children. In other similar studies of newlywed couples in the U.S., couples begin having children about 2.5 years into their marriage. We only followed couples for about 2.5 years, so it is likely that many more couples from the project have gone on to have babies since the study ended.



How happy were the TTM couples at the beginning of the study, and how did that change?

At the beginning of the study, the couples were very satisfied and less than 3% of the husbands and 3% of the wives scored in the distressed range on global satisfaction measures. By the end of the study, of the 183 wives just over 7% were in the distressed range and of the 180 husbands almost 6% scored in the distressed range. On average, marital quality did decline over time in the sample and this is consistent with other research on married couples. Just fewer than 10% of the couples who completed the final phase of the project had received some form of couple therapy, but the couples who were relatively distressed were not necessarily the couples who were seeking help.

Was there any physical or psychological aggression in the TTM couples?

Psychological and physical aggression in dating and married couples is not uncommon. Prevalence rates of intimate partner violence among married couples range anywhere from 7 to 18% for men's self-report of perpetration and 7 to 25% for women's self-report of perpetration in the past year (e.g., Brinkerhoff & Lupri, 1988; Grandin & Lupri, 1997; Sommer, 1994; Straus & Gelles, 1986). In engaged couples assessed one month before marriage, as many as 31% of males and 44% of females report being physically abusive towards their partners within the past year (O'Leary et al., 1989). Psychological aggression is even more common; as many as 75 to 98% of spouses report the occurrence of at least one act of psychological aggression within the past year (Lupri, Grandin, & Brinkerhoff, 1994; Testa & Leonard, 2001). Although the experience of at least one act of physical aggression is common, the frequency and severity of physical and psychological aggression are relatively low in most newlywed samples.

At the beginning of the study (just prior to marriage), 32 couples (16%) had experienced at least one act of physical aggression (e.g., pushing, shoving, or slapping their partner) in the previous 6 months. More than half (75.5%) of the couples reported the occurrence of at least one act of psychological aggression (e.g., yelling at, insulting, or threatening to hit their partner) in the previous 6 months. Regarding individual reports, 13.5% of husbands and 19.5% of wives had perpetrated at least one act of physical aggression against their partner, and 69.5% of husbands and 75.5% of wives had perpetrated at least one act of psychological aggression against their partner. However, the average number of acts of aggression in the previous six months was relatively low in this sample (*Mean* = 0.20 for physical and *Mean* = 1.25 for psychological aggression)

What Have You Learned about Forgiveness in Newlywed Marriage?

In our research lab, we consider forgiveness an interpersonal process whereby spouses work to repair their relationship after one partner perceives an injury (cf. Fincham et al., 2002). Forgiveness is reflected by declines in negative and increases in positive feelings, thoughts, and behaviours directed toward the partner. In the TTM study, we assessed forgiveness via questionnaires about general tendencies to forgive, questionnaires about forgiveness in specific situations, and we asked spouses to talk with each other about a time their feelings were hurt so that we could observe how couples managed interpersonal transgressions.

In the TTM study, general forgiveness buffers the typical marital decline that is observed in newlywed couples. In other words, being forgiving results in increases in relationship satisfaction for spouses and husbands' forgiveness results in increases in wives' satisfaction. We have also examined some of the information provided during the laboratory visits. During the visit, we asked couples to describe a time their feelings were hurt, to provide some additional information about the situation and how they felt about it, then they discussed the incident with their partner, and finally they reported on their feelings about the discussions.

Spouses wrote about all kinds of events that hurt their feelings and these events ranged from relatively minor to major transgressions. For example, many spouses described times their feelings were hurt when their partner said something uncomplimentary about their appearance. But, we also had spouses who described more serious transgressions such as having affairs,

lying, and spending large amounts of money without telling the spouse. Spouses mostly described events that were recent (within the past 6 months), but the range was from 7.5 years ago to the day of the lab visit.

Wives rated the events they wrote about as more hurtful than did husbands, and wives were less forgiving than their husbands were. For husbands, the length of time since the event was unrelated to hurt feelings, marital satisfaction, or forgiveness. For wives, events that had occurred earlier in the relationship were more hurtful and were associated with less forgiveness. Not surprisingly, the more serious the spouses viewed the transgression, the less forgiveness they felt currently. Couples who had already achieved some degree of forgiveness reported a more positive experience discussing the transgression in the lab, had the husbands had better health and relationship outcomes one year later. In other words, husbands who were in more forgiving relationships were happier in their relationships and they had fewer health problems and were more satisfied with their health a year later.

What is Attachment Theory?

Attachment theory is a theoretical framework developed by John Bowlby that helps us to understand how and why humans develop close relationships. We suggest that you see some of the webpages on our “links” page for more in depth descriptions of the theory than we can provide on our website.

Have you presented or published any of the results from this project?

We are currently working on several publications from this project and we have presented results from this study at international conferences. Check out the links to our conference presentations on the left for more information.

What will happen next with the TTM Project?

We will be starting a new phase of the TTM project in January 2010. We recently obtained permission from our department of ethics to contact the participants from the original study to ask if they would like to participate in the continuation project. The continuation phase will involve completing very short questionnaires (2-3 pages) once every year. If you have not yet been contacted by the project staff and you would like to be a part of the continuation project, please contact us at couples@sfu.ca.

Will there be more updates on the results from the study?

Yes. We collected a lot of information from the couples who participated in our study. This information was in the form of questionnaires, interviews, recorded marital discussions, physical data (e.g., body fat), and even saliva samples to assess hormones. Consider that if a couple participated in the entire study, together they provided over 600 pages of questionnaires, almost an hour of recorded marital discussions, 10 hours of recorded interviews, and 4 saliva samples!

That is a lot of information to reduce to a manageable format so that we can analyze trends in the data.

We were fortunate to be able to collect almost all the questionnaire data via web-based surveys so we did not have much data entry to do for this project. To date we have entered all the non-web based questionnaire data, and we have coded all of the individual interviews. Right now we have a team of research assistants coding the marital discussions, and we hope to complete the hormone assays using the saliva samples this coming spring.

Given how long it takes to complete the data collection phase of a project like this, and how long it takes to complete the data coding and analysis, we anticipate that we will be writing papers and presenting at conferences based on this study for several more years. As new results emerge, we will post them on the website. We will attempt to contact the participants each time we post a major new results, so please keep us updated with your correct contact information.

Can I receive couples therapy from the project staff?

We do not provide therapy, but if you would like to receive a referral for couple or individual therapy (including some low-cost alternatives), please contact Dr. Rebecca Cobb at rcobb@sfu.ca.