

# Working with Cohabiting Couples: Commitment is Key

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Cohabiting couples can be relatively common in most therapy practices, since the rates of cohabitation have risen substantially over the years. It is estimated that approximately 50-60% of couples live together before getting married (Bumpass & Lu, 2000; Stanley, Whitton, & Markman, 2004). Some may assume that these couples should be treated the same as married couples because their issues are the same. However, the reality is that cohabiting couples have unique issues and considerations that should be taken into account. Research has consistently found that couples who cohabit prior to marriage are at greater risk for divorce and poor relationship quality, suggesting there are some risk factors inherent in these relationships (Stanley, Rhoades, & Markman, 2006). Current literature identifies some key characteristics and risk factors associated with cohabiting couples which will be reviewed, providing insight for practical clinical considerations.

## *Common Characteristics and Concerns*

While all couples will be unique in a multitude of ways, cohabiting couples may share some common characteristics. A national study by the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development found most cohabiting couples came from lower SES, lower levels of education, and non-White race/ethnicity. They generally are found to have greater ambivalence about their relationship and higher rates of relationship conflict, especially when children are involved (Klausli & Owen, 2009). Hsueh, Morrison, and Dorris, (2009) found the top five problem areas for couples to be 1) current relationship concerns (i.e., stress, unmet needs, conflict), 2) individual problems (i.e.,

personality, mood, health problems, psychological problems), 3) communication concerns, 4) arguments, and 5) emotional affection or distance.

Cohabiting couples have similar relationships to dating couples, especially in terms of problem frequency; however, they actually have been found to have more arguments than dating couples. Compared to married couples, cohabiting couples report having more vibrant, but more volatile relationships. In other words, they have more affective and dynamic relationships, which can often lead to greater reactivity and arguments (Hsueh, Morrison, and Dorris).

### *Circumstances Surrounding Cohabitation*

Couples' reasoning for cohabiting can greatly influence the "tone" of their relationship and commitment level. Some couples cohabit for relationship reasons (i.e., spend more time together, wanting to spend life together) and others live together for more external reasons (i.e., finances, pregnancy, convenience; Surra & Hughes, 1997). This can impact their level and type of commitment. Rhoades, Stanley and Markman (2009) suggest that those who live together for relationship reasons are likely to have more of a dedication type of commitment. In other words, their level of commitment stems from their dedication to the relationship and their desire to remain in it. However, those who cohabit for external reasons are thought to have more of a constraint type of commitment, or their commitment stems from the external constraints that keep them from leaving, not their desire to stay in the relationship

According to Rhoades, Stanley, and Markman (2009), most couples report spending more time together and convenience as their primary reasons for cohabiting, which could have various types of impact on their commitment according to the rational just discussed. Many couples choose to live together to "test" out their relationship, to determine if they want to continue in it or not. While this may sound like a good idea in theory, it can actually have a

negative impact on their relationship. Those who use this type of reasoning are found to have more negative communication, higher levels of physical aggression, poorer relationship adjustment and dedication, and higher levels of insecure attachment, depression, and anxiety. Additionally, men are more likely than women to use this reasoning for cohabitation. (Rhoades, Stanley, & Markman). Therefore, when working with these couples, it may be important to assess their motivation for cohabitating, in order to get a sense of their commitment level and investment in the relationship.

*Sliding vs. deciding.* In addition to the reasons for cohabitation, the timing in which they choose to live together has also been found to be an important factor. Those who cohabit before engagement, rather than after engagement or marriage, are found to be at greater risk for divorce, lower relationship quality and satisfaction, greater levels of negative interactions, as well as lower levels of dedication and confidence in the relationship (Kline, Stanley, Markman, Olmos-Gallo, St. Peters, Whitton, & Prado, 2004; Rhoades, Stanley, & Markman, 2009). Stanley, Rhoades, and Markman (2006) explain this phenomenon through what they call the “cohabitation effect,” in which couples who live together easily get caught in a relationship inertia that eventually leads into marriage, when they otherwise may not have gotten married. They describe this as the “sliding versus deciding” phenomena.

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Couples who are unsure of their commitment to the relationship may end up “sliding” into marriage because of the natural inertia of the relationship development, whereas they may not have gotten married otherwise. This can put the relationship at risk if the individuals have a reluctance with being in the relationship. On the other hand, those who move in together after

engagement essentially make a concrete decision to be committed to the relationship and its future, helping them increase their dedication and investment in the relationship (Rhoades, Stanley, & Markman). Therefore, when working with these couples, it is again important to assess where they are in their relationship development and what their relationship goals are, since this can be related to their commitment to the relationship and their willingness to invest. It may also impact therapy goals, since they may need help facilitating this decision through discussing relationship goals and expectations. This may prevent couples from “sliding” into marriage from inertia and rather confidently step into a relationship from a dedication to it and their relationship future.

### *Impact on Family Life*

Finally, since cohabitation may affect the temperament and quality of the relationship, it is likely also to have an impact on the family system as a whole. Research has found that particularly in the years after childbirth, mothers in stable, cohabitating couples showed an increased amount of depressive symptomology and less sensitivity to their child (Klausli & Own, 2009). This is likely related to the relationship difficulties that may be present, such as the increases level of conflict and ambivalence towards commitment. Counselors should attempt to assess if the couple has children, how they are adjusting, and if it is having an impact on their relationship. This may need to be incorporated into therapy or a referral for individual or family counseling may be necessary.

### *Summary*

In summary, cohabitating couples have unique relationship dynamics that can greatly impact their relationship. Past research has shown increased risk factors associated with cohabitation in terms of relationship quality and success. A great deal of this is related to the

commitment level of the couple and the circumstances surrounding their cohabitation. It is important that the counselor take time to assess these aspects of their relationship, in order to gain a good understanding of the couple's investment in the relationship and their goals for the relationship, since this will likely inform treatment.

### *Clinical Suggestions*

1. **Assessment:** The therapist should do a thorough assessment at the beginning of therapy of the couple's commitment level to the relationship, their motivation for treatment, the circumstances surrounding their cohabitation (i.e., timing, reasons, etc.), and their relationship goals. The Commitment Inventory (Stanley & Markman, 1992) is a useful tool in assessing the couple's commitment level and their motivations for commitment (dedication vs. constraint). See Appendix.
2. The couple's commitment level should inform the treatment goals of therapy, since their relationship goals may vary. For example, a couple who is deciding whether they even want to consider getting engaged will have very different goals than an engaged couple. It may be important for the therapist to openly talk to the couple about their relationship goals and how they want to incorporate this into treatment.
3. If the couple is unsure of their commitment level to the relationship, the therapist should work with the couple on establishing a commitment for the length of treatment. Therapy will not be as effective if the couple is unsure if they want to be in the relationship and this are not motivated to improve their relationship. Therefore, it will be important to talk with the couple about this and determine if they can be "all in" at least for the length of treatment, to increase their chances for improvement.

4. The therapist may want to educate the couples on the risk factors associated with cohabitation, especially if their commitment level is low. The therapist may want to stress the importance of “deciding” to be in the relationship and making that commitment, which may need to become a treatment goal.
5. The therapist should evaluate their own beliefs about cohabitation, and the beliefs of the couple. The clients may see cohabitation as problematic due to religious beliefs but find no other choice due to financial constraints. It is important to view understand their view and circumstances surrounding their situation.
6. Pay attention to issues of permeable boundaries with ‘outward freedom’ and waning commitment from either individual. Use these situations to probe for the impact of such thoughts and behaviors on the relationship.
7. Some cohabitating couples might be **high** in conflict and commitment levels may be lower than expected. It’s important in these situations to stress **short-term goals** as opposed to long-term *future* goals in order to make progress within therapy.

#### *Application to the HOPE approach*

Within the HFCA, the practical implementation of working with cohabitating couples would begin within the initial intake session. The clinician should ask the couples commitment level, their motivation for treatment, the circumstances surrounding their cohabitation, and what their future goals entail for the relationship. Gaining this knowledge will be affective for the treatment strategies and interventions the therapist should center on for the rest of therapy.

The most optimal place to begin interventions pertaining to levels of commitment and future goals for the relationship is within the Core Vision. This intervention is to help couples gain a vision that can guide their relationship. It is especially important within cohabitating

relationships that both individuals share a similar vision, expectations, and future goals for where their relationship is headed. The miracle question is utilized in “helping the couple identify their core vision and turn it into a concrete, behavioral, and reachable goal” (Worthington, 1999, p. 116). It is imperative that the therapist stresses the importance of commitment and effort for the entirety of therapy in order for progress to be made for their relationship. If the couple cannot decide on *long term* goals together, it may be important to center on short term goals for their relationship (i.e. goals for the length of therapy) - depending on the couples level of conflict, discord, and commitment level for the relationship.

Conflict may arise in situations where the couple has different expectations for their future. One individual in the cohabitating relationship feels they are headed towards the path of marriage while the other feels content in remaining in their current situation. Begin working with the couple on helping them resolve their differences in love with less conflict and heated debate with centering on the LOVE intervention.

### *Case Vignette*

Peter and Sarah have been dating for two years. They moved in with each other after a year of dating due to financial constraints. They report that it made sense to live together as their relationship was progressing satisfactorily and they would be saving money with rent for just one household. They started participating in couples therapy two months ago because they were having frequent disagreements over financial obligations. Additionally, Sarah felt that Peter spent more time with her when they were living in separate apartments.

During the initial session the therapist learns that they are very committed to each other and therapy is a way for them to learn how to communicate their differences and become closer. Additionally, it is evident that although living together has helped decrease their major financial

obligation (i.e. rent), Peter feels stress in providing financial comfort and security for their household.

In this case, the vision statement intervention can be effective in allowing the couple to move forward with making goals for their relationship. Since the couple indicated commitment was very important in the initial intake, the therapist uses the vision statement to help them establish goals and a mutual vision for their relationship. This will help solidify their already established commitment and give them something to “grasp on to” and work towards. During the vision statement intervention, Sarah indicates she feels strongly that the relationship should be soon progressing into marriage, since they are already cohabitating. However, Peter explains that he is content with the current dating status of their relationship and does not want to “ruin what they have” by becoming married.

The therapist focuses on a vision statement that reflects their strong commitment to each other and helps them work out some of their differences in relationship goals. If setting long term goals (e.g., 5-10 years) is too difficult, it can be more realistic and helpful to focus on short term goals, such as the next 6 months to year. The couple can discuss their goals for strengthening their commitment and relationship bond during this time.

The LOVE intervention could also be used to help them discuss whether or not to move forward into marriage. In this case, Peter is careful about making important decisions while Sarah tends to be carefree in her planning. The use of LOVE could be used to discuss the deeper needs reflected by their opposing views on whether to get married, and could help them understand one another’s perspective and move forward with the discussion. In this case, Peter shares his fear that he will not be able to support Sarah financially, including paying for a wedding which he knows is important to her. He also shares his belief that divorce is often

caused by financial disagreements and he does not want to get married until he feels more stable financially. He admits the reason he has not been at home to spend time with Sarah is due to working extra hours to be able to provide her with a comfortable life without worry.

Sarah is surprised by his response and expresses shock that she had no idea that he had been putting in extra hours at work to provide for her. She discusses that she often has fears about not being able to find a stable job but expresses not feeling worried about financial issues – “God will provide and our love is all that I need.” Peter observes that although he is feeling relieved about the open communication about the issue, he felt as if though her discussion was not grasping where he was coming from about his fears of marriage. Since they both have different perspectives on the issue, power struggles can develop from each other believing they are “right”. The LOVE intervention is helpful in reducing conflict because they continue to value each other and express open dialogue about the communication as it progresses.

Sarah then expresses that she understands that his main interest and goal is to be able to provide for a healthy and stable marriage. They both agree to set time apart to look through their financial records and make a detailed budget sheet. Sarah openly explains that she does not want to rush into marriage for the reasons of living together and feels relieved that she understands that his reluctance to marriage was for similar interests that she holds for security and belonging.

Now that the couple has a greater sense of understanding of one another’s “deeper feelings” behind their views on marriage, the couple is able to set short term goals for their relationship that both can support. The couple decides to spend the next year establishing themselves financially and will reevaluate their marriage plans at that point. The couple’s relationship and commitment is strengthened, since they have clear short term goals, a mutual goal to work towards, and a greater sense of understanding of one another’s needs.

## Annotated Bibliography

Hsueh, A.C., Morrison, K.R., & Doss, B.D. (2009). Qualitative reports of problems in cohabitating relationships: Comparisons to married and dating relationships. *Journal of Family Psychology, 23*, 236-246.

The top 5 areas considered most problematic by cohabiting individuals were problems in specific areas of their current relationship (e.g., relationship stress, unmet needs, finances), individual problems (e.g., personality differences, moods, health problems, habits, interests, etc.), general communication, arguments, and emotional affection– distance. Dating and cohabiting individuals reported similar frequencies of global problems except that cohabiting individuals reported more problems with arguments and fewer problems with relationship commitment. Married and cohabiting individuals had more differences in their reports of relationship concerns; results suggested that cohabiting relationships tended to be both more vibrant and more volatile than marital relationships. However, most differences between relationship types were no longer significant after controlling for individuals' relationship and demographic characteristics.

Klausi, J.F., & Owen, M. T. (2009). Stable maternal cohabitation, couple relationship quality, and characteristics of the home environment in the child's first two years. *Journal of Family Psychology, 23*, 103-106.

The researchers compared 43 cohabiting 2-biological-parent families and 877 married 2-biological-parent families, all of whom had stable relationships over the child's first 2 years. Demographic factors of lower parental education, non-White race/ethnicity, and low income characterized the cohabiting parents, in comparison with married parents. After controlling for these demographic differences, they found that stably cohabiting mothers reported more depressive symptoms and were less sensitive with their child than were married mothers. Cohabiting couple relationships were characterized by more ambivalence and conflict, each of which partially mediated associations of cohabitation with maternal depression and parenting sensitivity.

Kline, G.H., Stanley, S.M., Markman, H.J., Olmos-Gallo, A., St. Peters, M., Whitton, S.W., & Prado, L.M. (2004). Timing is everything: Pre-engagement cohabitation and increased risk for poor marital outcomes. *Journal of Family Psychology, 18*, 311-318.

Data from a longitudinal study was used to examine differences among couples that cohabited before engagement, after engagement, or not until marriage. At both time points, the before-engagement cohabiters (59 couples) had more negative interactions, lower interpersonal commitment, lower relationship quality, and lower relationship confidence than those who did not cohabit until after engagement (28 couples) or marriage (49 couples), even after controlling for selection factors and duration of cohabitation. The findings suggest that those who cohabit before engagement are at greater risk for poor marital outcomes than those who cohabit only after engagement or at marriage.

Rhoades, G.K., Stanley, S.M., & Markman, H.J. (2006). Pre-engagement cohabitation and gender asymmetry in marital commitment. *Journal of Family Psychology, 20*, 553-560.

The authors longitudinally examined 197 couples' dedication levels on the basis of their premarital cohabitation history. Gender moderated the relation between premarital cohabitation history and the level of dedication between spouses both before marriage and during the early years of marriage. Findings suggested that men who cohabited with their spouse before engagement were less dedicated than men who cohabited only after engagement or not at all before marriage. Furthermore, these husbands were less dedicated to their wives than their wives were to them. Hierarchical linear modeling showed that such asymmetries were apparent before marriage and through the early years of marriage. Relationship adjustment and religiousness were related to dedication but did not account for the findings. The authors suggested that couples considering cohabitation before engagement could benefit from discussions about commitment and expectations about marriage.

Rhoades, G.K., Stanley, S.M., Markman, H.J. (2009). Couples' reasons for cohabitation:

Associations with individual well-being and relationship quality. *Journal of Family Issues, 30*, 233-258.

This study examined how different types of reasons for cohabitation are associated with individual well-being and relationship quality in a sample of 120 cohabitating heterosexual couples. Spending more time together and convenience were the most strongly endorsed reasons for cohabitation. Couples who cohabited in order to test their relationship, this was associated with more negative couple communication, greater physical aggression, as well as lower relationship adjustment, confidence, and dedication. This reasoning was also associated with higher levels of insecure attachment, depression, and anxiety. Men are more likely to report testing the relationship as their reason for cohabitation and less likely to report convenience than women.

#### [Additional References](#)

- Bumpass, L., & Lu, H.-H. (2000). Trends in cohabitation and implications for children's family contexts in the United States. *Population Studies*, 54, 29–41.
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## Appendix

### Commitment Inventory (Stanley & Markman, 1992)

This self-report measure is recommended for the assessment of commitment in cohabitating couples. It can be used with all couples, but would especially be helpful with this population in identifying not only their commitment level but what lies behind their commitment (i.e., whether it is internally or externally motivated). There have been multiple published versions of the assessment. The original 60 item version is available in the Stanley and Markman (1992) publication. A 55 item version is also available. Stanley also developed a short 4-item version that could be used for a screening tool, but would not give a thorough analysis of the couple's commitment level. All scales are self-report and employ a likert-type rating scale.

The long versions contain multiple scales that can give the clinical insight into the various factors and motivations that are influencing their commitment level. The two primary scales are the dedication scale and the constraint scale. The dedication scale assesses the couple's commitment that stems from their dedication and desire to be in the relationship. This includes subscales such as couple identity, meta-commitment, relationship agenda, and relationship primacy. On the other hand, the constraint commitment scale measures the type of commitment that comes from factors that prevent the individual from leaving the relationship, such as attitudes and external motivations. These include subscales such as concern for children's welfare, burden of termination procedures, social pressure, and morality of divorce. These various factors can be very helpful for the clinician trying to assess the couple's commitment to the relationship and the subscale scores can inform the clinician of issues that may need to be addressed in therapy. The scale has good psychometric properties. The coefficient alpha for this

measure was .72 in a national study conducted by Stanley, Markman, and Whitton (2002).