Understanding Relationship Quality

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About OnePlusOne
OnePlusOne is a UK charity that strengthens relationships by creating resources that help families and frontline workers tackle relationship issues early.

We help couples and parents through a range of web-services, while our online learning equips front line workers with the skills to offer timely and effective face to face support to families.

Everything we do is based on the latest research evidence. Our research builds the knowledge base on relationships and, by sharing what we know, we influence policy and the creation of services that work.

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Introduction

Although relationship quality is not part of our daily vocabulary and we may not even be familiar with the term, relationship quality is the substance of our everyday lives. Relationship quality is about good relationships, how well partners get on, and how happy they are in their relationship. It tells the story of what is going on in these different families. Why is that relevant? Good relationships matter for the health and well-being of partners and, if present, for that of their children. Relationship quality is therefore a useful indicator of a population’s well-being. It is also the aim of initiatives to support families, such as the UK coalition government’s £30 million investment in relationship support. It could and should be an aim of broader interventions to support families, such as those struggling with unemployment, parenting difficulties, caring for a partner with poor health, or looking after a child with additional needs. This support is important because difficult circumstances put substantial pressure on couple relationships. Finally, examining relationship quality is like looking under the bonnet of a car. It provides crucial insights into the mechanics of couple relationships and why some keep going while others grind to a halt.

This publication offers a timely review of the research evidence concerning relationship quality. There seems to be a growing awareness of the importance of good quality relationships and the impact troubled relationships can have on personal, social, and economic wellbeing of individuals. The scope of this review is deliberately broad. It is intended for front-line family workers, as well as policy makers and commissioners. Students, researchers, and those interested in families and relationships are also likely to find this a useful starting place for understanding more about relationship quality.
Headline Data

Relationship quality is generally used to refer to how happy or satisfied a person is in his or her relationship and how well partners get on together. Approximately 20% to 25% of the population are estimated to be in relationships of poor relationship quality. Couples in poor quality relationships are at risk of a range of negative outcomes, such as depression and ill-health, as are their children.

Measures of relationship quality can be used for a range of purposes, such as, to identify couples that may benefit from support, to provide practitioners and couples with insight into the relationship as part of a relationship enhancement programme, or to assess the outcome of couple or family interventions.

In general, relationship quality declines over the course of a relationship, however the extent and speed of the decline varies. Some couples manage to sustain high levels of relationship quality while others start with low levels of relationship quality that continue to decline quite rapidly until the relationship falters.

A number of factors combine to increase the likelihood that couples will experience lower levels of relationship quality, these include: the personalities and experiences each partner brings to the relationship, the stressful life events they encounter, and how they communicate and cope, particularly during difficult times.

The stressful life events that are likely to undermine relationship quality include: the transition to parenthood, work stress, economic stress, partner ill-health, and caring for a child with additional needs.

Relationship support may help improve couple relationship quality. Although participants in surveys are fairly positive about relationship support, few make use of it in practice. One of the main barriers to making use of support such as counselling is stigma. 43% of respondents in the British Social Attitudes Survey would not want anyone to know if they had seen a counsellor or therapist.

Other barriers to utilising support include a deep felt belief that relationships are a private matter and that if things go wrong there is little to be done about it. According to different sources, between 30% to 40% of people have approached their GP about relationship difficulties, making GPs the most frequently turned to source of professional help.
What is relationship quality and why does it matter?

What is relationship quality

In general, relationship quality, often termed marital quality in the research literature, refers to how happy or satisfied an individual is in his or her relationship. It is a frequently studied aspect of relationships, however there is little consensus around the definition of relationship quality or the theory underpinning it (Johnson, 1995; Fincham & Beach, 2010). Probably because of this lack of consensus, “relationship quality” is often used interchangeably with terms such as “relationship happiness”, “relationship satisfaction”, and “relationship adjustment”, although these concepts are not synonymous.

There are two main approaches to understanding relationship quality:

The Interpersonal or Relationship approach

This approach focuses on patterns of interaction between a couple and looks at areas such as how couples communicate, their conflict behaviours, and how they spend time with one another.

The Intrapersonal approach

Another perspective is that relationship quality is not about the behaviours and interactions in the relationship but only refers to how partners rate their happiness or satisfaction with the relationship. This involves a subjective evaluation of a couple’s relationship (Fincham & Rogge, 2010).

Why does relationship quality matter?

Although relationship quality may seem to be a theoretical concept removed from the reality of families’ daily lives, relationship quality is important. The consequences of poor relationship quality are significant for partners, children, and wider society.

Recent evidence shows that children whose parents have poorer relationship quality have more externalising behaviour problems (such as hyperactivity-inattention) than children whose parents have better relationship quality (Garriga & Kiernan, 2013). The research demonstrates that the effect of couple relationship quality on child behavioural outcomes is the same for children irrespective of mother’s education, her ethnicity and whether married or not, mother’s experience of parental divorce and child’s gender. Children from households with low income are affected more by distressed parental relationships than children who are financially better off. However, good RQ is a protective factor for children in a context of family poverty. This impact of relationship quality exists irrespective of the nature of the parent-child relationship. However, the research shows that a high quality parental relationship may be a protective factor for children’s well-being even when there is high-level conflict in the parent-child relationship.

Healthy relationships, healthy partners

Where relationships break down, adults and children are more likely to do poorly on a range of indicators of health and well-being. There are also wider implications for society, including the economic and social costs of relationship breakdown (Coleman & Glenn, 2009).

The significant link between relationship breakdown and poorer prospects has, therefore, been an important feature of couple research over the last forty years and has shaped much of the public discourse about families. The main feature of this discourse has been the notion that marriage per se bestows health and wellbeing benefits on spouses - a kind of marriage premium - that is lost with marriage breakdown (Waite & Gallagher, 2000).

However, more recent research has highlighted the importance of the good quality relationship between partners, irrespective of marital status, for the health, life satisfaction, and wellbeing of partners (Proulx et al., 2007; Coleman & Glenn, 2009; Robles et al., 2013) and their children (Cummings & Davies, 2010; Barrett et al., 2011; Reynolds et al, forthcoming). In other words, it is not being in a relationship per se that confers
There is a strong association between relationship quality and depression (Proulx et al., 2007), but is poor relationship quality a cause or consequence of depression? Although evidence supports both pathways, there is stronger support for the theory that a poor quality relationship triggers or exacerbates depression (e.g. see Proulx et al., 2007). For example, longitudinal studies have found that marital dissatisfaction predicts increases in depressive symptoms over time (Mead, 2002); co-varies with changes in depressive symptoms (Kurdek, 1998; Karney, 2001); and increases the likelihood of a major depressive episode within a year (Beach, 2001). Researchers have also identified neural sites that may explain how relationship quality and psychological and physical well-being are linked (Acevedo et al., 2012).

Changing family norms

Relationship quality is also an important concept in a society where the formation and dissolution of relationships has become more complex and diverse. For example, rates of cohabitation have increased along with re-partnering and step families, couples “living apart together” and greater visibility of gay and lesbian partnerships (Lloyd & Lacey, 2012). In previous decades the relationship status framework- “married”, “single”, “divorced” or “widowed” - provided the basis for assessing social entitlements, shaping policy, and debating the state of the family. We need only to reflect on the abolition of the married couples tax allowance, changes in the calculation of benefit entitlements, or the extension of the legal rights that were the purview of marriage alone to civil partnerships, to recognise the decreasing relevance of these family labels. Relationship quality, rather than relationship status, is a much more helpful indicator of individual and social well-being, as well as a more sophisticated tool for allocating support to families where it is most needed. Indeed, recent debates about the future of public services and the role of the state have suggested that “broadening and deepening relationships should be seen as an outcome to which the state should aspire” (Cooke & Muir, 2012, p.10), with the state aiming to facilitate the well-being of people in a broader range of relationships.
How do we measure relationship quality?

Why is measuring relationship quality useful?

Measures of relationship quality have been developed, primarily by researchers and relationship therapists, to help identify distressed couples in need of relationship support and to inform understandings of how relationships work (Johnson, 1995). However, the measure of relationship quality can have a much wider application.

Simple measures can be used in surveys to provide a snapshot of a population’s well-being and to monitor change over time, if a series of surveys are used (such as the National Child Development Study, the British Household Panel Survey, and the Millennium Cohort Study).

Some measures are also useful screening tools that can be used to identify couples at risk of or in the early stages of relationship difficulties. For example, one study found that specially trained health visitors were able to administer a short relationship screening tool to parents in the postnatal period in order to offer support to parents or signpost them to additional expert help (Simons et al., 2001). Following completion of the screening tool, one in five mothers seen by the health visitors during their six week postnatal check was identified as experiencing relationship difficulties and most of these women were able to receive help from the health visitor (Simons et al., 2003).

Relationship quality measures can also be used as part of a portfolio of evaluation tools to assess the impact of broader family support interventions. As the later section shows, relationships can come under pressure in a range of circumstances and the effectiveness of interventions to ease the strain may be assessed by measuring relationship quality.

Relationship quality measurement may also contribute to assessing the suitability of families for fostering and adoption. Given the strong link between relationship quality and parenting practices, couples that are able to nurture their own relationships are in a strong position to create a beneficial home environment for children.

Couples embarking on a relationship and those who work with them may also make use of relationship quality measurements. For example, marriage preparation courses and relationship enrichment programmes often include a questionnaire that helps partners to understand their relationship better, assess their compatibility, and highlight issues that they may wish to address. Again, measuring relationship quality can be used to assess the outcome of such efforts.

Measuring relationship quality

A variety of measures have been developed for use across different contexts, ranging from simple statements asking a respondent to rate how happy they are in a relationship, through to more complex and detailed instruments comprising a number of factors. Some measurements of relationship quality have been developed for use with particular population groups, including step-families, military families, or various ethnic groups (see Bronte-Tinkew et al., 2004 for a review). While it is not possible to cover all of them, we focus on some of the most commonly used scales below.
Single statement responses rating happiness or satisfaction

One type of relationship quality measurement used often in surveys asks participants to respond to a singular statement about their relationship. This is the case in the National Child Development Study – a longitudinal cohort study that follows all those born on a given day in 1958 over their lifetimes.

Data on the participants is collected at regular intervals throughout childhood and adulthood, referred to as sweeps. In 2008 participants in the study were asked “How happy is your relationship with your partner, all things considered?” with answers rated on a scale of 1 to 7, 1 being very unhappy and 7 being very happy. Their responses are recorded in Chart 1.

Although these, singular statement measurements have been criticised by some, other studies have shown them to be quite robust and reliable in producing consistent measurements across different settings (Johnson, 1995).

Relationship quality: more than a moment in time?

Relationship quality is often measured at one point in time, for example, as part of a survey, which offers a snapshot of the current state. However, relationship quality resembles a trajectory – a line mapped from the beginning of the relationship over its life course (Fincham & Beach, 2006). To understand better relationship quality we need to refer to the quality of the relationship at the beginning, as well as the way it progresses. Longitudinal studies following couples over time provide this kind of insights into relationship quality.
Measuring relationship quality usually consists of a series of questions that form scales or sub-scales with the scores of the scales totalled to arrive at an overall score of relationship quality. Scales are often protected by copyright and some can be used only by permission, with acknowledgement of authorship or for a fee. Below are some examples of measures of relationship quality.

The Locke-Wallace Marital Adjustment Test (MAT)
The Locke-Wallace Marital Adjustment Test (generally referred to as the MAT) was developed in 1959 to provide a simple assessment of marital fit – how well a husband and wife “accommodated” one another – in order to assess whether a marriage is likely to succeed or fail. The MAT comprises a series of multiple-choice questions, such as: *If you had your life to live over again, do you think you would: (a) Marry the same person, (b) Marry a different person, (c) Not marry at all.* It also asks respondents to rate the extent to which they agree or disagree with their partner on eight issues (see box top left) alongside a single question about their own marital happiness on a scale line. The MAT is one of the earliest relationship quality measures and therefore provides data on marital quality over a 50-year period. The measure is still used occasionally, although questions have been raised about whether some of the language and concepts remain relevant today (Freeston & Plechaty, 1997).

The Dyadic Adjustment Scale (DAS)
The DAS (Spanier & Lewis, 1980) was developed for clinical and counselling uses. The scale consists of 32 questions. Respondents are asked to rate the extent to which they agree or disagree with their partner across 15 issues, including those listed in the MAT. The larger number of items included in the scale makes it sensitive to changes in relationship quality over time, although more time-consuming to administer. The DAS may, therefore, be useful in a research context.
setting, to examine for example whether the quality of a couple's relationship has altered over time, or in a counselling setting, to evaluate the impact of the support provided.

A short form of the DAS has also been developed (the DAS-7, sometimes referred to as the ADAS: the Abbreviated Dyadic Adjustment Scale, Hunsley et al., 2001). This is a 7-item version of the scale comprising a subset of items from the original DAS. Items focus on "levels of agreement and disagreement" in the relationship. The DAS-7 correlates well with the full DAS (Sharpley & Cross, 1982; Sharpley & Rogers, 1984). It is able to distinguish between 'distressed' and "non-distressed" relationships (Sharpley & Rodgers, 1984) and changes in relationships as a result of interventions (Ireland et al., 2003; Zubrick et al., 2005).

The Quality of Marriage Index (QMI)
The QMI was developed by Norton in 1983 in response to the much longer DAS. The QMI is a 6-item scale. Respondents answer the first five items on a 7-point scale ranging from -1 (strongly disagree) to 7 (strongly agree). The sixth item on happiness is answered on a 10-point scale ranging from 1 (extremely low) to 10 (extremely high). The wording of this item is similar to that used in the MAT, asking the respondent to describe the degree of happiness in [your] marriage. Norton (1983) argued that relationship quality was best represented by a single variable, and that splitting the concept into a number of constituent parts was not useful. Accordingly, this scale uses a small number of questions to generate a single score estimating relationship quality, which makes the test easy to administer, though more suited to examining relationship quality at a single time-point than detecting changes over time.

Golombok-Rust Inventory of Marital State (GRIMS)
The GRIMS (Rust et al., 1986) was developed to help couple counselling centres measure change before and after treatment and was originally created as a partner to the Golombok-Rust Inventory of Sexual Satisfaction (GRISS; Rust & Golombok, 1986). The Inventory focuses on two domains. One domain asks about shared interests, communication, sex, warmth, roles and decision making, and coping. The other domain focuses on beliefs about and attitudes towards relationships as well as behaviour in the relationship and how much partners agree. There is a longer version of the GRIMS with 28 items, and a shorter 10-item version (the GRIMS-S), with the shorter version using a selection of items from the longer version. Some items from the GRIMS were included in the Millennium Cohort Study, providing a useful snapshot of contemporary relationships (see Chart 3). The authors have suggested that the longer version of the GRIMS can be used to measure relationship change over time and also as a screening measure to highlight relationship difficulties. The short version is more appropriate to screening only.

Relationship Dynamics Scale (RDS)
The RDS (Stanley & Markman, 1997) was developed as a diagnostic tool for use in the “Prevention and Relationship Enhancement Programme” (PREP), a marriage preparation course, but it has also been used in a number of research studies. The scale invites respondents to rate, on a three-point scale, how often they encounter the eight issues listed in the scale, including:

My partner criticizes or belittles my opinions, feelings, or desires

My partner seems to view my words or actions more negatively than I mean them to be

When we have a problem to solve, it is like we are on opposite teams

I feel lonely in this relationship

Unlike some scales, the RDS’ focus is on negative aspects of the relationship, including conflict and communication difficulties. Relationships are classified into, “green, amber or red”, depending on respondents’ scores. Amber warrants a concern
with the state of the relationship, while red indicates the presence of patterns that imply a relationship at significant risk. The RDS formed the basis of a screening tool in a successful trial utilising specially trained health visitors to screen parents in the postnatal period for relationship difficulties (Simons et al., 2001).

**The Couples Satisfaction Index (CSI)**
The CSI (Funk & Rogge, 2007) takes a different approach to measuring relationship quality from many other scales. The CSI attempts to assess satisfaction and dissatisfaction in the relationship separately rather than assuming that satisfaction and dissatisfaction lie at either end of a continuum. It therefore includes a series of statements reflecting on positive and negative aspects of the relationship e.g. “Do you enjoy your partner’s company?”; “I sometimes wonder if there is someone else out there for me”; “My relationship with my partner makes me happy”. The scale also tries to capture how respondents feel about the relationship by inviting them to respond to a series of contrasting adjectives e.g. “interesting ... boring”; “full ... empty”. The CSI can be used as a 32, 16 or 4-item scale.

Studies using the CSI found it to be more sensitive than the full DAS or MAT. It provided a more meaningful outcome measure following couple counselling, was more sensitive to differences between couples, and was more sensitive to change in couples’ relationship quality over time (Funk & Rogge, 2007; Fincham & Rogge, 2010).

**Limitations to relationship quality measures**
As identified earlier, there are benefits to measuring relationship quality ranging from diagnosis, screening, and assessment of change. However, it is also important to be aware of the limitations of existing measures. Although there is some degree of agreement between different measures, there is considerable variation in the factors and components of relationships which are explored across these measures. This is largely due to variations in how relationship quality is conceptualised and defined.

Generally, the measures available tend to rely on self-report, which may be affected by issues such as distortion or limits to respondents’ self-awareness. Some researchers have called for the development of more implicit and objective measures of relationship quality (Fincham & Rogge, 2010). Self-report, however, does present a cost-effective and quicker means of assessment compared to more implicit measures, such as observation or computer-based tasks.

Most of the commonly used measures of relationship quality have been shown to have predictive power and adequate psychometric properties. However, there is a limit to the information available about the use of these measures for various subgroups. Many of the measures were designed and tested using heterosexual married couples and may not necessarily be suitable for diverse populations of cohabiting, living apart together or same-sex couples. Similarly, the extent to which they are useful across different ethnic is less documented (Bronte-Tinkew et al., 2004).
How happy are our relationships?

Although the divorce rate gives some indication of the state of the nation’s relationships, as the talking point demonstrates, it provides a partial picture of relationship quality. For example, some partners remain together despite being unhappy in a relationship. National surveys, such as the cohort studies that follow a sample of people from birth through their life-time and other one-off surveys, provide greater insight into levels of relationship quality in the UK.

How are relationship quality and stability linked?

Does poor relationship quality automatically signify the end of a relationship? There is certainly a link (correlation) between relationship quality and whether the relationship lasts (sometimes referred to as “relationship stability”). In their study following newly-weds over the first ten years of marriage, Lavner & Bradbury (2010) found a close correspondence between levels of marital satisfaction and divorce rates. For example, after four years of marriage 54% of those who started with the lowest levels of marital quality experienced the steepest decline in marital quality and had divorced. At the other end of the spectrum, only 4% of those who started with high levels of marital satisfaction, which remained stable over the four-year period, had divorced. Similar patterns were apparent ten years later.

But that is not the end of the story. A significant proportion of couples that were unhappy after four years together, remained married six years later. So what keeps couples together? A range of factors may be important, including a belief that it is the best thing for the children, a belief in the unbreakable ties of marriage, lack of economic independence, fear of partner violence and a sense that, although things are bad, they may be even worse off if they leave the relationship (Lauer & Lauer, 1986; Previti & Amato, 2003).
We can see similar proportions when looking at the responses to some items from the GRIMS, posed to participants in the Millennium Cohort Study, another longitudinal cohort study this time with participants recruited at birth in 2000. **Chart 3** shows that 21% of respondents wished there was more warmth and affection between themselves and their partner; 17% disagreed with the statement describing the relationship as full of joy and excitement; and 16% sometimes feel lonely in the relationship even though they are with their partner.

Studies conducted in the USA with smaller samples, involving more comprehensive measures of relationship quality, have also reported 20% of respondents in discordant relationships (Beach et al., 2005; Kamp Dush et al., 2008).

For example, one study utilised six waves of data from the Study of Marital Instability over the Life Course collected from 1980 to 2000. This involved a random sample of adults under 55, married for varied lengths of time at the start of the study (see Booth et al., 2003). Kamp Dush and colleagues (2008) found just under 40% of participants were in relationships of high relationship quality and just over 40% in relationships of “middling” quality. For both these groups their levels of relationship happiness generally remained the same over the twenty years of the study. Of course, this may mean that those who became unhappy in their relationships dropped out of the study.

**Chart 3**
Responses to elements of the GRIMS amongst Millennium Cohort Study participants (MCS, second sweep, 2001/2002)

Source: Millennium Cohort Study (2001/2002)
Has relationship happiness in the population changed over recent decades?

What has been the impact on relationship quality of the major changes in society and in family norms described in previous chapters over the last fifty years? Although these data are not available in the UK, we can get some idea of national trends in relationship quality in the USA. The US General Social Survey has asked respondents to say whether their marriage is “very happy, pretty happy, or not too happy” either every year or every other year between 1973 and 2010.

The findings, depicted in Chart 4, record a modest drop in marital happiness levels from their peak in the early 1970s at 67%-69% to below 60% in the early 1980s. They have remained fairly steady since then. The per cent of respondents describing their relationship as “not too happy” fluctuates between 2% to 4% (Rogers & Amato, 1997; Smith, 2011).

Why have levels of marital satisfaction remained similar over the years?

We might have expected to see marital happiness rates rise over recent decades. One reason is that, as divorce has become readily available and more acceptable, unhappily married individuals have been able to opt out of marriage. Similarly, the increase in the number of people cohabitating could mean that only those who are very sure of their relationship will opt into marriage. That would leave only the “most happy” in marriage.

Using different data sets from two national US surveys, one in 1980 and one in 2000, Amato and colleagues (2003) attempted to explore changes in marital quality over time. They concluded that marital quality is subject to counteracting forces. Some social changes, such as wives’ job demands, and premarital cohabitation are associated with declining marital quality. On the other hand, factors around equality, such as more equal decision-making and non-traditional attitudes towards gender, have enhanced relationship quality, with the exception of the redistribution of housework. Increases in husbands’ share of housework appeared to depress husbands’ relationship quality but improve it for wives.
The course of relationship quality

These studies of national trends are interesting social indicators, painting a picture of “average” levels of relationship quality at any one time. However, they do not tell us about how relationship quality develops over time for different couples. Chart 5 indicates that a higher proportion of respondents in the NCDS who have been in a relationship for 21 years or more rated their relationships as very unhappy compared with those who have been in a relationship for five years or fewer.

Nearly half of those who were in relationships of under five years length were “very happy” (49%) compared with 41% at 21-30 years. In fact, the proportion of respondents who rated themselves as very happy and were in a relationship of between six and 20 years duration was even smaller than those in relationships of 21 years and over.

The NCDS findings point to a possible decline in relationship quality over the course of a relationship. This is borne out by other studies, some of which have also used longitudinal data, which suggest that relationship quality does indeed decline over time (Van Laningham et al., 2001), that is to say that partners experience a drop in relationship happiness as a relationship progresses. Some studies suggest that the decline is a gradual process (Karney & Bradbury, 1995) while others suggest that the decline is rapid after the first ten years (Kurdek, 1999).

Researchers originally thought that this decline in relationship quality followed a U-shaped curve, declining following the birth of the first child and picking up again once children left home (Glenn, 1990; see Umberson et al., 2005 for discussion; Keizer and Schenk, 2012). However, most recent findings, using longitudinal studies suggest that, although relationship quality does indeed decline, it does not “bounce back” in later years (Van Laningham et al., 2001; Kamp Dush et al., 2008). Where there is a recovery, it is only amongst couples who started out with poor relationship quality (Umberson et al., 2005).

Source: National Child Development Study - 2000, age 42 yr sweep
Variations in relationship quality

Patterns of change in relationship quality
In the same way that relationship quality may change over time, researchers have also identified different trajectories of relationship quality for different groups of participants, with some participants starting with much higher levels of relationship satisfaction than others (Umberson et al., 2005; Lavner & Bradbury, 2010; Birditt et al., 2012). These studies found that couples characterised by relatively high levels of satisfaction in the first few years of their relationship see a very modest or no decline in relationship quality over the years. Couples, however, who start with low levels of relationship quality experience steeper and more rapid declines in satisfaction. In all these studies low levels of relationship quality and its on-going decline predicted which couples would go on to divorce.

Relationship quality and age
As well as varying with the length of the relationship, there is a modest continuous decline in relationship quality linked to aging (Umberson et al., 2005). Although they are related, age and relationship length may reflect different processes and therefore mean different things for relationship quality. For example, as individuals mature they may be better at handling their emotional responses and so be less likely to argue. On the other hand, partners who have been together longer may find themselves sharing fewer interests and struggling to feel connected (Umberson et al., 2005).

His and her relationship quality?
Are men or women more likely to experience poorer relationship quality? Previous research has found that women are generally less satisfied in their marriages than men (Van Laningham et al., 2001; Umberson et al., 2005; Amato et al., 2007). However, recent studies have challenged this assumption finding that just under half of newly-wed husbands and wives shared the same level of marital quality over the first four years of the relationship (Lavner & Bradbury, 2010).

Relationship quality and marital status
Most studies find cohabiting relationships are associated with poorer relationship quality compared with married ones (see Jose et al., 2010 for a review). This is not true, however, for older cohabiting couples. Older couples show little difference in relationship quality whether they are married or cohabiting. This probably reflects differences in attitudes towards, and beliefs about, cohabitation. Younger adults may see cohabitation as a weaker tie than marriage, and have lower levels of commitment or see it as a stage in courtship leading to marriage. Older cohabiting adults are more likely to see their relationship as a long-term alternative to marriage (Brown & Kawamura, 2010).

Relationship quality and religious status
Religious involvement is associated with a positive impact on relationship quality (Wolfinger & Wilcox, 2008), particularly among lower income couples (Lichter & Carmalt, 2009). This is likely to be because religion has both an indirect and direct impact on relationship quality. Religion influences relationship quality directly by encouraging values, beliefs, and behaviours that are helpful to marriage such as commitment, fidelity, and forgiveness (Christiano, 2000; Wilcox, 2004; Lambert et al., 2012; Lambert et al., 2012). Religion also has an indirect effect on marriage: religious beliefs and practice tend to promote psychological well-being, conformity to social norms, and social support among partners, all of which are linked to better marriages (Gottman 1998; Amato & Booth, 1997).
What affects relationship quality?

As we have shown so far, around 20% of people are likely to be in unhappy relationships at any one time (Kamp Dush et al., 2008). A key question therefore is what affects relationship quality? Why are some relationships happier than others?

**Vulnerability-Stress Adaptation Model**

Researchers have drawn on a range of data from many different samples of couples to attempt to identify what factors influence relationship quality. One influential and very comprehensive model, known as the vulnerability-stress-adaptation model, was developed on the basis of findings of 115 longitudinal studies – equivalent to over 45,000 marriages (Karney & Bradbury, 1995; Bradbury & Karney, 2004). As Figure 1 shows, marital quality and stability depend on three interrelated factors: the personal traits and experiences that partners bring to a relationship (their Enduring Vulnerabilities); the life events they encounter on the way (Stressful Events); and how they communicate and cope during difficult times (Adaptive Processes). Of course, it is not possible to test the model as this would require unethical social interference, but longitudinal evidence comes as close as we can get to collecting reliable evidence about whether the model holds true.

The arrows connecting the different domains in Figure 1 illustrate how these factors impact on relationship quality, and, over time on the outcome of the relationship. Partners' enduring vulnerabilities influence how they relate to one another and how they cope with the life events they encounter. Couples with relatively poor coping and communication skills might remain happy in the relationship if they do not have to cope with many stressful events. On the other hand, couples that have to cope with a series of stressful life events can run into difficulties when stress affects how partners manage their differences and interpret one another's behaviour (Neff & Karney, 2004). The figure also demonstrates how relationship quality both influences, and is influenced by, couple's adaptive processes.

More recent research has found that couples vulnerable or ‘at risk’ in one area, such as adaptive processes, are also more likely to be vulnerable in another. For example, couples with negative communication styles also experience more stress, report more aggression, and are characterised by a range of difficult personality traits (Bradbury & Lavner, 2011).
The importance of attitudes towards and beliefs about relationships is highlighted by a recent in-depth study of relationships. The study differentiated between couples where partners held a “developmental” view of relationships and those with a “non-developmental” view (Coleman, 2011).

“Developmental” couples were more likely to initiate discussion about issues even if it was uncomfortable to do so; learn from difficult experiences; express dissatisfaction; and engage in constructive conflict. They were also aware of how to protect their relationship through closeness and time together, independence, providing support for each other, and communicating effectively. Couples in this group had sought external professional support to improve their relationship when they felt it was warranted.

A “non-developmental” perspective was apparent where people frequently avoided confrontation with their partner by subjugating their own needs, resigning themselves to continuing their dissatisfying relationship, and failing to resolve arguments. They commonly held a belief that a couple could not learn to improve their relationship and considered relationship support to be ineffective and a sign that the relationship was not worth saving.

Taken alongside the findings of other studies, it appears that people who hold ‘developmental’ beliefs are likely to be more motivated to maintain and improve their relationship, as well as to engage with support compared to those less developmentally minded (Coleman, 2011; Lavner & Bradbury, 2012).
Stressful life events

Relationship quality can also be affected by the difficult events or circumstances couples encounter (Umberson et al., 2005). How couples cope with, and respond to, these events affects the quality of the relationship. Their response to stressful events is in turn influenced by their patterns of relating and their “enduring vulnerabilities”. For example, relationships where partners experienced low levels of stress in childhood are less vulnerable to stress in adulthood (Umberson et al., 2005). One reason that external stressors can undermine relationship quality is that couples struggle to separate how they feel about the relationship overall from the negative feelings they experience day-to-day (Neff & Karney, 2009). Some of the common stressful life events that couples encounter are looked at in more detail below.

Becoming parents

Becoming parents is one of the life events most likely to precipitate a decline in relationship quality (Twenge et al., 2003; Mitnick et al., 2009). Studies that compare relationship quality before and after having children as well as studies that compare couples with and without children both find a decline in relationship quality following the birth of a child (Twenge et al., 2003; Lawrence et al., 2008; Hirschberger et al., 2009). Couples that do not have children also experience some decline in relationship quality over time, albeit, it seems, a more gradual decline compared with new parents (Doss et al., 2009; Lawrence et al., 2008). However, a recent meta-analysis which tested the findings of a number of longitudinal studies surprisingly found no difference, on average, between parents and non-parents in the decline in relationship quality over a similar period of time (Mitnick et al., 2009), and some couples actually appear to become more satisfied in the relationship when they become parents (Doss et al., 2009).

Understanding these potentially confusing findings lies in recognising that becoming parents can have a major impact on the couple relationship for a proportion of parents, but not all. Studies that average relationship quality across the sample may not identify these different groups of parents. Some of the factors that have been found to increase the likelihood of a more troubled transition to parenthood include: levels of relationship satisfaction before becoming parents (Lawrence et al., 2008); disagreements about whether or not to start a family (Lawrence et al., 2008; Cowan & Cowan, 2000); experiences of a troubled home when growing up (Perren et al., 2005); and constrained resources. For example, unmarried, very young parents living on the poverty line often do not have access to the emotional, financial, and social resources they need to manage their relationship over the transition to parenthood (Carlson & McLanahan, 2006). Other factors include each partners’ expectations of one another and new parenthood (Mitnick et al., 2009; Cowan & Cowan, 2000), as well as the psychological make-up of each partner and their attachment profile (i.e. how secure they feel in themselves and in the relationship, Kohn et al., 2011).

How we measure relationship quality makes a difference

A recent rigorous statistical analysis of a number of longitudinal studies found differences in the rate of decline depending on the type of measure of relationship quality used (Mitnick et al., 2009).

Global satisfaction measures (those described as evaluations in the section on relationship quality measures) were more sensitive to the transition to parenthood and showed a greater decline than measures based on relationship adjustment measures, such as the Marital Adjustment Test and Dyadic Adjustment Scale. The researchers suggest that more recent, global relationship satisfaction measures (e.g. see Funk & Rogge, 2007; and Fincham & Rogge, 2010) are more reliable than older adjustment measures (Mitnick et al, 2009) in detecting changes in relationship quality.
Economic strain and work stress

Work stress is another factor associated with poor relationship quality, particularly where this involves work-family conflict (Allen et al., 2000; Greenglass et al., 1988). A recent survey found individuals experiencing work-family conflict were more likely to report poorer relationship quality as were individuals who felt pressures at home were affecting life at work (Burnett et al., 2011).

Too little work or no work can be equally detrimental. Poverty is associated with poorer relationship quality (Fincham & Beach, 2010). This is because poverty is linked with a range of stressors that exacerbate family conflict and increase family instability (Conger et al., 2002). One diary study of relationship conflict found that, although money was not the most common source of conflict, arguments about money were more pervasive, problematic, and recurrent, and remained unresolved, despite more attempts at problem solving (Papp et al., 2009).

Other stressful circumstances associated with poor relationship quality

Other factors associated with poor relationship quality include drug and alcohol abuse (Floyd et al., 2006); partner ill-health, including depression, and caring for a sick partner (d’Ardenne & Morrod, 2003; Proulx et al., 2007), and caring for children with disabilities (Berant et al., 2003; Glenn 2007).

Relationships and the recession

Surveys conducted during this most recent recession have found respondents concerned about the impact of money worries on their relationships (see Glenn & Coleman, 2009 for a summary):

- 22% of respondents in a large scale survey reported that they were arguing more because of money worries, and that 1 in 10 men, and 1 in 20 women were worried that money concerns would cause them to break up with their partner (Relate, 2009).
- Analysis of calls to a parenting helpline service run by the Family and Parenting Institute found half of all callers felt under increased strain because of the recession and 10% felt that financial pressures were threatening their relationship. A similar number said that the recession was increasing the chance of divorce or separation from their partner. Approximately 20% reported that they were spending less time with their families as a result of having to work longer hours (Press Association, 2009).
- In a poll of 5000 parents, 29% of respondents reported arguing about family finances (Family and Parenting Institute, 2008).

The stressful life events that are likely to undermine relationship quality include: the transition to parenthood, work stress, economic stress, partner ill-health, and caring for a child with additional needs.
The importance of mutual support

How supportive partners are of one another can help explain why some relationships succeed and others fail (Fincham, 2003). Having a supportive partner can buffer the impact of stress on relationship satisfaction (Fincham & Beach, 2010). Support helps couples to build trust and to interpret their partner’s behaviour in a positive light. For example, a thoughtless comment is not perceived to be driven by a partner’s malice but by less harmful factors, such as tiredness or a bad day. Researchers think that these positives protect the couple so that the less supportive things they do and say do not have a lasting impact on their relationship happiness (Bradbury & Karney, 2004).

Adaptive processes

Partners’ ways of coping and relating, or couples’ adaptive processes, refers to the third domain of the vulnerabilities–stress–adaptation model, in particular: how partners deal with conflict; communicate; support each other; and think about the relationship, their partner, and their partner’s behaviour.

Much of the research on relationship quality and relationship outcomes focuses on these “behavioural” and “interactional” aspects of the relationship. Although it is an extensive and sometimes contradictory literature, some of the key findings are surprisingly simple. Happy partnerships can be distinguished from unhappy partnerships by the ratio of positives to negatives in the relationship (Bradbury, 2010). In happy couples, the ratio of agreements to disagreements is greater than 1 and for unhappy couples less than 1 (Fincham & Beach, 2010). Couples in unhappy or dissatisfied relationships tend to engage in more negative ways of communicating, such as complaining, criticising, blaming, and denying responsibility, as well as in fewer positive ways of communicating, such as agreeing, laughing, using humour, and smiling (Bradbury, 2010; Lavner & Bradbury, 2012). These negative behaviours tend to be reciprocated leaving couples caught in negative cycles of relating that undermine relationship quality over time. A recent study of newly-weds, found couples with negative communication patterns were more likely to divorce, despite initially high levels of relationship quality and despite having similarly in positive ways of relating as couples who remained together (Lavner & Bradbury, 2012).

20-25% of the population are estimated to be in relationships of poor relationship quality.
What makes a good relationship?
A review of studies on married couples concluded that healthy relationships were characterised by the following:

**commitment:** a long-term view of the relationship; perseverance in the face of difficulties; balancing couple and individual needs; a sense of “we-ness” and connection through friendship, shared values, and history;

**communication:** positive and respectful; contains elements of humour and compromise;

**conflict resolution:** couples understand that some conflict is inevitable; they “fight fair” and learn to “pick their battles”; however, violence is unacceptable;

**interaction and time together:** quality and quantity are both critical, as is the balance of “couple time” and time spent on individual pursuits, enjoyment of each other’s company and of the time together; and

**intimacy and emotional support:** physical and, in particular, psychological intimacy are core aspects of healthy relationships which are developed and strengthened over time, especially by overcoming difficulties. Friendship is also important, incorporating mutual respect and enjoyment of each other’s company, and deep knowledge of each other’s likes and dislikes, hopes and dreams (Gottman, 1999). Happily married couples also express their affection for each other on a daily basis, and in a range of ways.

Although these studies focused on married couples, the findings are likely to apply also to committed relationships outside of marriage (Robinson & Parker, 2008).

Good quality relationships are associated with positive outcomes for individuals, children and families.

Poor quality relationships can lead to negative outcomes and put both couples and their children at a higher risk of depression and ill health.
What measures could improve couple relationship quality?

What is relationship support?
So far we have seen how relationship quality affects the well-being of family members and how, for some people, relationship quality can decline to such a low point that the relationship breaks down. We have also looked at some of the factors that help to explain why relationship quality can start low or deteriorate for some couples. The question raised by those findings is what relationship support measures can be put in place to improve couple relationship quality or stem its decline?

Relationship support refers to the range of support available to people who either wish to strengthen or protect their relationships from difficulties, or people who are experiencing problems. The sources of support available include marriage preparation and marriage enhancement courses, as well as couple counselling, telephone helplines, mediation, online and offline self-help resources and a recent wave of more innovative, web-based services. There is also less formal support provided by family, friends and peers. The forms of support these sources offer vary and range from emotional support in the form of talking about and listening to relationship issues; informational support through information or advice giving; and instrumental support by providing needed resources.

The case for providing relationship support has been growing amongst UK policymakers over the last decade, culminating in a coalition pledge to invest in support that expressly targets adult couple relationships. This follows a growing acceptance, as has long been shown in the literature, that the relationship between parents has a significant impact on the wellbeing of their children (Reynolds et al., forthcoming) and a recognition that traditional forms of support are limited by barriers of accessibility, acceptability and availability (Walker et al., 2010; Ramm et al., 2011).

Where do people go for relationship support?
Chart 6 depicts responses to a 2007 British Social Attitudes survey asking respondents if they had sought help from a professional of some type because they were "especially worried, stressed or down". Forty per cent of respondents had done so, of these 74% had mentioned relationship difficulties (see Chart 6).
An e-survey paints a similar picture. Forty-two per cent of those who had separated, all those planning to separate, and 27% of those in intact relationships had sought some help with their relationship difficulties (Walker et al., 2010). Doing nothing is also occurring. Approximately one quarter of respondents said they would not consider turning to any of the listed options for support with their relationship (Gabb et al., 2013). But where do respondents turn if they do seek help?

43% of respondents in the British Social Attitudes Survey would not want anyone to know if they had seen a counsellor or therapist.

### Attitudes towards and take-up of support

Table 1 presents the responses to a series of questions in the BSA survey (2007) concerning counselling or therapy. While just under 60% of people indicated they would feel comfortable talking to a GP if they were feeling “worried, stressed or down” (not the same as having done so, in the previous section), only 38% said that they would feel comfortable talking to a therapist or counsellor. Part of the explanation may relate to stigma: 43% agreed with the statement “If I had seen a therapist or counsellor I wouldn’t want anybody to know” (Anderson et al., 2009).

<table>
<thead>
<tr>
<th>Attitudes towards therapy and counselling 2</th>
<th>Agree %</th>
<th>Neither %</th>
<th>Disagree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would feel comfortable talking to GP if feeling worried, stressed or down</td>
<td>58</td>
<td>14</td>
<td>25</td>
</tr>
<tr>
<td>Would feel comfortable talking to a therapist or counsellor if feeling worried, stressed or down</td>
<td>38</td>
<td>23</td>
<td>35</td>
</tr>
<tr>
<td>Would know how to find counsellor/ therapist if needed</td>
<td>50</td>
<td>12</td>
<td>33</td>
</tr>
<tr>
<td>Counselling or therapy is only for people with really serious problems</td>
<td>31</td>
<td>23</td>
<td>42</td>
</tr>
<tr>
<td>Doesn’t really know anything about counselling or therapy</td>
<td>35</td>
<td>19</td>
<td>43</td>
</tr>
<tr>
<td>Wouldn’t want anyone to know if had seen a counsellor or therapist</td>
<td>43</td>
<td>27</td>
<td>26</td>
</tr>
</tbody>
</table>

2. Table taken from Anderson et al (2009, p160). Proportions do not add to 100 but there is no note regarding this in the original source.
How comfortable are people talking about their feelings?

Chart 7 depicts responses to five statements relating to BSA participants’ feelings about general emotional support. Overall, the majority of respondents found it easy to talk about their own feelings, although a significant minority felt otherwise. Around two thirds agreed with the statement, “It’s important for me to be able to talk about my feelings,” while a similar proportion agreed that they found it “easy” to do so. Those least comfortable talking about their feelings tended to be at the younger or older age spectrum (Anderson et al., 2009).

Attitudes towards different types of support

The BSA survey (Anderson et al., 2009) also asked respondents if they had actually ever talked to any professionals at a time when they felt “especially worried, stressed or down”. One third of respondents in the BSA who had ever sought help (see Table 2) had talked to their GP. Similar proportions were found in a recent e-survey (Walker et al., 2010), although respondents were mixed in their views on how helpful their GP had been (Walker et al., 2010). Some respondents had been signposted to counselling or specialised support, while others had received medication only.

30-40% of people have approached their GP about relationship difficulties.
Relatively few respondents in this same study had discussed the relationship with a health visitor, echoing the interim findings of the Enduring Love survey (Gabb et al., 2013), and even fewer had found the conversation helpful (Walker et al., 2010). In contrast, other studies have found that health visitors can provide a welcome source of support to parents experiencing relationship difficulties, particularly where health visitors have been specially trained to do so (Elkan et al., 2000; Simons et al., 2003).

### Table 2. Percentage of respondents in the BSA 2007 survey who had ever actually talked to any of the following when they had felt especially worried, stressed or down.

<table>
<thead>
<tr>
<th>% contact ever</th>
<th>% contact in last year</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP</td>
<td>31</td>
</tr>
<tr>
<td>Psychologist</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>4</td>
</tr>
<tr>
<td>Therapist or counsellor (in person)</td>
<td>13</td>
</tr>
<tr>
<td>Therapist or counsellor (by telephone)</td>
<td>2</td>
</tr>
<tr>
<td>Someone from a support service who is trained to help people or to listen</td>
<td>3</td>
</tr>
<tr>
<td>Social worker or care worker</td>
<td>2</td>
</tr>
<tr>
<td>Minister /priest / other religious leader</td>
<td>4</td>
</tr>
<tr>
<td>Some other kind of profession</td>
<td>2</td>
</tr>
<tr>
<td>Any of the above</td>
<td>40</td>
</tr>
</tbody>
</table>

Source: Anderson et al, 2009, Page 7

Counselling

What about counselling? Twenty one percent of respondents in the BSA study had talked to some kind of therapeutic professional, 13% of whom had talked to a counsellor. This finding is echoed elsewhere where studies have found that relatively few people make use of couple counselling services (Chang and Barrett, 2009; Walker et al., 2010; Ramm et al., 2011). Accounts of whether or not people found counselling helpful vary (Chang and Barrett, 2009; Walker et al., 2010; Gabb et al., 2013). Overall, evaluations of couple counselling services find counselling rarely enhances relationship quality or saves the relationship, most probably because counselling is often seen as a last resort, when couples have reached the end of the relationship (Barrett et al., 2011).

Helplines

Helplines are another source of support, although people appear to be more positive about them in theory rather than in practice. The majority of people who completed an e-survey said they would be prepared to use telephone helplines to talk about their relationships, however few had done so (Walker et al., 2010). In a trial of relationship support with a dedicated helpline none of the parents eligible to contact it did so (Simons et al., 2003).
Peer support

Attitudes towards peer support are complex. While support from someone familiar, such as friends, peers or a relative, is usually seen as more acceptable than seeking professional support (Walker et al., 2010; Ramm et al., 2011). Informal emotional support plays an important role in many people’s lives (Anderson et al., 2009). For example, in the BSA, the proportion who said they had talked to close friends or family about an emotional problem “in the last month”, was higher than the proportion that had used any form of formal emotional support ever (47% compared with 40%). Differences vary notably for men and women. Only 10% of women said they had never sought support from a close friend or relative compared with a quarter of men (Anderson et al., 2009). On the other hand, particularly when it comes to discussing relationship issues, people are also wary of burdening friends or relatives and conscious of how those close to them may respond to the disclosure (Anderson et al., 2009; Ramm et al., 2011).

Websites and Online Services

Websites and on-line services offer an alternative, and seemingly popular, form of support (Walker et al., 2010; Gabb et al., 2013) to traditional face-to-face support. A survey of users of OnePlusOne’s online service, theCoupleConnection.net found user’s value its anonymity (77%); support at any time (68%); and free access (67%). Fifty per cent of respondents said they would never use face-to-face services (Coleman & Houston, 2011). Nearly 40% of respondents in Walker and colleague’s (2010) study had browsed websites and another 40% said they would definitely try this method of seeking help. Making use of a website was also the fourth most popular choice for men and women in the recent “Enduring Love” survey, which asked respondents what they would do if they needed relationship support (Gabb et al., 2013). Of course, as both surveys used web-based technology, respondents are likely to be representative of people more comfortable with and keen to use online resources and services.

Relationship enhancement

The provision of support that aims to strengthen relationships is relatively limited. Despite that, attitudes towards these options are positive, whether or not people would take advantage of this provision in practice. Respondents to an e-survey were interested in courses, for example on problem-solving and conflict management, and would like help to improve couple communication. They would also consider involvement in relationship preparation courses (Walker et al., 2010).

Differences in attitudes towards support

In general women are more positive about and more likely to make use of formal support than men (Anderson et al., 2009; Chang & Barrett, 2009; Walker et al., 2010; Gabb et al., 2013). For example, in the recent “Enduring Love” e-survey, out of a list of options of what they would do in the face of relationship difficulties, the most commonly chosen option amongst men was not to consult anyone (23%). There is also a perception among men that support services are geared towards and focused on the needs of women, particularly those available in the postnatal period when relationships are particularly vulnerable (Walker et al., 2010). Differences in preferences for support are also apparent between people with and without children. Most notably fathers are more likely to consider some form of support than childless men (Gabb et al., 2013).

Differences are also apparent across different age groups. In the BSA study, for example, those aged 25-44 were most aware and most positive about professional forms of therapeutic support, while the youngest and oldest age groups were least so (Anderson et al., 2009). A similar pattern was apparent in those comfortable talking about their feelings.
Barriers to utilising support

Despite some seemingly positive attitudes towards different types of support, a range of sources provide evidence of both the perceived and actual barriers to seeking help for relationship difficulties. A recurring theme in studies is the belief that relationships are essentially private and that seeking support is not “the done thing” (Walker et al., 2010; Ramm et al., 2011). As Chang and Barrett (2009) Page 2 conclude:

Forming good, intimate couple relationships is still commonly believed to be a private and personal matter despite a growing demand for couple support services in the UK.

Other attitudinal barriers include a sense of stigma about needing or seeking help; a preference to stick it out and cope alone; a failure to recognise the seriousness of difficulties; or reluctance on one or both partners’ part to admit to having troubles. There are also concerns about the nature of help, for example that support might be intrusive and raise problems or uncomfortable issues. People also tend to believe that nothing and no one can help (Robinson & Parker, 2008; Anderson et al., 2009; Walker et al., 2010; Ramm et al., 2011).

There are also practical barriers to accessing services. These include the time required to attend appointments or courses, the limited access to or non-availability of services (such as waiting lists, restricted appointment times) the financial costs, transport issues, distance, clash with other care commitments, lack of disabled access, and the presence of other health problems (Robinson & Parker, 2008; Walker et al., 2010; Barrett et al., 2011; Ramm et al., 2011). Other barriers include the lack of awareness of services or lack of understanding of what is available.

Where next? Relationship support for the future

Bringing together our understanding of relationships and the insight provided by research into attitudes and experiences of relationship support, it is clear that there can be no “one-size fits all” model of support. Couple relationships are diverse and complex, they follow different pathways. For some groups of couples these pathways are more predictable and easier to explain than for others. For example, we are only just beginning to understand why couples satisfied with their relationships at the start and who possess the positive skills important to sustaining a happy relationship, fail to do so (Lavner & Bradbury, 2012).

Although it is beyond the scope of this chapter, we are also still learning about what support is most effective with whom and when (e.g. see Chang & Barrett, 2009; Bradbury & Lavner, 2011; Reynolds et al., forthcoming). Again, one size does not fit all and even if we devised the perfect menu of interventions, the data on attitudes to support indicate that the challenge remains of getting couples to sign up.

As a range of recent studies have suggested, the support of the future needs to be diverse, reflecting the diversity of the population, their different attitudes and needs and addressing the different barriers they face (Chang and Barrett, 2009; Walker et al., 2010; Ramm et al., 2011). Support needs to be available to all — a universal intervention — and available across a continuum from preventive initiatives, such as relationship education through to more intensive support for those grappling with more serious difficulties. That also means services need to be more accessible and available; addressing issues such as location, opening times, and cost (within an emerging culture of relationship enhancement seen as a “normal” thing to do).

Couple support also needs to be available during and targeted at the challenging transitions and situations that couples, such as becoming parents, partner ill-health, unemployment or bereavement.
That might mean providing courses or programmes targeting these times or issues (See Reynolds et al., forthcoming, for a review of support). It also means training those who work on the front-line of family support, e.g. health visitors, GPs, Sure Start workers, and many others who engage with families and who are frequently turned to by them when things are tough. The Brief Encounters® course has been especially designed to do this. Courses are available in a mixed delivery format, combining on-line and face-to-face learning, to maximise their impact and minimise the time required for practitioners to attend. Training can also result in much needed improvements in signposting by practitioners to relationship services and resources available to couples (Ayles & Reynolds, 2001; Simons et al., 2003) and developing skills in holding appropriate conversations about relationship support with clients (Coleman et al., 2013).

There is also a role for specially trained peer supporters who can provide “informed” informal support, as in the case of two recent, innovative projects trialling training in peer-led relationship support within two community volunteer schemes: Peer Supporters in Pregnancy, Birth, and Beyond (PBB), and Healthy Relationship Champions (HRCs). The preliminary results are encouraging (Casey et al., 2013). Rather than a generic approach, it seems important to target the peer support provision to the relational needs of particular groups. Taking the time to build up a trusting relationship between peer supporters and those receiving support is also crucial.

Developing support also means looking at more innovative models of support including interactive web-based approaches, such as the theCoupleConnection.net, where users can engage with a range of resources either alone, in company with other users through the forum, or with the help of a trained guide. These kinds of approaches are more than repositories of information but are designed to mirror and lead users through the helping process (Braun et al., 2006). The developing links between these specialist sites and the far-reaching social media networks, such as Netmums, mean that a literal “web” of support can be provided, comprising a seamless provision of support ranging from self-help to assistance from trained counsellors.

Innovative and evidence-based internet support services provide a way of bypassing some of the significant barriers that people face when seeking relationship support. They are also one vehicle for delivering courses or modules on those aspects of relationships that may help to sustain a healthy partnership (Bradbury & Lavner, 2011).

The workplace, a potential source of stress on the relationship, also has the potential to be a source of support (Walker et al., 2010). Work has already begun on joining with employers to enhance support for individuals, grounded in the evidence that happy homes contribute to productive workplaces (Burnett et al., 2012).

Finally, delivering effective relationship support means initiating a culture change that breaks down attitudinal barriers to support and enhances people’s understanding of relationships, such as what makes relationships work, that good relationships take work, and all relationships go through difficult times. This has started on a small scale through a recent Government funded project involving a network of partners to disseminate targeted messages to key groups, such as young people. If the outcome is positive, a review of attitudes to and take-up of support in years to come might have a different story to tell.
Relationship quality refers to how happy or satisfied partners are in a relationship and how well they get on. Relationship quality is an increasingly important concept as the composition of family life has become more diverse. Good relationship quality is linked with a range of positive outcomes for couples and their children, including better health, well-being and life satisfaction. There exist a number of different measures of relationship quality that could be useful for work with families, both as diagnostic tools and as tools to assess the outcome of family-focused interventions. Relationship quality may be affected by a number of factors including: the experiences and personalities partners bring to the relationship, the stressful life events couples encounter, and couples’ patterns of coping and relating. Particularly difficult life events include becoming parents, economic pressures, and ill-health. Although surveys report that people are fairly positive about relationship support, relatively few people have made use of relationship support services. Where they have sought help it is often from a GP or from the internet. In general, there remains a prevailing belief that relationships are a private matter. In view of the attitudinal and practical barriers to seeking support, relationship support for the future needs to develop a spectrum of services, making use of innovative methods of delivery and recognising people’s preferences for informal and self-directed help alongside more traditional, therapeutic approaches.
References


OnePlusOne strengthens relationships by creating resources that help families and frontline workers tackle relationship issues early.

*Understanding relationship quality* is a resource from OnePlusOne, which offers a timely review of the research evidence concerning relationship quality. The scope of this review is deliberately broad and is intended for “front-line” family workers, as well as policy makers and commissioners. Students, researchers and those interested in families and relationships are also likely to find this a starting place for understanding more about relationship quality. This report will allow you to understand why good relationships matter for the health and well-being of partners and, if present, children. It will also show how relationship quality is a useful indicator of a populations’ well being.