

Investigating Confusion Between Perceptions of Relationship Education and Couples Therapy

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Although relationship education (RE) and couples therapy (CT) have similar goals in helping build and sustain healthy couple and family relationships, there remains confusion between the focus and structure of the two services. Literature on the marketing of family programs indicates that the awareness level of the target audience should dictate marketing and recruitment messages. Lack of awareness regarding RE and confusion over the difference between RE and CT most likely affects the decision to attend. In order to inform RE recruitment and marketing approaches, this study investigated overall perceptions of RE, RE awareness, and confusion regarding the difference between RE and CT in a sample of 1,977 individuals. Differences in perceptions were also explored by relationship satisfaction and gender. Results showed a fairly high lack of awareness of RE and confusion between RE and CT. Results also showed that respondents in more satisfying relationships see RE less positively, and men see RE less positively than women. Implications for practitioners and researchers are presented.

Keywords: relationship education, couples, marketing, decision making

Although overlap exists among the goals of relationship education (RE) and couples therapy (CT) (Karam, Antle, Stanley, & Rhoades, 2015), there remains confusion between the focus and structure of the two services (Burr, Hubler, Gardner, Roberts, & Patterson, 2014). Markman and Rhoades (2012) define RE as “efforts or programs that provide education, skills, and principles that help individuals and couples increase their chances of having healthy and stable relationships” (p. 169). In general, RE is framed as a primary prevention service (i.e., assist in reducing or deterring potential issues faced by couples), and CT as tertiary prevention or intervention (i.e., assist with more complicated and/or chronic issues) (DeMaria, 2005; Myers-Walls, Ballard, Darling, & Myers-Bowman, 2011). Overall, few individuals and/or couples seek out either service, and RE in particular has experienced various issues related to recruitment

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(Burr, Gardner, Cox, Lazelere, & Hubler, 2015; Doss, Rhoades, Stanley, & Markman, 2009; Wood, Moore, Clarkwest, & Killewald, 2014). One possible reason for recruitment issues with RE could be the lack of awareness and knowledge about the two services (RE and CT) – differences in their structure and scope. Marketing messages in RE recruitment efforts can help clarify misconceptions and boost attendance. Past findings (e.g., Morris, Cooper, & Gross, 1999) show that marketing/promotion has an impact on attendance and program outcomes. However, calls to more systematically investigate marketing in RE (e.g., Guerney & Maxson, 1990; Morris et al., 1999) have yet to be answered in many ways. This study seeks to explore perceptions of RE and potential confusion between RE and CT in a sample of 1,977 individuals to help inform RE marketing efforts. We also explore how these perceptions differ by relationship satisfaction and gender.

Models Describing the Distinction Between Education and Therapy Services

In terms of overall scope, both family life education and family therapy seek to support healthy families but often use different approaches. These different approaches often require different credentials which can help determine which service is best matched with the current family situation and/or need. For example, Doherty's (1995) Level of Family Involvement model introduces five levels based on educational and ethical standards to promote healthy family functioning. The levels range from minimal emphasis on the family (level 1) to family therapy (level 5). Each level is different in approach, focus, and the credentials needed to boost the effectiveness of the service. Building on Doherty's model, Myers-Walls et al. (2011) further describe differences (answering the questions why, when, for whom, and how) between family life education, family case management, and family therapy. The authors also highlight the need for different family professionals to communicate and coordinate with one another to provide the best-matched service based on the family's need(s). Figure 1 contains a brief description of the different levels in Doherty's model.

Figure 1. Level Descriptions of Doherty's (1995) Model

Level	Description
Level One: Minimal Emphasis on Family	Parents and family members are not the main focus in this level. Very little attention is paid to the needs of the parents or family. The facilitator usually does not require the professional skills to successfully work with families.
Level Two: Information and Advice	Includes collaborative activities with the family members and the facilitator. The facilitator has good communication skills, can successfully ask informative questions, and understands how to engage the family. At level two, the family life educators can provide information to a number of families in a low-risk environment, such as a one-time didactic workshop. At level two there is limited affective process and limited discussion depth.

Level Three: Feelings and Support	This level builds on level two while incorporating the family's feelings and experiences. Empathetic listening is present, as well as gentle probing about feelings to promote an open environment for sharing and problem solving. Sharing and discussion are used as part of the educational process. At level three, the family life educator is able to help families deal with and discuss normative stressors rather than traumatic, personal issues. The family life educator would be knowledgeable about how and when to provide a referral to a therapist for further assistance.
Level Four: Brief Focused Intervention	This level builds on the previous two levels while also including assessments and planning for change in families. This level is mainly focused on high risk families. Level four usually involves more than just parent and child. It may also include extended family members, co parents, or grandparents. Family life educators may facilitate this level.
Level Five: Family Therapy	This level falls outside the ethical boundaries for family life educators to facilitate. This level includes serious family issues which require consent to treat. This level addresses and develops a treatment plan to alleviate maladaptive family situations. This service likely will occur for continuous weeks.

What Do We Know about Confusion between RE and CT?

Although scant, there is some evidence of confusion between RE and CT in prior literature. In a sample of 99 couples, Burr et al. (2014) found that couples discussing the pros and cons of attending RE often began their conversations using the misguided terms “counseling” or “therapy.” Roberts and Morris (1998) found that those who did not attend marriage enrichment programs were more likely to see the service as “therapeutic,” while those who did attend were more likely to see the service as “educational.” Thus, this confusion can be problematic if individuals and couples do not understand the distinctions between the two services, as this may affect the interest in participating and may sway the decision to attend.

Marketing Family Programs and Theoretical Underpinnings

When considering what sways an individual or couple to choose a relationship service, the level of awareness is often a strong predictor. Target market awareness levels will dictate most program operation decisions, including marketing and recruitment messages (Pawel, 2015). According to Masterson and Forde (2011), there are five levels of awareness used in making decisions. These levels range on a continuum from unawareness of having a problem to most aware (i.e., having a solution but needing more details on how the solution can be accomplished). In terms of RE, the target market/audience may be unaware of RE, confused about the focus of RE, uninformed of the benefits of RE, or downplay the need for RE. In addition to awareness, attitudes and perceptions also affect the decision to attend. Ajzen's (1991) Theory of Planned Behavior suggests that intention predicts behavior, and attitude shapes intention. With RE, someone would be more likely to attend if he/she held a positive attitude

toward attending. However, if there is confusion/unawareness over the nature of RE, or a misguided perception, the attitude toward RE is affected.

Potential Differences in RE Attitudes

Relationship Satisfaction

Although the literature is somewhat mixed, there is some evidence that relationship satisfaction impacts the decision to attend RE. For instance, Roberts and Morris (1998) found that couples attending RE rated communication skills lower than those who chose not to attend, and Morris, McMillan, Duncan, and Larson (2011) found that those who attended RE had lower relationship satisfaction and rated communication skills lower than those who did not attend. Additionally, Burr et al. (2014) found that many couples expressed that attendance of RE would depend upon whether there is an issue/problem in the relationship. Thus, some couples, thinking of RE as more of a therapeutic service, may believe that a relationship “need” is a precursor to attendance or that lower levels of relationship satisfaction are necessary to attend RE.

While RE is not, by design and definition, a therapeutic or intervention service, there is some evidence that couples experiencing some relationship distress attend and benefit from RE (DeMaria, 2005; Halford & Bodenmann, 2013). However, largely, couples at risk for relationship distress are underrepresented in RE programming (Halford, O’Donnell, Lizzio, & Wilson, 2006). Yet, due to its broader educational approach, RE may be a good entrance point to reach diverse groups of individuals and couples (e.g., after attending RE, a couple may decide to seek further assistance and see a therapist; Doherty & Lamson, 2015).

Gender Differences

There is limited information available on gender differences in attitudes towards seeking relationship services. Bringle and Byers (1997) found that women indicated they would be more likely to seek counseling and held more positive attitudes than men. Doss, Atkins, and Christensen (2003) found that women were significantly more likely to initiate the process of seeking therapy and held more positive attitudes towards CT than their husbands. In terms of RE, Burr et al. (2015) found that women held more positive attitudes than their male partners.

Current Study

Extension services seek to offer evidence-based relationship programming tailored to the needs of the audience (Goddard & Schramm, 2015). However, in order to increase program attendance, additional research is needed to effectively shape marketing messages. As highlighted here, awareness and attitudes most likely affect the decision to attend RE. Confusion between RE and CT affects both the awareness level and the attitude toward RE, and attitudes

may differ by factors such as relationship satisfaction and gender. In an effort to better inform RE marketing and recruitment practices, this study explores perceptions of RE, awareness of RE, confusion between RE and CT, and differences by relationship satisfaction and gender.

Based on the identified gaps in this topic area, this study investigated the following general research questions:

- R1: Is there evidence of limited awareness of RE?
- R2: Is there evidence of confusion between RE and CT?
- R3: Do those reporting higher relationship satisfaction hold more negative attitudes toward RE?
- R4: Do those in distressed relationships perceive RE more positively?
- R5: Are there gender differences in perceptions of RE and awareness/confusion regarding RE?
- R6: Are there relationship status differences in awareness/confusion regarding RE?

Method

Sample

Based on the focus of the study to primarily investigate confusion and awareness levels about RE, those who reported not attending RE in the past were selected from a larger online survey sample on attitudes toward RE. This resulted in a sample of 1,977 individuals. The sample was primarily female (74.9%). Participant age ranged from 18–96 years ($M = 29.94$, $SD = 11.86$). Of these individuals, 82.1% identified as Caucasian, 6.7% as Hispanic/Latino, 3.1% as Native American or Alaskan Native, 3.0% as African American/Black, 2.6% as Asian/Pacific Islander, 0.4% as Middle Eastern/Arab, with the remaining 2.1% identifying as other. In regards to income, 16.5% reported an income between \$0 and \$10,000, 11.6% between \$10,001 and \$20,000, 10.9% between \$20,001 and \$30,000, 11.5% between \$30,001 and \$40,000, 8.7% between \$40,001 and \$50,000, 7.5% between \$50,001 and \$60,000, 7.4% between \$60,001 and \$70,000, 6.3% between \$70,001 and \$80,000, 4.1% between \$80,0001 and \$90,000, 4.7% between \$90,001 and \$100,000, 10.8% above \$100,000. In terms of highest level of education attained, 1% reported less than high school, 12.7% reported they were high school graduates or obtained a GED, 5.6% attended a vocational-tech/trade school, 47.4% attended some college, 24.6% obtained a college degree, 2.8% completed some postgraduate work, and 5.9% obtained a post-graduate degree. Regarding the individuals' relationship status, 48.3% reported they were married, 2.7% were divorced, 1.1% were separated, 8.1% were currently living with their romantic partner, 1.1% were remarried, 23.2% were single, 14% were in a committed relationship but were not living with their romantic partner (i.e., dating), and 1.5% reported "other."

Procedures

After institutional review board approval was granted, participants completed an online survey using the Qualtrics online platform. The survey was distributed across college/university campuses and through social media. The survey consisted of questions directed toward participants' demographics and various items assessing attitudes towards RE.

Measures

Relationship satisfaction. Relationship satisfaction was measured via the Couple Satisfaction Index – 4 (CSI(4); Funk & Rogge, 2007). The measure assesses relationship satisfaction via four items: 1) *All things considered, I would rank my degree of happiness in my relationship as* [ratings range from 0 (*extremely unhappy*) to 6 (*perfect*)]; 2) *I have a warm and comfortable relationship with my partner* [ratings range from 0 (*not at all true*) to 5 (*completely true*)]; 3) *How rewarding is your relationship with your partner?* [ratings range from 0 (*not at all*) to 5 (*completely*)]; and 4) *In general, how satisfied are you with your relationship?* [ratings range from 0 (*not at all*) to 5 (*completely*)]. The recommended cut score of 13.5 was utilized to differentiate those in distressed relationships (Funk & Rogge, 2007). Internal consistency was high ($\alpha = .93$).

Relationship education attitudes. Since there is little available information on RE attitudes, two items were created for this study to measure positive aspects/benefits: *I feel attending a relationship education class/workshop could be beneficial for my relationship/future relationship* and *I feel attending a relationship education class/workshop would be beneficial for me as a person*. Also, four items were created to measure the perceived “need” for RE: *A strong couple would not need to attend a relationship education workshop/class*; *If I want to learn skills to help my relationship, I would not rely on a relationship education class/workshop*; *I prefer to manage issues in my family/relationship on my own without outside help*; and *I would be skeptical of the motive/purpose of a relationship education class/workshop*. For all items, participants marked their agreement on a 10-point scale ranging from 1 (*strongly disagree*) to 10 (*strongly agree*).

Confusion and unawareness with/of relationship education. Confusion and unawareness were measured via two separate items: *I really don't see a difference between relationship education/therapy and counseling* and *I am not sure what a relationship education program is or what these programs do*. For both items, participants marked their agreement on a 10-point scale ranging from 1 (*strongly disagree*) to 10 (*strongly agree*).

RE descriptions. To further understand participants' thoughts and descriptions of RE in their own words, the following open-ended prompt was used in the survey: *Please describe in 1-2 sentences, what first comes to mind when you think of the term “relationship education.”*

Results

The current study investigated the association between perceptions of RE and relationship satisfaction using bivariate correlations; differences in perceptions of RE between those who met the cutoff for relationship distress via the CSI(4) and those who did not using independent samples *t*-tests; gender differences and relationship status differences in perceptions of RE and confusion regarding RE using independent samples *t*-tests; and descriptive statistics to explore confusion between RE and CT, and awareness of RE. Analysis pertaining to relationship satisfaction was conducted with only those reporting a current relationship ($n = 1,414$). The open-ended data on participant descriptions of RE was analyzed using autonomous counting methods. Counting methods are often used to produce counts or numbers to serve as significant research findings (Hannah & Lautsch, 2011). Running counts/totals were created for responses using such terms as “counseling” or “counselor” and “therapy” or “therapist” to describe the focus/scope of RE.

R1: Is there evidence of limited awareness of RE?

An examination of the descriptive statistics for the item, *I am not sure what a relationship education program is or what these programs do*, showed a mean of 5.30 and median of 5.00; these findings were at or above the midpoint for agreement on the 10-point scale. The descriptive statistics showed 33.3% marked a 7 or higher in terms of strength of agreement, while 15.2% marked a 9 or 10 in terms of strength of agreement.

R2: Is there evidence of confusion between RE and CT?

An examination of descriptive statistics for the item, *I really don't see a difference between relationship education and relationship therapy/counseling*, showed a mean of 5.20 and median of 5.00; these findings were at or above the midpoint for agreement on the 10-point scale. The descriptive statistics showed 31.9% marked a 7 or higher in terms of strength of agreement, while 15.1% marked a 9 or 10. Results for the open-ended question asking participants to describe RE showed 380 participants (22%) described RE using the terms “counseling/counselor” or “therapy/therapist.”

R3: Do those reporting higher relationship satisfaction hold more negative attitudes toward RE?

Bivariate statistics showed relationship satisfaction was significantly and negatively correlated with positive aspects/benefits of RE (e.g., *I feel attending RE could benefit my relationship*; $r(1334) = -.20, p < .01$) and significantly and positively correlated with the lack of need for RE (e.g., *If I want to learn skills to help my relationship, I would not rely on RE*; $r(1324) = .10; p < .01$). See Table 1 for all correlations and descriptive statistics.

Table 1. Variable Means, Standard Deviations, and Bivariate Correlations

Variable	Mean	SD	Range	1	2	3	4	5	6	7
1) Relationship satisfaction	19.87	4.48	21.00							
2) RE would be beneficial for me as a person	6.33	2.60	9.00	-.19**						
3) RE would improve my relationship/future relationship	6.64	2.57	9.00	-.20**	.89**					
4) To learn skills I would not rely on RE	4.51	2.30	9.00	.11**	-.29**	-.32**				
5) I prefer to manage issues in my family/relationship on my own	5.54	2.54	9.00	.16**	-.32**	-.32**	.47**			
6) A strong couple would not need RE	3.64	2.53	9.00	-.12**	-.38**	-.38**	.41**	.42**		
7) I would be skeptical of the motive/purpose of RE	4.30	2.42	9.00	-.08**	-.27**	-.26**	.41**	.37**	.43**	

Note. "RE" indicates "relationship education"; ** $p < .01$

R4: Do those in distressed relationships perceive RE more positively?

Independent samples *t*-tests showed that those who met the cut score criteria for relationship distress reported more positive attitudes toward RE and more positive appraisals of RE. They also had significantly higher means on both items assessing the positive aspects of RE and significantly lower means on the four items assessing the perceived need for RE (see Table 2).

Table 2. Comparing Relationally Distressed ($N = 164$) and Nondistressed ($N = 1,170$) Individuals on RE Perceptions

Item	<i>M</i> (distressed in parentheses)	<i>SD</i> (distressed in parentheses)	<i>t</i>	Cohen's <i>d</i>
RE would be beneficial for me as a person	6.24 (7.24)	2.54 (2.67)	-4.71***	0.41
RE would improve my relationship/future relationship	6.50 (7.42)	2.54 (2.60)	-4.17***	0.36
To learn skills, I would not rely on RE	4.56 (4.01)	2.23 (2.27)	2.52**	0.21
I prefer to manage issues in my family/relationship on my own	5.71 (5.00)	2.51 (2.60)	3.47**	0.29
A strong couple would not need RE	3.75 (3.10)	2.58 (2.33)	3.27**	0.26
I would be skeptical of the motive/purpose of RE	4.29 (3.64)	2.38 (2.31)	3.30**	0.28

Note: "RE" indicates "relationship education"; ** $p < .01$, *** $p < .001$

R5: Are there gender differences in perceptions of RE and awareness/confusion regarding RE?

Independent samples *t*-tests showed that women held more positive perceptions of RE. Also, the results showed women were more aware of the focus of RE programs and reported less confusion about differences between RE and CT (see Table 3).

Table 3. Comparing Men ($N = 495$) and Women ($N = 1,475$) on RE Perceptions

Item	<i>M</i> (men in parentheses)	<i>SD</i> (men in parentheses)	<i>t</i>	Cohen's <i>d</i>
RE would be beneficial for me as a person	6.51 (5.82)	2.59 (2.55)	-5.16***	0.27
RE would improve my relationship/future relationship	6.81 (6.13)	2.55 (2.49)	-5.13***	0.27
To learn skills, I would not rely on RE	4.37 (4.91)	2.22 (2.49)	4.51***	0.23
I prefer to manage issues in my family/relationship on my own	5.38 (6.01)	2.52 (2.55)	4.81***	0.25
A strong couple would not need RE	3.42 (4.84)	2.44 (2.65)	6.31***	0.56
I would be skeptical of the motive/purpose of RE	4.07 (4.84)	2.35 (2.52)	6.10***	0.32
Not sure what RE is	5.22 (5.55)	2.70 (2.65)	2.41*	0.13
I don't see a difference between RE and CT	5.11 (5.48)	2.65 (2.86)	2.55*	0.13

Note: "RE" indicates "relationship education"; * $p < .05$, *** $p < .001$

R6: Are there relationship status differences in awareness/confusion regarding RE?

Independent samples *t*-tests showed that those who were married agreed significantly more strongly with the statement, *I really don't see a difference between relationship education and relationship therapy/counseling*, when compared to those who were not married. Also, those who were married agreed significantly less strongly with the statement, *I am not sure what a relationship education program is or what these programs do*, when compared to those who were not married (see Table 4).

Table 4. Comparing Not Married (N = 999) and Married (N = 977) on RE Perceptions

Item	<i>M</i> (not married in parentheses)	<i>SD</i> (not married in parentheses)	<i>t</i>	Cohen's <i>d</i>
I don't see a difference between RE and CT	5.33 (5.08)	2.72 (2.70)	-2.07*	0.09
Not sure what RE is	4.87 (5.71)	2.60 (2.71)	7.00***	0.32

Note: "RE" indicates "relationship education"; * $p < .05$, *** $p < .001$

Discussion

This is the first known study to assess perceptions of RE relating to confusion between RE and CT and investigate differences in these perceptions based on gender, relationship status, and relationship satisfaction. Breaking down stigma and misconceptions about the focus and structure of RE and disseminating accurate information are important steps to bolster effective recruitment efforts. Substantive patterns in the study findings are highlighted below.

The results showed those in more satisfying relationships reported more negative attitudes toward RE, and those in distressed relationships reported more positive attitudes. This finding supports the notion that respondents may believe that a relationship issue needs to be present before someone would choose to attend RE (i.e., If there is nothing "wrong" in the relationship, there is no need to fix it.). Therefore, those in more satisfying relationships may be less likely to see the need to seek out a relationship service than those in distressed relationships. However, these perceptions of RE are more in line with the intervention/therapy perspective, whereas the "true" scope of RE is more preventative and enrichment focused (DeMaria, 2005; Markman & Rhoades, 2012). In essence, if couples are aware that RE can prevent problems, they may attend regardless of satisfaction level and before relationship problems are present.

The results showed a high degree of uncertainty about the focus of RE, and how the focus differs from therapy. Difference tests showed the lack of awareness of RE and the confusion between RE and CT were greater for men. Results also showed the difference between men and women was not particularly strong (small effect sizes for differences; both men and women had a fairly high degree of unawareness of RE and confusion about the difference between RE and CT).

In terms of differences in awareness of RE and confusion between RE and CT by relationship status, the findings were somewhat paradoxical. Those married reported significantly stronger agreement with the statement on confusion between RE and CT than those not married, but significantly less agreement with the statement on lack of awareness of RE. These results are somewhat puzzling in that one would expect that if someone reports greater awareness of what RE is and does, they would also report less confusion between RE and CT. However, we believe that these mixed results on the two items actually underline greater overall confusion about the nature and focus of RE. Descriptive statistics support this theory, as means for both those in the married and unmarried group were just below or above five on the 10-point scale (showing a fair amount of confusion and lack of awareness for both groups).

The results of the qualitative question asking participants to describe what RE is in their own words are particularly telling. More than one out of every five responses used the exact terms “counseling/counselor” or “therapy/therapist” to describe RE. This result further underscores that many do not make a distinction between RE and CT and adds more support to previous findings on the lack of clarity between RE and CT (e.g., Mace, 1982; Roberts & Morris, 1998). Also, following Theory of Planned Behavior ideas, differences in attitudes, unawareness, and confusion would likely affect intentions regarding RE and the decision to attend. Further efforts are needed to clarify this distinction.

Limitations

There are some limitations to this study. The study design is cross-sectional and largely descriptive; thus, no claims can be made about causal relationships. Additionally, the sample was primarily Caucasian (82%), fairly educated (81% reporting some college or above), and somewhat younger (mean age just under 30). Overall, the sample was lacking in diversity, and the findings may not be representative of those of more diverse age, ethnic, racial, and socioeconomic backgrounds.

Future Directions

Implications for Practitioners and Researchers

Based on the study findings, three implications are highlighted here. First, the findings point toward the importance of using different recruitment messages for different audiences. Just as one size fits all Extension education programs are likely ineffective (Goddard & Schramm, 2015; Goddard & Olsen, 2004), this study extends this idea to marketing messages as well. For instance, women reported overall more positive appraisals toward RE, and men less need and more skepticism of RE. While women may respond to RE marketing messages currently in use (e.g., RE as an opportunity to gain skills, such as communication and conflict resolution), men

may respond more positively through normalization messages—that RE can be helpful for most people and most couples in various situations, not only those experiencing some challenges, and that many couples (whether experiencing some challenges or not) can attend and benefit.

Future research should also investigate and incorporate RE topics of particular importance to men to reduce skepticism. Historically, RE recruitment messages and settings have catered more to women (Markman & Rhoades, 2012). Also, marketing messages emphasizing the potential benefits of RE (e.g., improve communication, learn conflict resolution, grow closer, etc.) may be more attractive to distressed individuals and couples, while external factors such as raffles, prizes, or fun, date-like settings may be more attractive to more satisfied couples.

Second, findings underscore the need to educate the public on the format/scope of RE as a prevention relationship resource, which is different than the interventionist scope often used in therapy. Public stigma is often attached to seeking help, especially psychological therapy/treatment (Corrigan, 2004; Vogel, Wade, & Haake, 2006). Larger-level informational campaigns through public service announcements, television, and web exposure could be helpful in this process. If RE is seen as indistinguishable from therapy, recruitment and attendance are likely to suffer. Future efforts should seek to reduce stigma associated with both services.

Third, researchers should investigate and evaluate larger-level approaches to educate the public on the scope and focus of RE, as well as potential benefits. We are currently working to create a simple, brief module to provide information on RE and hope to evaluate the effectiveness of this information in the coming years. We call on others who work in Extension and other areas of the field of couples and relationship education to join this effort to disseminate accurate information about RE to help alter misguided perceptions.

Conclusion

This is the first known study to investigate specific perceptions, awareness, and confusion regarding RE. These results suggest specific means for enhancing RE recruitment and implementation, and while not particularly diverse, the sample is sufficiently large to highlight the pervasive nature of misconceptions about RE. The calls made by Guerney and Maxson (1990) and Morris, Cooper, and Gross (1999) to give more serious attention to marketing plans in RE have gone largely unanswered. Confusion and misguided perceptions persist. As suggested through the results of this study, further effort is needed to find ways to alter misconceived perceptions of RE and tailor marketing messages to highlight the potential benefits for individuals and couples of various circumstances. Such efforts will assist the public in making better informed decisions on seeking relationship help and enrichment services.

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