

- The Relationships Alliance believes that strong and stable couple, family and social relationships are the basis of a thriving society.
- Relationship health is an essential part of the UK's economic recovery – relationship breakdown will cost the UK £46 billion this year alone, an unsustainable figure.
- Good quality personal and social relationships are central to our health and well-being.
- The quality of people's relationships is an important 'social asset', yet one that is often ignored or undermined by public policy.

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Couple relationships and mental health

SUMMARY

- Mental health disorders are a cause and a consequence of relationship distress; the bi-directionality of the link between the two is largely unacknowledged however in policy circles and professional practice
- Improving the quality of the couple relationship, research shows, is beneficial where mental health disorders and relationship distress co-exist
- The treatment of relationship distress has the potential alleviate up to 30% of cases of major depression, according to research
- Interventions which aim to treat mental health issues in the context of relationship distress are only minimally available under the NHS
- Unresolved and poorly managed conflict between parents can create long-term emotional and behavioural problems in children
- The quality of the parental couple relationship has an impact on the development of attachment in (and therefore the mental health of) infants and young children

Adult mental health and the couple relationship – what does the research say?

Common mental health problems have been found to be more prevalent in people who are experiencing relationship distress than those who are happier in their relationships (Whisman and Uebelacker, 2003). Links between rarer mental health conditions, such as personality disorder, and couple relationships have also been found.

In terms of magnitude, people who live in distressed and troubled relationships are three times more likely to suffer from mood disorders (e.g. depression), two

and a half times more likely to suffer from anxiety disorders, and twice as likely to suffer from substance use disorders as people who do not experience such relationship distress (Whisman and Uebelacker, 2003). These levels of associations, the researchers point out, are ‘generally quite large’.

Depression/mood disorders

Authors of a study conducted in 1999 of over 900 married individuals who, at the start of the study were classified as not having major depression, concluded that ‘20% to 30% of new occurrences of major depressive episodes could be prevented if marital dissatisfaction could

be eliminated’. To add to this startling conclusion, researchers who conducted a meta-analysis published in 2001 found marital dissatisfaction to be ‘associated with both depressive symptoms and diagnostic depression’ (Whisman, 2001) and a mean correlation between marital distress and major depression of .66 (that is, 66% of the variation in major depression is explained by the variation in marital distress – a strong correlation in statistical terms).

More recently, a study of nearly 5,000 adults has shown that the quality of a person's relationships with their partner predicts the likelihood of major depression disorder in the future (Teo, 2013). This research found that one in seven adults with the lowest-quality relationships were likely to develop depression as opposed to one in 15 with the highest quality relationships; and that people with unsupportive partners were significantly more likely to develop depression, whereas those without a partner were at no increased risk. Furthermore, those with the lowest quality relationships had more than double the risk of depression than those with the best quality relationships.

Anxiety

While one literature review conducted in 2005 found no conclusive link between marital relationship and anxiety disorders in adults (Goldfarb, 2007), most research in this field does support a link. For example, a recent study which examined 33 couples in which the wife was diagnosed with an anxiety disorder found “an association between anxiety disorders and relationship distress consistent with previous research” (Zaider, 2010).

The previous research which that paper refers to includes studies which have found both husbands’ and wives’ panic disorders to be linked to marital quality (McLeod, 1994), marital satisfaction to be lower among people with generalized anxiety disorder (GAD) than those without (Whisman,

2000) and that patients with anxiety disorders perceive their mental health to be significantly poorer than those without anxiety disorders (Olatunji, 2007). This last study appears to concur with findings from a study comparing 52 individuals seeking treatment for GAD with 55 without the disorder which showed that couple relationships was by far the area which the most patients reported as being problematic (Henning, 2007). This chimes with findings from another study which showed that the level of hostility and criticism evident during interactions between patients and their partners was highly predictive of the outcome of treatment for GAD (Zinbarg, 2007).

As Zaider, a leading researcher in the field, eloquently states: “Anxiety disorders are chronic and unremitting. Those in long-term, intimate relationships with adults suffering from anxiety disorders face the prospect of managing the affective and behavioral consequences with little substantial relief. The difference between couples who maintain positive sentiment regarding their relationships and those who do not may lie in the particulars of how anxiety is metabolized from day to day” (Zaider, 2010).

Personality disorders

Personality disorders have adverse consequences on intimate relationships according to research (e.g. Truant, 1994). Of these disorders, it is suggested that borderline personality disorder may demonstrate “particularly strong associations with relationship functioning, insofar as it is characterized by impulsivity, affective instability, and inappropriate or intense anger, features that carry importance in an interpersonal context” (Whisman, 2009).

In relation to intimate partner violence, studies report incidence rates of personality disorders to be 80-90% in male perpetrators of this kind of abuse, compared to estimates in the region of 15-20% in the general population (Dutton, 2007); studies have shown that, of the personality disorders, antisocial personality disorder is the one most highly associated with intimate partner violence carried out by men (Johnson, 2006).

The couple relationship and child mental health – what does the research say?

The impact of couple conflict on children’s mental health

As opposed to ordinary difficulties and rows between couples which are managed by them and worked out (and which can model how strong disagreements can be managed without resulting in the loss of love and affection (Cummings et al, 1991)) couple conflict which is frequent, intense and poorly resolved is very harmful to children’s mental and physical health, research indicates (Cowan and Cowan, 2002; Harold and Leve, 2012).

In response to this kind of conflict, babies may become agitated, and children under 5 years may respond by crying, acting out, freezing or withdrawing from or intervening in the conflict. Older children may show a range of distress including anxiety, depression, aggression, hostility, anti-social behaviour, and perform worse academically than their ability level (Harold et al, 2007). Conflict does not just have to be violent or outwardly expressed; conflict that is characterised by deliberate coldness and withdrawal can affect children, potentially creating long-term emotional and behavioural problems (Cummings and Davies, 1994; Amato, 2001). Conflict in which children feel blamed, responsible, or at risk of it turning onto them is the most damaging of all (Grych et al, 2003).

The impact of couple relationship quality and functioning on attachment and infant mental health

Children whose needs are met reliably and consistently develop a secure attachment pattern linked to subsequent greater social competence (NICHD Early Child Care Research Network, 2006), conscience development (Kochanska, 1997), fewer internalizing and externalizing problems (Lyons-Ruth et al, 1997), better problem-solving abilities, and greater competence with peers (Sroufe, 1985; Elicker, 1992).

On the other hand, children whose experience of care is less reliable and sensitively responsive can develop an insecure attachment style which is associated with a lower ability to form and sustain stable and supportive relationships as adults, and they are likely to have difficulties expressing or regulating their feelings, adding to the stress within the family. As they get older they may find it more difficult to use potentially supportive social relationships, and can be vulnerable to low self-esteem and breaking down under stress (Sroufe et al, 1999).

Chaotic and arbitrary experiences of care can lead to a disorganised attachment style in which relationships are hard to make sense of, and impulse control is under-developed leading to considerable difficulties in later life, including the perpetuation of violent or abusive relationships.

Many things can affect parents’ abilities to maintain good, sensitive childcare, but one of them is the quality of their couple relationship (relationship quality, it should be noted, is highly correlated with maternal depression (Mamun, 2009)). In addition to alleviating depression, improving relationship quality helps improve the attachment security of children, even in the face of pre-existing attachment insecurity in the mothers (Das Eiden et al, 1995), and this is particularly important when parents are living apart (Finger et al, 2009). In addition, good relationships between the adult couple are associated with good relationships between the baby and the father in particular, helping to develop secure attachment styles in the infant (Frosch et al, 2000). It is also reported that relationship conflict leads to less positive interactions between fathers and their babies, and less attachment security as a result (Owen and Cox, 1997), and conflict between partners before birth seems to have a similar result (Yu et al, 2012). See What do couple relationships have to do with infant mental health and secure attachment (TCCR, 2012) for a fuller summary of this area.

Policy landscape and implications

It is undoubtedly encouraging that the nation’s mental health strategy – No health without mental health (Department of Health, 2011) – acknowledges at its outset the link between mental health and strong relationships: “Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential”.

However, the strategy is much less clear on the impact of poor relationships on mental health, despite evidence which shows, for example, that relationship quality and maternal depression are highly correlated. And yet, it is this link – between relationship quality and mental health, particularly depression and anxiety – which needs to be acknowledged in policy circles and reflected in professional practice if the laudable ambitions of the mental health strategy are to be realised, the Relationships Alliance believes.

After all, and as this briefing sets out, evidence has long been collected which links difficulties with intimate relationships with a range of mental and physical health problems in both adults and children (e.g. Whisman and Uebelacker, 2003). Furthermore, satisfaction with intimate relationship has been shown to be an important aspect of life satisfaction across the life course, with research showing that people rank their feelings about their relationships very highly among those factors having an impact on overall life satisfaction (Campbell, 1976) (Relate, 2013) (ONS, 2012). It should also be noted that, for women at least, supportive aspects of the marital relationship (e.g., satisfaction with spouse, spouse as confidant) have a protective effect against mental ill health (Barnett, 1988).

In addition, the fact that there is evidence that couple-focused interventions to treat mental health problems such as depression are more acceptable to patients than approaches such as anti-depressant medication (Leff, 2000) suggests that couple-oriented approaches to treating mental ill health

should be far more widely available than they currently are. Currently, however, the mental health strategy’s implementation framework (Department of Health, 2012) is entirely silent on the subject of how relationships might be supported to improve mental health or build resilience; an approach which, the Relationships Alliance believes, will do little to reverse the almost 10% year-on-year rise in numbers of anti-depressant medication prescriptions between 2009 and 2011 (HSCIC, 2012).

However, the recommendation made by NICE in 2009 that behavioural couples therapy (often referred to as ‘couple therapy for depression’) be available to treat depression in ‘people who have a regular partner and where the relationship may contribute to the development or maintenance of depression’ was a positive and an encouraging step. The gulf between rhetoric and reality is very wide however, with this intervention being only available in a quarter of IAPT services (RCPsych, 2011), a state of affairs which is arguably not helped by the fact that it the guideline recommends that it be available at high intensity (or step 3) level only. Furthermore, the absence of any reference to couples or couple relationships in the findings from a major inquiry into the future of mental health services (Mental Health Foundation, 2013) indicates how little connection exists between the mental health and relationship support sectors.

What are the implications of the research highlighted in this briefing for policy and practice?

- There is an urgent need for joint work to be undertaken by the mental health and relationship support sectors in order that the links between couple relationship distress and mental ill health are better understood; and that this understanding is translated into more informed and effective policy and practice.
- Those charged with implementing the mental health strategy should revisit the implementation

framework to take account of the bi-directional links between mental health problems and relationship distress.

- The bi-directional links between relationship quality and mental health have implications for workforce training and professional practice. For example:
 - there needs to be much greater awareness among practitioners working with the adult population of the impact of relationship functioning on the development and maintenance of mental ill health (for example, material contained in Supporting Couple Relationships in General Practice, an online CPD module devised by One Plus One which help GPs recognise when relationship issues are present in patients and identify their potential impact on health, should form part of standard GP training);
 - there needs to be much greater awareness among practitioners working in child and adolescent mental health settings of how parental couple functioning and dynamics can lead to children’s mental health problems; those responsible for training these practitioners should also ensure that they are enabled to develop their skills so that they can address parental relationship issues in couples directly.
- The IAPT programme must provide choice of a person’s preferred NICE-recommended therapy (including couple therapy for depression), and the Relationships Alliance calls on NHS England to play its full part in ensuring that this becomes a reality.
- In light of research which suggests that couple functioning substantially affect the degree to which anxiety disorders impact on relationship quality, couple-focused interventions for the treatment of anxiety should become more widely adopted.

¹ Because of the legal status of marriage, the majority of research studies in the field of relationship distress have collected data on married relationships rather than other relationships. It is likely however that similar associations to those found to exist by research looking at marital quality and other factors are evident in other relationships, such as cohabiting partnerships