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Couples' Dyadic Coping in the Context of Child-Related Stressors: A Systematic Review across Three Decades

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Conflict of interest

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Abstract

The relevance of dyadic coping (DC), a concept how couples cope with stressors together, has been established in different contexts (e.g., daily hassles, mental and physical health) and is related to different outcomes such as relationship satisfaction, relationship quality and stability, psychological well-being, and child behavior. The current systematic review aims at providing an integration of the field of research on couple's DC with child-related stressors which are understood as demands that arise for couples due to becoming or being parents. DC and related search terms were used for the literature search in *Psycinfo*, *Psyn dex*, and *Medline*. We included 55 publications (reporting empirical data on 6779 couples in total) including quantitative, qualitative, and mixed methods studies published between 1990 and 2020. We applied a narrative synthesis approach organizing the results around six identified areas of child-related stressors: pregnancy and transition to parenthood, parenting, child mental health, child disability, child chronic physical illness, and child death. Overall, results show the importance of DC for both individual and relationship functioning in the context of child-related stress. Surprisingly, effects of parental DC on child outcomes remained understudied, although the existing studies yield promising results for child adjustment. In conclusion, adapting a “we”-perspective, mutual understanding and support is of importance not only to overcome the stressor but also to grow together as a couple. As DC plays a significant role for couples to cope in a resilient way when facing child-related stressors it should be more promoted in couple- and family counseling and therapy.

Key Words

Dyadic coping, systematic review, couples, children, stress

Public Significance Statement:

Dyadic coping, the way couples cope together with stress, was shown to be important for individual and couple functioning when facing child-related stressors. Through adapting a “we”-perspective and mutual understanding and support, parents can not only overcome the stressor but grow together as a couple. Promoting dyadic coping through educational programs and in couple- and family counseling and therapy is, thus, of great importance.

Even though a great source of joy, children and the related parenting tasks are among the greatest sources of stress for couples (Nelson et al., 2014), the most common source of conflict

in parents (Papp et al., 2009), and among the most frequent reasons for seeking couple therapy (Doss et al., 2004). Additionally, both cross-sectional and longitudinal research indicate that the couple relationship is negatively affected by child-related stressors, indicating that couples with children report lower relationship satisfaction than those without (Twenge et al., 2003). A recent review underlines the association between child-related stress and parenting stress (Fang et al., 2022) which is related to lower relationship functioning (Randall & Bodenmann, 2009). Furthermore, longitudinal research shows that the transition to parenthood (TTP) plays a particularly important role for a decline in relationship satisfaction (Mitnick et al., 2009) and relationship skills (Alves et al., 2019; Rauch-Anderegg et al., 2020). Challenges of being parents may amongst others arise from increased workload due to household and childcare (Kluwer et al., 2002), less shared time as a couple (Kurdek, 1993), and restrictions of freedom (Twenge et al., 2003), but also worries and sorrow in relation to children (e.g. Zebrack et al., 2002). Thus, it seems crucial to understand how couples manage these challenges in order to protect individual, couple and family functioning.

Child-Related Stressors

Children often cause significant stress for parents, which is likely to spill over into the couple relationship. Stressors related to children and parenthood may differ in frequency, duration, and intensity (i.e., minor and major acute versus chronic stressors; Randall & Bodenmann, 2009). Minor or daily stressors are described as everyday daily demands that are irritating, frustrating, and distressing (Randall & Bodenmann, 2009). Related to child-rearing this kind of stress includes worries or negative emotions related to children, financial strain, and the organization of everyday family life (Nelson et al., 2014). Furthermore, an even higher intensity of stress (major stressor) arises when for example a child suffers from a severe health condition. Parents of chronically ill children report significantly higher levels of emotional distress compared with parents of healthy children (Horton & Wallander, 2001). Additionally, parents of disabled children show an increased vulnerability to stressors (Jones & Passey, 2004) and experience greater stress than parents of healthy children (Gabriel & Bodenmann, 2006b; Scorgie et al., 1998). In this review, child-related stressors are understood as demands that arise for couples due to becoming or being parents, arising from a wide range of different conditions as mentioned above. The negative spillover effects of rearing a child into the parental relationship can be explained by the Family Systems Theory (FST; Cox & Paley, 2003; Minuchin, 1985), assuming an interdependence of the different family sub-systems (parents, parent-child, children). Thus, behavior, cognitions and emotions of family members are mutually

interrelated. Therefore, children represent an important potential source of stress for parents and may have a significant impact on their own couple relationship.

Dyadic Coping

Dyadic Coping (DC: Bodenmann, 1995, 1997) addresses how partners communicate about stress, appraise this stress and support each other or try to jointly cope with the demands (Bodenmann, 1997). According to the Systemic Transactional Model (STM: Bodenmann, 1995; Bodenmann et al., 2016), DC represents a dynamic, transactional process in which both partners' stress experience and coping are interdependent. Four facets of DC are distinguished: (a) common DC where both partners are affected by stress and jointly cope in a problem- and/or emotion-focused manner, (b) positive supportive DC refers to one partner supporting the primarily stressed partner through problem- and/or emotion-focused stress management, (c) delegated DC occurs when one partner is taking over tasks to reduce the stress-load of the primarily stressed partner, and (d) negative DC relates to behaviors where one partner assists the other in an ambivalent, superficial, or hostile manner (Bodenmann, 2005).

Apart from the STM, other theoretical frameworks aiming to conceptualize coping processes in intimate relationships have been presented such as the Communal Coping Model (Lyons et al., 1998), the Congruence Model (Revenson, 1994), the Developmental-Contextual Coping Model (Berg & Upchurch, 2007), and the Relationship-Focused Coping Model (Coyne & Smith, 1991; O'Brien & DeLongis, 1996). All models share the same core principles of a systemic perspective where each partners experience of stress and coping are interrelated and the models only differ regarding different forms and facets of DC (Falconier & Kuhn, 2019). Even though the STM is the most established and most widely applied model of DC, all approaches are deemed relevant as a theoretical basis for the current systematic review and the inclusion of studies.

Numerous studies have illustrated the importance of DC in various contexts and for both individual and relationship outcome variables. At the individual level, DC was found to be related to higher life satisfaction (Gabriel et al., 2016), lower levels of anxiety and depression (Meier et al., 2021) and quicker stress recovery (Meuwly et al., 2012). On the couple level, positive DC has been linked to better relationship quality (Bodenmann et al., 2006), higher relationship satisfaction (Falconier et al., 2015), to higher relationship stability (Bodenmann & Cina, 2006) and was found to buffer the negative impact of chronic stress (Merz et al., 2014). Altogether, the positive impact of DC on couples' individual and dyadic functioning is viewed

as an important backdrop for better child-wellbeing but also an important couple resource to deal with child-related stress.

Aim of the Review

So far, different systematic reviews or meta-analyses on DC in different contexts of stressors have been conducted: e. g. where one partner has a chronic physical or sensory impairment (Bertschi et al., 2021), DC in couples coping with chronic physical illness (Weitkamp et al., 2021), or in couples where one partner is facing cancer (e. g. Chen et al., 2021) or mental health problems (Landolt et al., in preparation). To our knowledge, to date, no systematic synthesis of findings on DC and child-related stressors has been published. Thus, the present systematic review aims at filling this gap in providing an integration of quantitative, qualitative, and mixed methods findings over the past 30 years.

Our research questions are the following: (1) What is the current state of knowledge on DC with regard to various child-related stressors? (2) What forms of child-related stressors have been examined over the last three decades related to DC? (3) Are there differences in DC depending on the child-related stressor? (4) How is DC related to individual, relationship and child functioning in the context of child-related stressors?

Methods

We conducted a systematic review of DC in couples facing stressors related to becoming and being a parent. We followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines (Page et al., 2021). Apart from several PRISMA checklist items that are only suitable for meta-analyses and not for systematic reviews (e.g. effect measures, summary statistics), the majority of items were applied and are reported throughout the manuscript. The review was not registered and no protocol was prepared for publication.

Literature Search

The literature search was conducted on March 24th, 2021. We searched the following electronic databases in the field of psychology: *Psycinfo*, *Psyndex*, and *Medline*. Search terms derived from the above mentioned theoretical models were “dyadic coping“, “communal coping“, “couple coping“, “collaborative coping“, or “relationship-focused coping“. We did not specify additional search terms for child-related stressors due to the fact that (a) the search was part of a more general systematic review on DC and (b) a large variety of topics may be considered as

child-related stressor (e.g. pregnancy, mental/physical health of the child). The search identified 5600 sources. After removing duplicates, 4583 studies remained for further screening.

Study Selection

Within the identified sources, for this review we extracted only those references with a focus on child-related stressors. We included studies when one or both partners reported on the couple's DC. Inclusion criteria were: (a) a focus on DC in parents/future parents in romantic relationships; by either using a DC measure and/or covering DC as conceptualized according to one of the above mentioned theoretical DC models, (b) couples were facing child-related stressors (e.g., pregnancy or transition to parenthood; demands related to child's poor mental or physical health condition), (c) published between 1990 and 2020, as the first publications on DC emerged around 1990 (Bodenmann & Perrez, 1991; Coyne & Smith, 1991; Lyons et al., 1998; Revenson, 1994) in order to cover the last 30 years after appearance of the concept, (d) quantitative, qualitative, and mixed-method publications reporting empirical data, (e) published in English or German as these are the languages in which most studies have been published and authors are fluent in, (f) peer-reviewed articles, as well as non-peer-reviewed grey literature such as book/book chapters, or dissertations. If the study results were published in parallel as dissertation as well as peer-reviewed journal articles, we drew on the peer-reviewed journal articles. The focus was on DC in romantic couples, hence other dyadic relationships such as caregiver-patient dyad in the context of health care were excluded. We furthermore excluded studies that were grounded in the associated concept of spousal support only or that dealt exclusively with individual coping processes.

In a first step, we screened titles and abstracts and excluded 3501 publications (see PRISMA flow diagram, Fig. 1). In the second step, full-texts were screened for eligibility. Authors of unavailable full-texts were contacted provided we could identify a contact address. Two publications, both dissertations, (Hiefner, 2018; Schildhaus, 1997) met inclusion criteria but full-texts could not be retrieved and were hence excluded. Following PRISMA guidelines, all publications were double-checked at every step of study selection. In case of disagreement, we discussed until consensus was reached. Every step of the screening process was carried out by the first three authors assisted by graduate students. Additionally, we screened reference lists of included studies to detect further eligible publications. After assessing full-texts for eligibility, 55 publications ($k = 38$ quantitative, $k = 13$ qualitative, $k = 2$ mixed method, $k = 2$ intervention studies) based on 47 distinct data sets were included for the current review. The 55 publications consisted of one book chapter, four dissertations and 50 peer-reviewed articles.

Data Extraction and Quality Assessment

Data extraction was done independently by two researchers following a predefined protocol. Disagreements were resolved by discussion until consensus was reached. The following information of each publication was entered into a table (see supplemental material): authors and year of publication, type of publication and design, sample characteristics (size, origin, and relationship duration), child characteristics, DC measures and who was the source of information (e.g. one partner only or both partners), main findings, and quality rating. Quality assessment for all publications were included in order to evaluate study quality (see supplemental material). Different assessment tools for quantitative, intervention, and qualitative studies were used. For quantitative studies, an adapted version of the Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies from the National Institute of Health (National Institute of Health [NIH], 2014b) was used. Five items that referred to cohort studies only, were omitted, leaving nine items. The Study Quality Assessment Tools for Controlled Intervention Studies from the NIH (NIH, 2014a) comprising 14 items was used to assess quality of intervention studies. Qualitative studies were assessed with the 10-item checklist from the Critical Appraisal Skills Programme (CASP; Critical Appraisal Skills Program, 2018). Mixed methods studies were assessed with both, the qualitative and quantitative assessment tools. Questions from all tools were rated as “yes”, “no”, or “cannot determine”. In all the different quality assessment tools 80% of “yes”-answers were needed for rating the publication as “good”. This ensured overall comparability of the assessment tools.

Data Analysis

We deemed a narrative synthesis approach as appropriate since this allows the inclusion of different studies (quantitative, qualitative, and mixed methods studies). We followed three stages of the narrative synthesis (Popay et al., 2006) in our adapted narrative synthesis: (1) developing a preliminary synthesis which involved writing a short descriptive summary of each study. These were produced in a systematic way by extracting the same set of information of each study to ensure consistency; (2) exploring the relationships within and between studies: studies were clustered according to the type of child-related stressor and within each area of stressor, findings were written up in order to condense similar and overlapping findings and keeping the complexity of differential findings at the same time. (3) Assessing the robustness of findings through the quality assessment process.

Results

Within the included publications ($k = 55$), six broad areas of child-related stressors were identified, and results will be presented grouped accordingly. These areas were (a) pregnancy and transition to parenthood ($k = 17$), (b) parenting ($k = 8$), (c) child mental health ($k = 12$), (d) child disability ($k = 4$), (e) child chronic physical illness ($k = 8$), and (f) child death ($k = 6$). From the identified areas, parenting can be categorized as a minor stressor whereas all other areas are deemed major stressors.

To summarize the studies briefly, various theoretical models were cited but the STM was the main underlying theoretical basis. In parallel, the operationalization of DC varied with mainly the Dyadic Coping Inventory (DCI; Bodenmann, 2008) developed out of the STM being used (see supplemental material). The sample size varied greatly with a range of five dyads (Hamama-Raz et al., 2010; Nygaard et al., 2019) to 192 participants (Arruda-Colli et al., 2018) in qualitative studies and a range between 84 subjects (Marin et al., 2007) and 809 families (Zemp et al., 2019) in quantitative studies. A great majority of included studies (44 out of 55) examined couples as investigative units thus generating dyadic data. Most parents reported having more than one child. Most children within the included studies were in middle childhood with some being preschool aged and some being in adolescence or older. Duration of longitudinal studies ranged from 25 weeks to five years. Ethnic and cultural diversity was rather low with the majority of data sets from Western Europe (27 of 47, 57.4%), 13 data sets from the US and Canada (27.7%, with mostly Caucasian samples), two data sets from Australia, Asia, and Israel each (4.3%), and one from Turkey (2.1%). Mixed-gender couples were the norm with no publication reporting data on same-gender couples.

Evaluation of Quality Appraisal

According to the quality appraisals the majority of studies were rated as “good” ($k = 36$, 65.5%), followed by ratings as “adequate” ($k = 17$, 30.9%) with one study rated as “adequate to good” (1.8%) and only one study rated as “poor” (see supplemental material), hence indicating that the current review is based on research of high quality. Since the poorly rated study did not report contradictory results, nor did it lack comprehensibility, we refrained from excluding this publication or from treating it differently.

Minor Child-Related Stressors

We start by summarizing the findings on minor child-related stressors, namely parenting. Included studies reported findings on relationship functioning as well as on child functioning.

Parenting

Eight studies ($k = 6$ quantitative; $k = 2$ intervention studies) covered parenting in non-clinical samples of children.

Relationship Functioning

Among different types of relationship-focused coping (protective buffering, active engagement, and escape avoidance), couples where both partners were actively engaged were the most functional regarding marital satisfaction (Kurosawa et al., 2015). However, on the individual level, well-being of both men and women did not vary as a function of relationship-focused coping (Kurosawa et al., 2015). Supportive, delegated, and common DC were positively related to relational resilience (Aydogan & Ozbay, 2018). DC, however, did not mediate the negative relationship between parenting stress and relational resilience (Aydogan & Ozbay, 2018). Among different relationship characteristics, namely marital adjustment and conflict resolution, DC proved to be the strongest contributor to a majority of co-parenting subscales among adoptive mothers (Hock & Mooradian, 2012). The importance of DC for co-parenting was furthermore shown in another study by Zemp et al. (2017). An increase in DC was predictive of a decrease of self-reported co-parenting conflicts over 12 months but not the other way around (Zemp et al., 2017). A way to promote DC is the Couples Coping Enhancement Training (CCET; Bodenmann & Shantinath, 2004), a relationship education program targeting skills related to stress and DC. Indeed, two studies reported positive effects of CCET regarding DC in couples facing parenting stress (Ledermann et al., 2007; Zemp et al., 2017). Strongest effects were observed two weeks after the training and more for women than men and women reported a higher increase in DC compared to the non-treated control group (Zemp et al., 2017).

Child Functioning

Depending on the type of operationalization of DC and child outcomes, different aspects of DC yielded significant effects. DC was negatively related to child internalizing and externalizing symptoms and positively associated with child prosocial behavior in both, parent and child report (Zemp et al., 2016). Furthermore, not the level of positivity (where DC was a substantial part of) nor negativity itself but the ratio of positive and negative parental interactions was more powerful in predicting child outcomes (Zemp et al., 2019). For the sake of child well-being, parental positivity (particularly DC) displayed at least twice as much as parental negativity was beneficial (Zemp et al., 2014). Furthermore, common DC buffered interparental negativity in terms of child externalizing problems and moderated the impact of parental negativity on child

prosocial behavior (Zemp et al., 2014). When using observed DC during actual couple conversations as a predictor, both mother's and father's DC was associated with fewer child reported externalizing symptoms. However, no associations with internalizing problems nor prosocial behavior were found (Zemp et al., 2016).

Major Child-Related Stressors

We identified five areas of major child-related stressors: pregnancy and transition to parenthood, child mental health, child disability, child chronic physical illness, and child death.

Pregnancy and Transition to Parenthood

Seventeen studies on pregnancy and transition to parenthood (TTP) were included ($k = 13$ quantitative; $k = 4$ qualitative studies). Studies covered change in DC over the TTP, individual functioning, and relationship functioning.

Changes in Dyadic Coping

While some couples reported that the TTP led them to work better together as a team (Gotowka, 2020), also opposite findings of a negative impact of TTP on couples' DC were reported, indicating that over the TTP, positive DC declined and negative DC increased for one or both partners (Rauch-Anderegg et al., 2020). In another study both partners reported a decrease of common DC (Alves et al., 2020b). There seemed to be differences between first-time parents and experienced parents. Experienced couples tended to adjust better over the TTP than first-time parents who showed an increase of own negative DC of first-time mothers (Alves et al., 2020b). Furthermore, gender differences were found in that first-time mothers showed an increase of negative DC and both first-time and experienced fathers reported a decrease of stress communication over time (Alves et al., 2020b). Women furthermore reported a decrease of equity of DC, and both genders agreed on that women provided more and received less DC across the TTP (Meier et al., 2020). Men perceived higher equity of DC than women did and the decrease of DC reported by women was not found in men (Meier et al., 2020). Yet, another study found no change in equity of DC over the TTP and no gender differences (Alves et al., 2019). Opposite to that, most of the couples in the study by Nicholls and Ayers (2007) reported that women primarily received practical and emotional support from their partner and men mainly reported being the support provisioner. Women mentioned a lack of time due to child-care demands, balancing work and home life and having little social support with child-care as barriers to coping together (Nicholls & Ayers, 2007). However, couples emphasized the

importance of taking time for date nights, conversations to reconnect and emotional intimacy in order to cope effectively together and do de-stress from being a parent (Gotowka, 2020).

Individual Functioning

When looking at individual variables such as quality of life and well-being, better DC was found to improve the quality of life of both men and women during their first pregnancy (Brandão, Brites, Hipólito, Pires, & Nunes, 2020). Common DC during pregnancy seemed to have a protective effect on quality of life after childbirth: first, engaging more in common DC during pregnancy was associated with higher quality of life at six weeks postpartum (Alves et al., 2020b), second, the larger the decrease of couples' engagement in joint DC the larger the decrease of their quality of life (Alves et al., 2020b). Furthermore, indirect actor effects of own DC on quality of life via own marital adjustment were found. Additionally, a gender difference appeared in that men's DC was associated with marital adjustment of women, which in turn was related to women's quality of life (Brandão, Brites, Hipólito, Pires, & Nunes, 2020).

In a sample of women undergoing prenatal genetic counseling due to advanced maternal age, relationship-focused coping did not significantly contribute to psychological adjustment. Other relationship variables such as having a shared decision-making process with the partner, however, were significantly related to less distress in the waiting period for test results for these women (Humphreys, 2004). Another study analyzed predictors of smoking cessation of women during pregnancy, where supportive DC was significantly related to higher odds to quit smoking during pregnancy (Dascăl et al., 2020).

Several studies investigated depressive and anxiety symptoms, postpartum depression, and childbirth-related post-traumatic stress disorders and DC. Compared to men, women reported higher levels of depressive symptoms during pregnancy (Molgora et al., 2018). Linking DC and depressive symptoms, one study found no significant actor or partner effects of DC on depressive symptoms (Molgora et al., 2018). Other studies however, reported associations between DC and depressive symptoms: compared with couples where women had no depressive symptoms, couples with women with high levels of depressive symptoms reported lower levels of supportive DC by oneself and by partner, lower levels of common DC and higher levels of negative DC by oneself and by partner (Alves et al., 2018). The higher the identified decrease of couples' engagement in joint DC efforts, the higher was the increase in couples' depressive and anxiety symptoms (Alves et al., 2020b). Only in first-time fathers, depressive symptoms were associated with lower levels of fetus-attachment, independent of DC

whereas in experienced fathers, depressive symptoms were related to lower attachment to the fetus only when they reported lower levels of positive DC. No indirect effect through negative DC was found (Brandão, Brites, Hipólito, Pires, Lurdes Vasconcelos & Nunes, 2020).

When dealing with diagnosed postpartum depression (PPD) and childbirth-related post-traumatic stress disorder (PTSD), qualitative analyses showed that different phases and different relationship styles existed in coping with PPD. Differences between couples were reported in whether they were equally supportive, discordant – which led to dysfunction in the relationship – or something in between where both partners were making efforts but having different perspectives impeding coping together (O’Brien, 2015). Different phases in coping with PPD were identified: *dismissal* where couples tried to normalize their experiences and protect the mother from judgement, *acknowledgment* where couples started to reveal their concerns which was also the phase where couples first went for help and finally, the phase of *accommodation* where couples tried different strategies to find a way to meet the needs of the mother (O’Brien et al., 2019). Most couples reported negative effects of the disorder on their relationship, but adaptive forms of DC such as understanding, sharing the responsibility for coping, instrumental coping and positive appraisals of the relationship were seen as helpful (Nicholls & Ayers, 2007). Communication difficulties mainly concerned avoiding talking, even though couples reported that talking together created understanding (Nicholls & Ayers, 2007). O’Brien et al. (2019) emphasize the importance of supporting the needs of the entire family, not only those of mothers but also of fathers, as they also report an increased burden of stress themselves. Therefore, both partners should be considered in postnatal mental health screening (Nicholls & Ayers, 2007).

Above and beyond the beneficial effect of DC itself, a curvilinear effect of perceived equity in DC on depressive symptoms was found: under-benefit (providing more DC than receiving) and over-benefit (receiving more DC than providing) of DC in women was associated with more depressive symptoms of oneself and the male partner (Meier et al., 2020). However, another study (Alves et al., 2020a) suggests different effects of equity in DC depending on the specific time point during the TTP: one partner’s equity in DC during pregnancy positively predicted internalizing symptoms 6-9 months postpartum, whereas more equity in DC at six weeks postpartum predicted less depressive symptoms 6-9 months postpartum. This leads to the conclusion that similarity within the couple after childbirth seemed to be beneficial for both partners. While during pregnancy being complementary in DC seemed to be more beneficial in the long term, since there may be different needs of support during pregnancy between men and

women (Alves et al., 2020a). Interestingly, men and women seem to be influenced differently by the partner's stress communication in terms of psychological symptoms: higher stress communication by women during pregnancy was associated with higher internalizing symptoms of men at six weeks postpartum which was not the case for men's stress communication (Alves et al., 2020b).

Relationship Functioning

Common DC (Molgora et al., 2019) and the global score of DC (Brandão, Brites, Hipólito, Pires, & Nunes, 2020) were found to improve marital adjustment in couples during their first pregnancy in both men and women, whereas no effects of problem-focused, emotion-focused DC, delegated DC (Molgora et al., 2019), and relationship-focused coping (Humphreys, 2004) on marital adjustment were found. However, common DC was found to mediate between avoidant attachment and marital adjustment: more avoidant partners showed less engagement in common DC from pregnancy to 6 weeks postpartum which in turn decreased their partners' marital adjustment. However, common DC did not mediate between anxious attachment representations and marital adjustment (Alves et al., 2019). Apart from common DC (Molgora et al., 2019) and the global score of DC (Brandão, Brites, Hipólito, Pires, & Nunes, 2020) itself that improved marital adjustment, being satisfied with DC, having a partner that is satisfied with DC, as well as perceiving DC as effective all contributed to higher marital adjustment (Molgora et al., 2019).

During the TTP, relationship satisfaction declined for both men and women with a steeper decline among women (Rauch-Anderegg et al., 2020). Results illustrated that negative DC had negative effects on relationship satisfaction and positive DC significantly contributed to higher relationship satisfaction in both men and women (Canzi et al., 2019; Rauch-Anderegg et al., 2020). Furthermore and across partners, both partners perceptions of the other's positive and negative DC were related to the others relationship satisfaction, hence confirming the interdependent nature of DC processes (Canzi et al., 2019). However, regarding common DC across partners, only men's perception of common DC was related to women's relationship satisfaction while women's perception of common DC was not associated with men's relationship satisfaction (Canzi et al., 2019). Furthermore, only male supportive DC prospectively predicted female relationship satisfaction, whereas none of the female relationship behaviors predicted men's relationship satisfaction prospectively (Rauch-Anderegg et al., 2020). These results indicate that women's relationship satisfaction may be more strongly related to their male partners' perceptions and behaviors than vice versa. In

addition to relationship satisfaction, the concept of couple generativity (Canzi et al., 2019) was investigated with regard to DC. Results illustrate positive effects of positive DC and common DC on couple generativity, while in negative DC negative actor as well as partner effects on couple generativity in both men and women were found (Canzi et al., 2019).

Child Mental Health

A total of 12 studies ($k = 9$ quantitative; $k = 2$ qualitative studies and $k = 1$ mixed method study) on DC child mental health were included. Three studies were on parents and subclinical child mental health problems, whereas most of the studies dealt with more severe child mental health issues or diagnoses such as autism spectrum disorder (ASD) ($k = 7$), intellectual disability ($k = 1$), and child suicide attempts ($k = 1$).

Ways of Coping

Parents of children with attention deficit and conduct problems reported higher levels of stress and less well-being than parents of children without these problems (Gabriel & Bodenmann, 2006b) and parents of a child with ASD reported higher parenting stress than did parents of healthy children (Putney et al., 2020). These parents also reported the most unfavorable levels of DC with higher levels of negative DC and lower levels of positive DC compared to parents of non-clinically children (Gabriel & Bodenmann, 2006b; Putney et al., 2020).

Regarding parenting of a child with a mental disorder, coping differed in whether couples primarily coped individually or within the couple. While some couples indicated to primarily cope on their own (Brown, Whiting, Haque & Kahumoku-Fessler, 2020), other couples reported that mothers needed to talk extensively (as a form of DC), whereas fathers tried to cope on their own when dealing with a child's suicide attempt (Nygaard et al., 2019). However, even when coping primarily on an individual level, partners reported that the relationship played a supportive role in their ability to cope (Brown, Whiting, Haque & Kahumoku-Fessler, 2020). Still, other findings from qualitative studies indicated that some couples took over a strong "we"-perspective and saw the child's disorder as a common experience demanding mutual support. This in turn brought them closer together through appreciation of each other and enhanced positive couple interaction such as emotional support, communication, and use of humor (Sim et al., 2019). Additionally, compared with individual coping strategies, DC was significantly positively related to positive perceptions of caregiving and negatively to negative perceptions of caregiving in mothers of children with an intellectual disability (Mak & Ho, 2007). Furthermore, DC seems to play a more important role than individual coping and

positive parenting in yielding a stronger negative association with relationship conflict (Gabriel & Bodenmann, 2006a). Finally, partners reported that not only DC itself, but the way in which couples responded to their partner's way of coping was crucial for their ability to collaborate and communicate about the situation. Acknowledging the partner's feelings seemed to lead to less frustration and conflict (Nygaard et al., 2019).

Relationship Functioning

Supportive DC was positively associated with own and partner relationship satisfaction (Brown, Whiting, Kahumoku-Fessler, et al., 2020; García-López et al., 2016) and with psychological well-being (García-López et al., 2016), when parenting a child with ASD. Marital outcomes seemed to be influenced stronger by positive rather than negative DC (Sim et al., 2017). Along similar lines, a positive association between positive DC (but not negative DC) and lower systemic inflammation in parents of a child with ASD was found (Gouin et al., 2016). However, findings differed in terms of the underlying mechanisms between parenting stress, DC, and relationship satisfaction. While DC was a mediator between parenting stress and relationship satisfaction in parents of a child with ASD in one study (Putney et al., 2020), relationship satisfaction mediated the relationship between DC and parental stress in other studies on parents with a child with ASD (Brown, Whiting, Kahumoku-Fessler, et al., 2020; García-López et al., 2016). Additionally, own relationship satisfaction was found to mediate between own supportive DC and own parental psychological well-being in both men and women (García-López et al., 2016).

Child Functioning

Interestingly, when looking at the relation between DC and child outcomes, no associations between DC and child mental health was found nor were child mental health problems prospectively predicted by parental DC (Job et al., 2019).

Child Disability

Four studies ($k = 3$ quantitative studies; $k = 1$ qualitative study) on DC were included where one study included different kinds of disabilities, one study dealt with parents of a child with hearing loss/impairment and two studies were conducted with parents with a child with Down syndrome.

Ways of Coping

When rearing a child with hearing loss/hearing impairment, mutual support and a sense of partnership in both emotional and instrumental manner was described as important for coping with the situation (Zaidman-Zait, 2007). When dealing with different kinds of diagnoses ranging from cerebral palsy, spina bifida, hearing impairment, visual impairment, epilepsy, hydrocephalus, to multiple disabilities, not only DC itself but also partner's responses to relationship-focused coping seemed to be crucial (Marin et al., 2007). Relationship-focused coping in the context of perceived negative spouse response was related to greater psychological distress, whereas, in contrast, relationship-focused coping and distress were unrelated in the context of positive perceptions of spouse responses to coping (Marin et al., 2007). In a study comparing parents of a child with Down syndrome with parents of healthy children, though being more stressed, parents of children with Down syndrome reported significantly higher levels of supportive DC, common DC, and positive DC (Gabriel et al., 2005).

Relationship Functioning

Stress related to the child with Down syndrome had a direct negative impact on marital satisfaction and on subjective parental impairment in men and women. However, problem-focused DC by partner mediated the relationship between stress and marital satisfaction for both men and women, but not between stress and subjective impairment. Additionally, but only in women, emotion-focused DC by partner mediated the relationship between child-related stress and marital satisfaction. Emotion-focused DC by partner, however, did not mediate the relation between stress and subjective parental impairment in neither men nor women (Gabriel et al., 2008).

Child Chronic Physical Illness

Eight studies ($k = 5$ quantitative; $k = 3$ qualitative studies) were included where a majority of these studies dealt with child cancer ($k = 6$), one with diabetes mellitus type 1 and one with a mixed sample with various serious and life-threatening diagnoses.

Ways of Coping

When dealing with chronic physical illness of the child, different parental coping patterns were identified (Koivula et al., 2019; Körner et al., 2013). While some couples can be described as avoiders with low levels of common DC, others actively negotiated with high levels of common DC, high levels of stress communication and high agreements between the ratings of both

partners. A third group of parents reported comparatively low levels of stress communication, while DC of partners and common DC efforts were high (Körner et al., 2013). Avoiding emotions mostly served to protect each other (Koivula et al., 2019), though couples considered direct expression of emotions to be important (Arruda-Colli et al., 2018; Koivula et al., 2019).

Different difficulties arose for parents and their coping depending on the stage of the diagnosis/treatment process which demanded various emotional tasks. Parents were required to navigate between emotional and cognitive demands, that is to allow the expression of difficult emotions without overpowering decision-making in the process of treatment (Hamama-Raz et al., 2012). To be able to cope with the situation, couples mentioned the importance of load sharing, being sensitive to each other, and emphasized the importance of recognition and disclosure of the needs for adequate dyadic emotion regulation (Arruda-Colli et al., 2018; Hamama-Raz et al., 2012; Koivula et al., 2019). Strategies such as helping to reframe an event, expressing solidarity with the partner, providing practical support and empathic understanding (i.e., emotion-focused DC) resulted in feeling stronger as a couple (Arruda-Colli et al., 2018). The capacity of both partners of being a source of comfort and support enabled more effective coping (Hamama-Raz et al., 2012). Giving each other space and time when needed was also considered as important (Hamama-Raz et al., 2012). However, engaging in different coping styles was mentioned as difficult by some of the partners, leading to more emotional distancing. In addition, sometimes it was difficult for partners to cope with the needs of their partner on top of their own stress and the needs of the child (Arruda-Colli et al., 2018).

Individual Functioning

Higher supportive DC and common DC were associated with lower symptoms of depression and anxiety in parents dealing with pediatric blood cancer (Van Schoors, Loeys, et al., 2019). Additionally, higher total DC and higher common DC were related to less fear of progression only in mothers and across partners. Again, a gendered pattern appeared in only father's total DC, predicting lower fear of progression in mothers, whereas father's fear of progression was not predicted by mother's DC (Clever et al., 2019).

Relationship Functioning

Common DC and supportive DC were reducing parenting stress and increasing marital adjustment in both men and women, whereas perceived negative DC had both negative actor and partner effects on marital adjustment in both men and women (Van Schoors, Loeys, et al., 2019). DC appraisals, but not the congruence between these appraisals, predicted relationship

satisfaction (Vasserman-Stokes, 2017). Furthermore, associations of both negative and positive forms of DC were found with sexual adjustment: higher levels of perceived negative DC were associated with lower levels of sexual adjustment in both men and women. Whereas common DC was associated with higher sexual adjustment only in men (Van Schoors, Loeys, et al., 2019).

Child Functioning

Concerning child and family outcomes, negative DC was found to be associated with worse family adjustment, whereas positive DC was not significantly related to family adjustment (Van Schoors, De Paepe, et al., 2019). Prospectively, it was found that higher stress communication was predictive of higher family adjustment (Van Schoors, De Paepe, et al., 2019). For families dealing with child diabetes, no differences in child metabolic control were found depending on differences in DC patterns of parents (Körner et al., 2013).

Child Death

Six studies ($k = 2$ quantitative; $k = 3$ qualitative studies; $k = 1$ mixed method study) on DC in the area of child death were included where two studies looked at spontaneous abortion and stillbirth, two studies on mixed samples (including parents with death of a child before and after birth), and two studies on death of a child after birth.

Ways of Coping

Different ways of coping were identified when dealing with the death of a child. While in one study the women seemed to be in an isolation cycle, men seemed to try and bypass their own pain and to respond to their partners' distress, which motivated women to exit from their isolation cycle and contributed to a sense of dyadic cohesion (Hamama-Raz et al., 2010). Couples of another sample reported the loss more as a shared experience and that the mutual understanding of the loss facilitated openness, trust, and vulnerability which brought the couple closer together, even though the loss also tested their relationship (Hiefner, 2020). Couples reported to be the primary source of support for each other after the shared loss (Hiefner, 2020; Reilly et al., 2010). They engaged in different aspects of common DC such as sharing emotions and supporting each other (Bergstraesser et al., 2015; Reilly et al., 2010), spending time together, talking about the loss and the future, physical touch and intimacy, and crying together, sharing the grief (Hiefner, 2020) as well as jointly engaging in grief rituals and jointly remembering and maintaining the bonds to the deceased child (Bergstraesser et al., 2015). This

emotional attunement seemed important for these couples to deal in a resilient way with the bereavement process (Hiefner, 2020). It helped them to work through the grief both as a couple but also individually (Bergstraesser et al., 2015).

However, besides the need of togetherness, couples described it as important to learn to accept dissimilarities in the coping process and to support the partner according to their individual needs (Bergstraesser et al., 2015). The partners' different ways of coping required sacrifice and patience (Reilly et al., 2010). Poorly functioning couples showed signs of losing contact with each other and not finding a way back to everyday life (Bergstraesser et al., 2015). Some couples reported that they were not going through it together and that they needed support from outside (Bergstraesser et al., 2015; Reilly et al., 2010). However, almost all couples reported that the illness and death of the child (Reilly et al., 2010) and the grieving process (Bergstraesser et al., 2015) had brought them closer together.

Relationship Functioning

In both, death before and after birth, significant indirect effects of parental grief response through stress communication, positive and negative DC by partner, and common DC on couple adjustment were found. Additionally, the grief response was negatively associated with common DC, which in turn was positively associated with marital adjustment, in both death before and after birth, but stronger for the latter (Albuquerque et al., 2018a). Independent of the timing of death, of all forms of DC, only partner's stress communication significantly predicted higher post-traumatic growth (Albuquerque et al., 2018b).

Discussion

Child-related stressors play an important role in couples' everyday life and may be considered as an important source of stress they have to deal with. Hence, how couples manage to cope together (i.e., dyadic coping) when facing child-related stressors is proposed to be of high relevance for both individual and couple functioning (Falconier & Kuhn, 2019), as well as for child outcomes (Zemp et al., 2016). The present review aimed to synthesize research on DC in couples facing child-related stressors by considering quantitative, qualitative, and mixed-method studies. A total of 55 studies on DC in the context of child-related stressors were identified in the literature. The empirical evidence indicates that this area of research deserves attention and contributes to a broader understanding of DC, particularly as child-related stress

counts as one of the most important external stressors (Papp et al., 2009). Therefore, this review contributes to new knowledge on DC that goes beyond previous reviews on DC in couples.

Forms of Child-Related Stressors

Six areas of child-related stressors namely pregnancy and transition to parenthood, parenting, child mental health, child disability, child chronic physical illness, and child death, were identified, representing external minor and major acute or chronic stressors (Randall & Bodenmann, 2009). Interestingly, a great majority of studies over the last three decades were conducted with major child-related stressors (85.5%). Although the percentage is even higher in the current systematic review, this finding is compatible with the finding of the review by Weitkamp and Bodenmann (2022) indicating that 58% of all studies on DC dealt with major stressors. This is also in line with the fact that for a long time stress research mainly focused on major stressors (critical life events, severe illness; Randall & Bodenmann, 2009).

Differences in DC Depending on Child-Related Stressor

To discuss differences in DC related to different child-related stressors, the level of differentiation of minor and major child-related stressors seems to be most appropriate. This allows for a certain amount of generalization without losing important stressor-specific information.

Minor Child-Related Stressors

Overall, DC was associated with better relationship functioning in parents across various studies (Aydogan & Ozbay, 2018; Hock & Mooradian, 2012; Kurosawa et al., 2015), whereas only one study examined the relation of DC and individual well-being and found no significant association (Kurosawa et al., 2015). Unique to the studies on parenting as a minor stressor was an increased focus on child outcomes as well as being the only area in which interventions had been developed and evaluated. Results of these intervention trials are promising since positive effects of CCET on DC in parents were found (Ledermann et al., 2007; Zemp et al., 2017). This holds important implications since DC in turn was found to be negatively associated with child internalizing and externalizing symptoms and positively related to prosocial behavior of the child (Zemp et al., 2016). DC is not only beneficial for the couple itself, but also creates favorable family conditions for a healthy development of children (e.g., positive family climate, positive role models etc.).

Major Child-Related Stressors

Independent of the area of major child-related stressors, both negative and positive impacts of the stressful event on the couple relationship were observed in the current review. In the study of Nicholls and Ayers (2007) for example, most couples reported primarily negative impacts on their relationship and couples in the study of Arruda-Colli et al. (2018) reported that differences in coping led to more emotional distance. Couples in other studies also reported that they grew closer together through the process of coping with the shared critical life event (Bergstraesser et al., 2015; Hiefner, 2020; Reilly et al., 2010), even though the relationship was challenged by the stressor (Hiefner, 2020). Thus, findings illustrate that child-related stress is an important field of application for DC in couples. Couples' resilience and DC are closely linked to each other. The better couples cope together with child-related stress the higher the benefit for themselves on an individual as well as dyadic level.

Comparing Minor and Major Child-Related Stressors

When comparing minor and major child-related stressors, for major stressors, there seemed to be a greater awareness in the couple that they are both impacted by stress related to the child. Both positive and negative impacts of the major life events on the couple relationship were found with couples also reporting that the critical life event had a favourable impact by enhancing their cohesion. In studies on minor child-related stressors (e.g., child-rearing) a lower experience of "we-stress" (Bodenmann, 2000) was observed and couples resorted less to common DC. This finding is compatible with previous results (Bodenmann et al., 2007) and supports the assumptions of the cascade model, according to which individuals first try to cope with minor stress on their own and only later when their own resources are exceeded draw to other resources (e.g., partner, kin, friends; Bodenmann, 2005). In line with the STM (Bodenmann, 1995, 2000), chronic everyday stress may be particularly deleterious for close relationships leading to decreased relationship quality over time. Thus, it seems particularly important to raise awareness for parenting as a very salient daily stressor (Fang et al., 2022) that may be impacting both partners calling for DC.

Coping within a "We"-Perspective

Coping together as a unit through adapting a "we"-perspective (common DC: Bodenmann, 1995; collaborative DC: Berg & Upchurch, 2007) was found to be particularly relevant to overcome child-related stressors. Barriers for couples coping together as a team were having different coping styles or avoiding expressing emotions in order to protect each other (Koivula et al., 2019). This avoidance in order to protect the partner is also known from other stressors

like suffering from a chronic disease (Langer et al., 2009) and is well described in the concept of protective buffering (Coyne & Smith, 1991) that revealed to be dysfunctional in previous studies (Perndorfer et al., 2019).

Thus, findings of the current review emphasize the importance of sharing emotions and stress load, a finding that is also supported by previous research (Falconier & Kuhn, 2019) and is a core statement of STM (Bodenmann, 2005). Similarly, the systematic review by Bertschi et al. (2021) pointed to the importance of viewing the stressor, in that case a chronic disability of one partner, as a shared experience, adapting a “we”-perspective and engaging in common DC. The importance of these facets of DC also became evident in the current review in both quantitative and qualitative studies. Common DC was repeatedly found to be beneficial for the couples’ relationship (Alves et al., 2020b; Canzi et al., 2019; Molgora et al., 2019) when dealing with child-related stress. Furthermore, in qualitative studies, couples reported different adaptive forms of DC, mainly emotion-focused DC, that seemed to be important, such as mutual empathic understanding (Arruda-Colli et al., 2018; Hiefner, 2020; Nicholls & Ayers, 2007), helping each other to reframe the event and expressing solidarity (Arruda-Colli et al., 2018), sharing feelings (Arruda-Colli et al., 2018; Hiefner, 2020), as well as communication and sharing time together (Brown, Whiting, Haque, et al., 2020). Hence, the couples’ narratives in the qualitative enquiries mirror the theoretical assumptions of STM. Interestingly, both quantitative and qualitative approaches support the importance of common DC and the notion of “we-ness” (Bodenmann, 2000; Lyons et al., 1998) or “we-disease” (Kayser et al., 2007; Leuchtman & Bodenmann, 2017). Couples that were not able to go through the critical life event as a unit reported a greater need of additional help from outside (Reilly et al., 2010). Apart from the described “we”-perspective, couples also reported that it was important to accept dissimilarities in the process of coping (Bergstraesser et al., 2015), even though for some partners this was difficult (Arruda-Colli et al., 2018). Some couples described differences related to expressing their emotions in different ways (e.g. writing diary, talking, crying) (Hiefner, 2020). Furthermore, not only DC itself but also the spouses’ reaction to coping was of importance (Marin et al., 2007; Nygaard et al., 2019).

How is DC Related to Individual, Relationship, and Child Functioning? The Family as a System

According to FST (Cox & Paley, 2003; Minuchin, 1985) family subsystems are interdependent and the STM (Bodenmann, 1995) emphasizes the mutuality and interdependence between partners in a transactional cross-over of stress and coping. The current review demonstrated

that individuals and the parental relationship are strongly influenced by stressors related to the child and that DC is an important dyadic skill when facing these stressors. In summary, we found no startlingly different findings than for other stressors, however, dealing with child-related stress may have another connotation for parents as children are emotionally very close to parents and they do not want to do anything wrong.

Individual Functioning

Although some studies did not find significant effects of DC on individual functioning (e.g., Humphreys, 2004; Molgora et al., 2018), a majority of studies examining individual variables did so. Beneficial associations between DC and a variety of individual variables such as quality of life (e.g. Brandão, Brites, Hipólito, Pires, & Nunes, 2020), well-being (García-López et al., 2016), and depressive or anxiety symptoms (e.g. Van Schoors, Loeys, et al., 2019) were visible. However, it also became apparent, that individual functioning was not consistently studied across the different areas of child-related stressors. Pregnancy and transition to parenthood was the main area of research considering individual functioning.

Relationship Functioning

When examining the association between DC and relationship variables there were only few non-significant findings (e.g. Humphreys, 2004; Molgora et al., 2019). The great majority of publications found DC to be beneficial in relation to relationship functioning in couples dealing with child-related stress. Among others, improving DC was associated with a decrease of co-parenting conflict (Zemp et al., 2017) and DC was related to higher relationship satisfaction (e.g. Brown, Whiting, Kahumoku Fessler, et al., 2020; Canzi et al., 2019; Rauch-Anderegge et al., 2020) and better marital adjustment (e.g. Albuquerque et al., 2018a; Brandão, Brites, Hipólito, Pires, & Nunes, 2020) across different areas of child-related stressors. The findings compiled strengthen the view of the relevance of DC for relationship functioning. This is particularly relevant as DC is a skill that can be trained and thus be used to improve relationship functioning (see CCET: Bodenmann & Shantinath, 2004).

Child Functioning

The couple is not only influenced by child-related stress, but the way in which the couple copes with these stressors also influences the child in turn. Indeed, the quality of the parental relationship spills over into the quality of the parent-child relationship and vice versa and is linked to child outcomes (Cummings & Davies, 2010; Hess, 2021). The current review indicates

that this relation, from parents to child, and the impact on the child have mostly been neglected in studies on child-related stressors over the last three decades. This finding is surprising, given that the FST, with the understanding of the family comprising interdependent subsystems, roots back already to 1985.

Only few studies in the current review have taken child outcomes into account (Zemp et al., 2014, 2016, 2019; Job et al., 2019; Körner et al., 2013). In some studies, DC was not related to child outcomes, like child metabolic control when dealing with diabetes (Körner et al., 2013) or child mental health (internalizing and externalizing behavior; Job et al., 2019). However, several studies by Zemp et al. (2014, 2016, 2019) found beneficial associations between parental DC and child adjustment (internalizing and externalizing behavior and prosocial behavior). These are promising results in showing that the enhancement of parental DC is not only important for the parental dyad but also for the child. These effects should be further investigated and examined in different areas of child-related stressors and over different child outcomes to further more specific knowledge.

What is the Current State of Knowledge on DC for Various Child-Related Stressors?

Whereas the relevance of DC has been well documented in many previous reviews and meta-analyses (Weitkamp & Bodenmann, 2022) this is the first systematic integration of findings on DC in couples facing child-related stressors. In line with these reviews, the current systematic review supports the notion of the relevance of DC also in the context of child-related stressors. As many couples have children and are exposed to stress related to them, knowledge about the role of DC in this context is particularly important. Looking at the number of studies in each area of child-related stressors it becomes apparent, that so far most research was conducted on DC in couples during pregnancy and transition to parenthood whereas nearly no or completely no research was carried out for example on DC in couples dealing with early childhood experiences, school enrolment, dealing with demands during puberty and adolescence or with regard to children leaving the parental home (empty nest). Many exciting research questions may be addressed in the future. In adolescence, for instance, the young person may also engage in DC and help the family cope with daily adversities or critical life events. Additionally, DC has hardly been studied in the context of separation or divorce and how parents and children manage this event (both on the individual, dyadic and familial level).

Strengths and Limitations

Despite strengths of the present review (first review on child-related stress and DC, inclusion of internationally published studies (including grey literature), including quantitative, qualitative and mixed-methods studies) there are also limitations which need to be addressed in order to draw implications for future research. A limiting factor of the current review is that cultural diversity among studies was low with most of the studies examining samples in Western societies. These Western, educated, industrialized, rich, and democratic populations are not representative for the whole variability within humankind (Henrich et al., 2010) and Falconier et al. (2016) provide a conceptual framework to integrate culture into the STM approach. Thus, cultural diversity should be prioritized in future research. Furthermore, all studies in the current review were on mixed-gender couples and no study on same gender couples. This shows the need for studies on same-gender couples within the area of child-related stressors. In line with this, there is diversity in the family models such as traditional family models, families with same-gender parents, or patchwork families and furthermore considering a differentiation between first marriage and remarriage might be of importance and call for more inclusivity (Randall et al., 2022). As there was no/not enough emphasis on these topics in the included studies, we were not able to analyze them in the current review. Additionally, almost half of the included studies did not report on relationship length, which is surprising given the fact that relationship length is an important variable to consider when studying couples (Bühler et al., 2021). Furthermore, most studies were based on self-reports, only few studies included observational data. Finally, due to space limitations, it was not possible to describe and integrate all study findings in detail, hence main findings are being reported while further details are shown in the supplemental material.

Review Process and Quality Appraisals

Several strengths but also limitations can be noted in the review process: We followed the PRISMA 2020 guidelines to ensure transparent and complete reporting of the review process. However, we did not apply specific risk of bias tools. In order to prevent bias in either selecting studies or reporting results, each step during the study selection and data extraction process was conducted by two members of the research team. Furthermore, we specifically reported non-significant findings to avoid bias. Additionally, we also included grey literature (dissertations and books/book chapters, $k = 5$) that were identified in the literature search and met inclusion criteria. It is important to note that including grey literature might have some drawbacks. Publications have not gone through the peer-review process and are therefore not rigorously checked for the methods used or might be biased through political, social, or financial

motivations. However, grey literature may provide thorough insights but is often excluded from systematic reviews (Weitkamp & Bodenmann, 2022) and its inclusion reduces the risk of publication bias. Also, the grey literature included in the current review did not differ systematically in either findings or study quality from the peer-reviewed publications, thus potential benefits of including grey literature outweigh the drawbacks.

Across all included studies, the applied quality assessment tools suggested a high level of quality of research done over the past three decades in the area of DC and child-related stressors. Only one out of 55 included studies was rated as “poor”. Quality criteria that were not met by a majority of studies were the provision of sample size justifications and power description and to a lesser degree studies failed to mention inclusion and exclusion criteria or neglected to statistically control for confounding variables. These criteria, however, are relevant for the research process and should therefore be integrated and reported consistently. Nevertheless, we refrained from excluding these publications as they did not lack comprehensibility nor reported contradictory results.

Implications for Future Directions in the Field

The current review reflects an underrepresentation of studies on minor child-related stressors and on the other hand, among studies on major stress, we found an overrepresentation of some types of child-related stress (e.g. pregnancy and transition to parenthood), while multiple other areas were not yet studied (e.g., detachment from the parental home, sexual outing of the child, dealing with specific child stressors such as study dropout, bullying towards the child, child’s criminality, or lovesickness). Children bring far more tension to the partnership than illness, disability or worry. They provoke, position, question, rebel, and oppose. All of this means stress for parents to deal with. What role does DC play in this context? Another important issue are feelings of incompetence, insufficiency or exhaustion of parents. What do these themes and feelings mean for DC? How can professionals support couples to deal with these issues based on STM?

The current review furthermore reflects an underrepresentation of different topics as outlined above (i.e., different stages of family development with specific demands on the parental couple), designs (only few longitudinal and intervention studies) and variety of samples (same-sex-couples, different cultural backgrounds, couples with low SES, stepfamilies etc.) or generally aspiring inclusivity (Randall et al., 2022). It thus seems crucial to integrate these aspects by broadening the temporal, geographic and societal perspective. Furthermore,

broadening the research approaches in including more observational data and integrating the children's evaluation of their parents' DC is of great importance to see how associations look like when different sources of information are considered. Additionally, study designs were mostly linear and only few mediation or moderation analyses were reported so far. Future research should focus on these perspectives in more detail.

Another concern is the heavy reliance on convenience samples. It seems important to develop screening tools to systematically identify and study couples at greater risk. Those couples that are more likely for negative outcomes may be those who lack DC resources and may benefit most from professional support. Given that the majority of couples are or will be confronted with child-related stress it becomes evident that there is a great necessity of strengthening parents in dealing with these adversities.

Furthermore, most of the included studies focused on children in middle childhood, however the age range varied greatly within studies. To derive specific interventions, it might be important to zoom in on particular age groups of children with their specific developmental tasks that may pose different challenges for parents. The enhancement of DC may play a major role in equipping parents with crucial skills, helping them to better manage child-related stress. Thus, it remains to be seen how CCET (Bodenmann & Shantinath, 2004) or other programs might be adapted to child-related stress.

Furthermore, only very few studies in the current review focused on child outcomes. A better understanding of family functioning could be achieved in conducting studies that also contain child and family outcomes. Moreover, it will also be interesting to look at compensation processes in DC between parents and their effect on different outcomes.

Finally, although this was not the focus of this review, several gender differences which need a closer look in future research became apparent throughout the analysis: First, a gendered pattern of stress communication (women reporting more own stress communication than men) (Molgora et al., 2019) and differences in who is benefiting more from stress communication (Alves et al., 2020b); second, a gendered pattern implying that women were more strongly affected by DC behavior of their male partner than vice versa in terms of different outcomes (e.g. Rauch-Anderegge et al., 2020); and third, different findings in terms of who in the couple provided/received which amount of DC (e.g. Hamama-Raz et al., 2010; Meier et al., 2020).

Conclusions and Practical Implications

The current review showed the increased burden of stress couple's face through different minor and major child-related stressors. In most reported studies, DC played a significant role in coping with these stressors, since positive forms of DC alleviated the impact of stress, whereas negative DC burdened the couple. A "we"-perspective, and the feeling of going through the stress together seemed especially important to cope in a resilient way independent of the child-related stressor. Thus, a focus in couple and family counseling could be the promotion of a joint understanding of the child-related stressor on the one hand and enhancing couple's common DC on the other hand. However, it is also important to potential differences between partners in the way of coping. Since couples reported that differences in dealing with the stress was difficult and could lead to emotional distance, the importance of mutual understanding and acceptance of these differences in coping should be emphasized. Since a majority of couples reported that they have overcome the stressor without additional help from outside, it may be particularly beneficial to identify couples at risk, in order to provide them specifically with psychoeducational information, counseling or even couple therapy to strengthen DC. Trainings such as the CCET (Bodenmann & Shantinath, 2004) might be further adapted to specific needs of parents in different stages of parenthood (TTP, toddlers, pre-school children, young children, adolescents) or related to different forms of child-related stressors as described above. Greater consideration of examining child outcomes in relation to parental DC is of great importance to enhance not only couples functioning but also child well-being. Expanding the research on DC in relation to child-related stressors on child outcomes would greatly enhance the understanding of family members and subsystems as interdependent which could lead to more holistic starting points for interventions when facing child maladjustments.

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* Publications are included in the review as well as in the introduction