

## Impairment and Distress Associated With Relationship Discord in a National Sample of Married or Cohabiting Adults

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The clinical importance of relationship discord was examined through evaluating the association between relationship discord and multiple measures of impairment and psychological distress in a population-based sample of married and cohabiting adults ( $N = 2,677$ ). In comparison to people that were not in discordant relationships, individuals in discordant relationships reported greater social role impairment with relatives and friends and greater work role impairment. They also reported higher levels of general distress and poorer perceived health and were more likely to report suicide ideation. With the exception of suicide ideation, the associations between relationship discord and impairment and psychological distress remained significant when controlling for current mood, anxiety, and substance use disorders, suggesting that relationship discord is incrementally related to impairment and psychological distress over and above the effects of psychiatric disorders.

*Keywords:* marriage, marital, discord, psychological distress, impairment

Relationship problems are a common reason why people seek mental health services. However, as discussed by First et al. (2002), there is increasing awareness of the limited provision for the diagnosis of relational disorders within the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. In the fourth edition of the *DSM (DSM-IV*; American Psychiatric Association, 1994), relational problems and problems related to abuse or neglect are treated as V codes, which are included under the section of “Other Conditions That May Be A Focus of Clinical Attention”. First et al. (2002) not only identified limitations in the *DSM* system with regard to relational disorders but also outlined a program of research on relational disorders that is needed to inform how relational disorders are treated in the upcoming fifth edition of the *DSM*. The first step in this program is to “specify the clinical importance of relationship disorders” (First et al., 2002, p. 160). This perspective is in keeping with the definition of other disorders included in *DSM-IV* (American Psychiatric Association, 1994), which, for the majority of disorders, requires the presence of “clinically

significant distress or impairment in social, occupational, or other important areas of functioning” (p. 7). As such, for any problem or condition (such as a relational disorder) to be considered a *DSM*-based disorder, it presumably must meet this criterion; that is, the problem must be associated with increased levels of distress or functional impairment. In this article, we focus on distress and impairment associated with one particular relationship problem, namely, relationship discord in the context of a marital or marriage-like (i.e., cohabiting) relationship.

Epidemiological research on impairment and distress associated with *DSM*-based disorders has generally followed one of two directions. First, studies have evaluated the association between psychiatric disorders and global indices of impairment and distress. For example, some studies have evaluated the degree of impairment or distress associated with a particular disorder or have compared the degree of impairment or distress associated with comorbid disorders relative to pure disorders (e.g., Kessler, DuPont, Berglund, & Wittchen, 1999). Second, given the clinical significance criteria that were introduced in the *DSM-IV* (American Psychiatric Association, 1994), investigators have evaluated whether the inclusion of clinical significance criteria influences the prevalence of and, by extension, the validity of psychiatric disorders (e.g., Beals et al., 2004). In the present study, we adopted the former strategy in that we evaluated the degree of impairment and distress associated with relationship discord. We believe that determining the extent to which a problem such as relational disorder can be clinically significant is an early step in the research process, whereas determining whether a clinical significance criterion improves the validity of a diagnosis (as in the *DSM-IV*) is a later step in the process.

The concept of clinical significance is an “inherently

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difficult concept to operationalize across disorders and settings” (Frances, 1998, p. 119). As noted above, the *DSM-IV* (American Psychiatric Association, 1994) definition of clinical significance refers to “clinically significant distress or impairment in social, occupational, or other important areas of functioning” (p. 7). Several outcomes have been used to operationalize distress or impairment. First, prior investigators have operationalized distress in terms of perceived health (e.g., Kessler et al., 1999) and suicide behavior (e.g., Roy-Byrne et al., 2000). Impairment, in turn, has been operationalized in terms of social impairment, such as the quality of relationships with relatives or friends (e.g., Goering, Lin, Campbell, Boyle, & Offord, 1996; Kessler et al., 1999), and work impairment, such as work loss or work cutback (e.g., Kessler et al., 1999). Finally, clinical significance has also been operationalized as requiring the use of the health care system (e.g., Narrow, Rae, Robins, & Regier, 2002). However, this last operational definition is controversial because people often seek services when they do not have an Axis I or Axis II disorder and people with significant disorders often do not seek treatment (Wakefield & Spitzer, 2002).

Some existing research suggests that relationship discord is associated with functional impairment or psychological distress.<sup>1</sup> For example, a study of African American women found that marital discord is a risk factor for suicide attempts (Kaslow, Thompson, Brooks, & Twomey, 2000). In general, low levels of social support are also associated with suicide ideation (Gunnell, Harbord, Singleton, Jenkins, & Lewis, 2004). There is also a body of research showing that marital discord and conflict is associated with a variety of negative physical health outcomes (for a review, see Kiecolt-Glaser & Newton, 2001). Several studies have demonstrated that marital discord is associated with problems with occupational functioning, including work loss (e.g., Forthofer, Markman, Cox, Stanley, & Kessler, 1996) or low job satisfaction (e.g., Rogers & May, 2003). Although there is a large body of literature on the impact of marital discord on parenting and parent-child relationships (for a review, see Cummings & Davies, 2002), we are not aware of any research on the association between relationship discord and problems in other types of interpersonal relationships (i.e., relationships with relatives or friends). In addition, most research on relationship discord and impairment and psychological distress has been based on small samples that are not necessarily representative of the population of married or cohabiting individuals.

Although some evidence suggests that relationship discord is associated with impairment and psychological distress, it is not known whether these associations are due to the effects of a third variable, namely, psychiatric disorders. For example, relationship discord and occupational difficulties may occur in tandem only because they are both a consequence of a psychiatric disorder, such as major depressive disorder. It is particularly important to consider psychiatric disorders when evaluating the association between relationship discord and impairment and psychological distress because a large body of literature indicates that relationship discord is associated with the onset, course, and treatment of psychiatric disorders. For example, people with

mental psychiatric disorders seeking treatment report greater marital discord than do control groups of people without such disorders (for a review, see Halford & Bouma, 1997). The association between marital discord and psychiatric disorders has also been obtained in representative community samples (for a review, see Whisman & Uebelacker, 2003). For example, in a large population-based community sample from Ontario, Canada, people with a current psychiatric disorder were more likely to report troubled relationships with their spouse than were people without a disorder (24.5% vs. 8.9%, respectively; Goering et al., 1996). Similarly, in a large population-based sample from the United States, marital discord was associated with a variety of current psychiatric disorders, as measured in terms of classes of psychiatric disorders (e.g., mood disorders) and individual psychiatric disorders (e.g., dysthymia; Whisman, 1999; Whisman & Uebelacker, 2003). Results from other population-based surveys have found greater marital discord among people with specific psychiatric disorders, including depression (Weissman, 1987) and panic disorder (Markowitz, Weissman, Ouellette, Lish, & Klerman, 1989). Thus, research is needed to evaluate the extent to which relationship discord is incrementally associated with impairment and psychological distress, over and above their shared associations with psychiatric disorders.

The present study was conducted to examine the clinical significance of relationship discord in a nationally representative sample of married or cohabiting adults through evaluating the association between relationship discord and impairment and psychological distress, operationalized in terms of impaired social relationships with relatives and friends, work loss and cutback, general distress, perceived health, and suicide ideation. This study expands on previous research in several ways. First, we included cohabiting couples as well as married couples in this study. This is important because rates of cohabitation are increasing; cohabitation is a substitute for marriage for some couples; and, in some cases, cohabitation is a legally recognized partnership (Seltzer, 2004). Second, we examined whether current psychiatric disorders accounted for the association between relationship discord and impairment or psychological distress (i.e., whether relationship discord was incrementally associated with impairment or psychological distress, above and beyond the shared association with psychiatric disorders). Third, we evaluated the associations between relationship discord and impairment and psychological distress in a large and representative sample of people drawn from across the United States. We predicted that relationship discord would be associated with impairment and psychological distress and that this association would remain significant when controlling for the presence of psychiatric disorders.

<sup>1</sup> Because the term *distress* is commonly used to describe relationship quality, the term *psychological distress* is used throughout this article to refer to the clinically significant outcome of distress to avoid confusion.

## Method

### Participants

The National Comorbidity Survey (NCS) is a nationally representative survey based on a stratified, multistage area probability sample of people aged 15–54 years in the noninstitutionalized civilian population of the 48 coterminous states, plus a representative supplemental sample of students living in campus group housing (Kessler et al., 1994). The survey was administered by the staff of the Survey Research Center at the University of Michigan between September 1990 and February 1992. The response rate was 82.6%. In the first phase (Part I), the sample included 8,098 respondents. In the second phase, a risk-factor interview was administered to a probability subsample of 5,877 respondents consisting of (a) all Part I respondents aged 15–24 years, (b) all respondents who were positive on initial questions in at least one psychiatric diagnostic section of Part I, and (c) a 1-in-6 random subsample of all remaining Part I respondents. Of these Part II respondents, 2,677 married or cohabiting individuals (92.3% of the eligible sample) completed the relationship discord items and were included in the current analyses.

The final (unweighted) sample consisted of 1,443 (53.9%) women and 1,234 (46.1%) men, and they had a mean age of 36.46 ( $SD = 8.84$ ) years and a mean of 13.16 ( $SD = 2.32$ ) years of education. The racial and ethnic distribution of the sample was 2,228 (83.2%) White, 166 (6.2%) African American, 205 (7.7%) Hispanic, and 78 (2.9%) other. At the time of the interview, 2,538 (94.8%) people were married and 139 (5.2%) were cohabiting. When weighted, the demographic characteristics of the sample closely matched the characteristics of the United States population (Kessler et al., 1994).

### Measures

**Relationship discord.** The assessment of relationship discord was based on two items: “All in all, how satisfied are you with your relationship—very, somewhat, not very, or not at all satisfied?” and “Overall, would you rate your relationship as excellent, good, fair, or poor?” These items were selected because they reflect global evaluations of the relationship, and it has been argued (e.g., Fincham & Bradbury, 1987) that the assessment of relationship discord should be limited only to such evaluative items. Single-item satisfaction measures have been demonstrated to correlate highly with total scores on longer measures (e.g., Sharpley & Cross, 1982). Validity for the scale comes from prior research with NCS data demonstrating that these two items correlate with multi-item scales of positive and negative interactions with one’s partner (Forthofer et al., 1996). Because the two items were highly correlated,  $r = .70$ ,  $p < .001$ , we created a composite measure by taking the mean of standardized values for the two items. Recent research suggests that the latent structure of relationship quality is taxonic (i.e., categorical) with a base rate for relationship discord of approximately 20% (Beach, Fincham, Amir, & Leonard, 2005). Consequently, we used the composite measure to categorize participants as discordant (the lowest scoring 20.9% of the sample) or nondiscordant (the remaining 79.1% of the sample).<sup>2</sup>

**Social role impairment.** Social role impairment was measured with previously developed (Zlotnick, Kohn, Keitner, & Della Grotta, 2000) six-item scales of positive social interaction (e.g., “How much do your relatives [friends] really care about you?”) and negative social interaction (e.g., “How often do your relatives [friends] criticize you?”); items were similar in content to other popular measures of social functioning such as the Social Adjustment Scale (Weissman & Bothwell, 1976). Items were asked

separately for relatives and for friends, and respondents were instructed to not include their spouse or partner in their ratings for relatives. Items were answered on a 4-point response format ranging from 1 (*a lot*) to 4 (*not at all*). Responses for the positive items were reverse coded so that higher scores indicated fewer positive interactions, and these responses were averaged with the responses for the negative interaction items to yield global measures of social role impairment in relationships with relatives ( $\alpha = .85$ ) and friends ( $\alpha = .83$ ).

**Work role impairment.** Work role impairment was assessed with three items, in which respondents were asked how many days in the past month (a) they had been totally unable to work or carry out their normal activities, (b) they had to cut down on what they did or they did not get as much done as usual, and (c) it took extreme effort to perform up to their usual level at work or at other normal daily activities. We created a summary measure based on the sum of the three items, and this summary scale had good internal consistency ( $\alpha = .78$ ). Because the summary scale had significant skew and kurtosis, it was recoded into the categories of 0, 1–2, 3–5, and 6 or more work impairment days, which is similar to prior definitions of work role impairment that have been used in analyses of the NCS (e.g., Kessler et al., 1999).

**Psychological distress.** Our first measure of psychological distress was the Distress Index (McWilliams, Cox, & Enns, 2003), which consists of 14 items that measure general distress (primarily symptoms of depression and anxiety) occurring during the past 30 days. Items were answered on a 4-point response format ranging from 1 (*often*) to 4 (*never*); responses were reverse coded so that higher scores indicated greater general distress. McWilliams et al. showed that the scale possesses good reliability ( $\alpha = .92$  in the current sample) and convergent and discriminant validity and that it is best conceptualized as a single-factor measure of general distress. The second measure of psychological distress was a question about perceived health: “How would you rate your overall physical health? Is it excellent, very good, good, fair, or poor?” Support for the validity of the self-reported health item comes from studies showing that global self-rated health is an independent predictor of mortality (Idler & Benyamini, 1997). The 5-point response option was recoded so that higher scores indicated better health. As a third measure of psychological distress, participants were asked if they had ever seriously thought about committing suicide, and, if so, when was the last time this had happened. Suicide ideation (0 = *no*, 1 = *yes*) was operationalized as seriously thinking about committing suicide during the year prior to the interview.

**Psychiatric diagnosis.** Current psychiatric diagnoses were based on the Composite International Diagnostic Interview (CIDI; World Health Organization, 1990), which is a structured interview designed to be used by trained interviewers to make diagnoses based on the *DSM-III-R* (American Psychiatric Association, 1987). World Health Organization field trials of the CIDI have documented good reliability (Wittchen et al., 1991) and validity with respect to other measures of psychiatric disorders (Farmer, Katz, McGuffin, & Bebbington, 1987). Included in the current study were diagnoses for mood disorders (major depressive disorder, dysthymia, bipolar disorder), anxiety disorders (panic disorder, agoraphobia, social phobia, simple phobia, generalized anxiety disorder, posttraumatic stress disorder), and substance use

<sup>2</sup> Analyses were also conducted treating relationship discord as a continuous variable. Results were nearly identical to those presented except that the effects were slightly stronger ( $f^2$  values ranged from .01–.12). Thus, the presented findings can be viewed as conservative estimates of the associations between relationship discord and impairment and psychological distress.

disorders (alcohol abuse, alcohol dependence, drug abuse, drug dependence).

*Demographic variables.* Gender, race and/or ethnicity, relationship status, age, and education were derived from a standard battery of demographic questions.

### Data Analysis

As a result of the complex sample design and weighting of the NCS, special software is required to estimate standard errors. Analyses were conducted using the Taylor series linearization methods in the SUDAAN software package (Research Triangle Institute, 2001), which is a program that incorporates the sample design into the data analysis, thus rendering acceptable standard errors of the parameter estimates. Logistic regression and linear regression analyses were conducted for categorical and continuous outcomes, respectively. In the first set of analyses (Model I), each impairment or psychological distress outcome variable was regressed on relationship discord, controlling for the demographic variables of marital status, gender, race and/or ethnicity (White, Black, Hispanic, other), age, and education. In the second set of analyses (Model II), dummy codes for mood disorders, anxiety disorders, and substance use disorders were also entered into each equation to evaluate the association between relationship discord and each outcome, independent of their shared association with psychiatric disorders (and demographic variables). In addition to reporting the regression coefficients for the linear regressions, we computed an effect size— $f^2$  (Cohen, 1988)—for each of the continuous outcomes, controlling for the covariates included in the equation. For the logistic regressions, the logistic coefficients and the exponent of the coefficients (i.e., odds ratios) are reported.

### Results

Descriptive information (i.e., means, standard deviations, ranges, percentages, standard errors) for the measures of impairment and psychological distress are provided in Table 1. This table also provides the intercorrelations among the measures of impairment and psychological distress. Although they are all significantly correlated with one another, the effect sizes of these correlations fall in the small-to-medium range (Cohen, 1988), thereby suggesting that they are measuring different aspects of impairment and psychological distress and their assessment is not overly influenced by shared method variance.

We first evaluated the association between relationship discord and each of the measures of impairment and psychological distress, controlling for demographic variables. The results of the logistic and linear regression analyses are

presented in Table 2 (Model I). As can be seen in this table, after we statistically controlled for the effects of demographic variables, relationship discord was associated with greater social role impairment in relationships with relatives and friends, greater work role impairment, greater general distress, poorer perceived health, and increased likelihood of suicide ideation in the preceding year.

Next, we evaluated whether relationship discord was associated with impairment and psychological distress above and beyond their shared associations with psychiatric disorders. First, we evaluated the association between relationship discord and classes of mood, anxiety, and substance use disorders, controlling for demographic characteristics. As expected given previous analyses with these data (Whisman, 1999; Whisman & Uebelacker, 2003), we found that relationship discord was associated with elevated risks for mood disorders,  $b = .95$ ,  $p < .001$ , odds ratio (OR) = 2.58, 95% confidence interval (CI) = 1.91–3.50; anxiety disorders,  $b = .75$ ,  $p < .001$ , OR = 2.11, 95% CI = 1.63–2.74; and substance use disorders,  $b = .73$ ,  $p < .001$ , OR = 2.08, 95% CI = 1.48–2.92. Second, we entered the three classes of psychiatric disorders into the logistic and linear regression analyses predicting impairment and psychological distress. The resulting regression coefficients represent the association between relationship discord and impairment or psychological distress, controlling for psychiatric disorders and demographic characteristics. The results, presented in Table 2 (Model II), indicate that relationship discord was associated with greater social role impairment in relationships with relatives and friends, greater work role impairment, greater general distress, and poorer perceived health. Thus, the association between relationship discord and multiple indices of impairment and psychological distress remained significant even when controlling for active psychiatric disorders. In comparison, the association between relationship discord and suicide ideation was not significant when we controlled for psychiatric disorders, suggesting that relationship discord is not predictive of suicide ideation over and above their shared association with psychiatric disorders.

We were also interested in evaluating whether there were gender differences in the magnitude of the associations between relationship discord and impairment and psychological distress. We created a Gender  $\times$  Discord multiplicative interaction term and entered this variable into the logistic and linear regression equations previously de-

Table 1  
Descriptive Information and Intercorrelations Among Measures of Impairment and Psychological Distress

Variable	M	SD	Range	%	SE%	Correlation					
						1	2	3	4	5	6
1. General distress	1.54	0.55	1–4			—	-.27**	.29**	.25**	.21**	.38**
2. Perceived health	3.76	0.96	1–5				—	-.11**	-.13**	-.10**	-.24**
3. Suicide ideation				2.06	0.31			—	.10**	.09**	.12**
4. Social impairment—relatives	1.80	0.50	1–4						—	.34**	.09**
5. Social impairment—friends	1.77	0.44	1–4							—	.08**
6. Work impairment	0.82	1.17	0–3								—

\*\*  $p < .001$ .

Table 2  
*The Association Between Relationship Discord, Impairment, and Psychological Distress*

Model and variable	Social impairment				Work impairment		General distress		Perceived health		Suicide ideation	
	Relatives		Friends		<i>b</i>	<i>f</i> <sup>2</sup>	<i>b</i>	<i>f</i> <sup>2</sup>	<i>b</i>	<i>f</i> <sup>2</sup>	<i>b</i>	OR
	<i>b</i>	<i>f</i> <sup>2</sup>	<i>b</i>	<i>f</i> <sup>2</sup>								
Model I												
Relationship discord	0.19*	.03	0.14*	.02	0.34*	.01	0.40*	.09	-0.31*	.02	1.13*	3.08
Model II												
Mood disorder	0.19*	.01	0.05	.00	0.73*	.03	0.62*	.14	-0.50*	.02	1.85*	6.33
Anxiety disorder	0.16*	.01	0.08*	.00	0.32*	.01	0.37*	.08	-0.21*	.01	1.52*	4.55
Substance use disorder	0.04	.00	0.05	.00	0.32*	.01	0.21*	.02	-0.16	.00	0.33	1.38
Relationship discord	0.15*	.02	0.12*	.01	0.21*	.01	0.28*	.06	-0.23*	.01	0.58	1.78

Note. All analyses control for marital status, gender, race and/or ethnicity (White, Black, Hispanic, other), age, and education. OR = odds ratio.

\*  $p < .01$ .

scribed. Results indicated that after we controlled for the simple effects of gender and discord (as well as the other demographic covariates), there was only one significant interaction effect (for all other interactions,  $ps > .10$ ), which was obtained for the general distress variable,  $b = .23$ ,  $p < .005$ . Follow-up analyses indicated that the association between relationship discord and general distress (controlling for demographic covariates) was greater for women,  $b = .48$ ,  $p < .001$ , than for men,  $b = .27$ ,  $p < .001$ . The Gender  $\times$  Discord interaction effect for general distress was also significant when the three classes of psychiatric disorder were entered into the equation,  $b = .17$ ,  $p < .005$ .

Finally, we were interested in evaluating whether there were mean differences between married and cohabiting individuals on the measures of impairment and psychological distress and whether marital status moderated the magnitude of the association between relationship discord and measures of impairment and psychological distress. With respect to mean differences, there was only one significant difference between groups: Cohabiting individuals ( $M = 1.64$ ,  $SD = 0.59$ ) reported significantly higher levels of general distress than did married individuals ( $M = 1.53$ ,  $SD = 0.55$ ),  $t(3309) = 2.28$ ,  $p < .05$ ,  $d = 0.20$ . To determine whether marital status moderated the association between relationship discord and impairment and psychological distress, we created a Marital Status  $\times$  Discord multiplicative interaction term and entered this variable into the logistic and linear regression equations previously described. After we controlled for the simple effects of marital status and discord (as well as the other demographic covariates), there were no significant interaction effects (all  $ps > .10$ ), indicating that the associations between relationship discord and impairment and psychological distress did not significantly differ between married versus cohabiting participants.

## Discussion

In summary, we found that in a population-based sample of married or cohabiting adults, relationship discord was associated with greater social role impairment in relationships with relatives and friends, greater work role impairment, greater general distress, poorer perceived health, and

greater likelihood of suicide ideation. With the exception of suicide ideation, the associations between relationship discord and the measures of impairment and psychological distress remained significant when statistically controlling for current mood, anxiety, and substance use disorders, suggesting that these associations were not secondary to their shared associations with current psychiatric disorders. This is an important finding insofar as prior studies on relationship discord and impairment and psychological distress have generally not ruled out rival or alternative explanations, including the rival explanation of psychiatric disorders, as potentially accounting for this association.

In interpreting the magnitude of the association between relationship discord and impairment and psychological distress, it may be helpful to keep in mind Cohen's (1988) recommended conventions for defining small, medium, and large effect sizes ( $f^2$ ) of .02, .15, and .35, respectively. The effect sizes reported in Table 2 suggest that the magnitude of the effects between relationship discord and impairment and psychological distress generally falls in the small-to-medium effect-size range ( $f^2$  values ranging in magnitude from .01 to .09 for analyses in which we controlled for demographic variables and .01 to .06 for analyses in which we controlled for demographic variables and psychiatric diagnoses). Despite the fact that most of the effect sizes would be considered small, it is worth noting that the associations between relationship discord and impairment and psychological distress were often similar in magnitude to those found for the associations between psychiatric disorders and impairment and psychological distress. In particular, results presented in Table 2 indicate that in the multivariate analyses, substance use disorders actually exhibited smaller effect sizes and fewer significant associations with impairment and psychological distress than did relationship discord. Thus, whereas the obtained associations between relationship discord and impairment and psychological distress were small when considered in absolute terms, they were comparable to those observed for psychiatric conditions when considered in relative terms.

Why might relationship discord be related to impairment or psychological distress? We briefly consider possible mechanisms for three of the outcomes we analyzed, namely,

perceived health, social impairment, and work impairment. With regard to perceived health, Kiecolt-Glaser and Newton (2001) reviewed several pathways by which negative and positive aspects of marital functioning may be linked to physical health outcomes, including health behaviors such as eating habits, as well as biological pathways involving the cardiovascular, endocrine, and immune systems. For example, they cite several studies that show that marital conflict is correlated with increased blood pressure and heart rate. These heightened cardiovascular responses may, in turn, put one at risk for adverse health outcomes such as cardiovascular disease.

Relationship discord may be associated with impairment in social functioning in a number of ways. We suggest several possibilities here. For example, it may be that relationship discord leaves people with less emotional energy to invest in their relationships with relatives and friends, thereby resulting in less satisfaction in these relationships. Second, individuals who are in discordant relationships may discourage their partners from spending leisure time with other people, and a decrease in activities and time spent together with relatives and friends may result in declines in satisfaction in these relationships. Third, the experience of relationship discord may feel shameful, and the desire to hide the discord from friends or other relatives may lead to distance in those relationships. The possibilities also remain that problems in these other relationships contribute to the relationship discord (e.g., when an individual thinks that he or she cannot rely on people other than the partner for caring and social involvement, thereby placing undue pressure on the partner to meet all of his or her social needs) or that discord across relationship types is due to general predispositions to experience relationship problems, such as might be found for certain personality traits, attachment styles, or pervasive deficits in social skills.

With regard to work impairment, there are also several pathways by which relationship discord may be associated with problems at work. When couples' relationships are discordant, partners may not provide much encouragement or emotional support to each other for their efforts at work (Rogers & May, 2003). Instrumental support may also be lacking: Couples may not cooperate when there are transportation or child-care difficulties, leading to more problems at work for one or both partners. Furthermore, psychological distress over problems at home may lead individuals to be preoccupied at work and therefore unable to concentrate and to satisfactorily accomplish tasks.

We were also interested in evaluating whether there were gender differences in (i.e., whether gender moderated) the magnitude of the associations between relationship discord and impairment and psychological distress. We found only one significant interaction effect, for general distress: The association between relationship discord and general distress was significantly greater for women than for men. The stronger association between relationship discord and general distress for women relative to men may be accounted for by the perspective that women's relational traits, identities, and self-representations may result in them being more responsive than men to relationship events (e.g., Cross & Madson, 1997; Surrey, 1991). However, it should be

noted that this gender difference was obtained for only one of the outcomes evaluated. Thus, the magnitude of the association between relationship discord and most of the impairment and psychological distress measures was not significantly different for women and men. We believe this finding is important insofar as potential gender differences have been emphasized in some studies and reviews (e.g., Kiecolt-Glaser & Newton, 2001). In comparison, the present findings provide more evidence for gender similarities than gender differences in the association between relationship discord and clinically significant outcomes.

Because most studies on relationship discord and well-being have focused on marital relationships, we were interested in evaluating whether marital status moderated the association between relationship discord and the measures of psychological distress and well-being. Results indicated that there were no significant differences between married and cohabiting individuals in the magnitude of the associations between relationship discord and clinically significant outcomes. These findings are important in suggesting that the impairment and psychological distress associated with relationship discord seem to be equally important for cohabiting relationships and for married relationships, thereby supporting continued investigation into the health and well-being correlates of relationship discord in cohabiting couples. However, because the sample of cohabiting couples was small, there may not have been adequate power for detecting differences between married and cohabiting individuals, and future research is needed to continue this line of inquiry with larger samples of cohabiting couples.

Because of the cross-sectional nature of the current study, it is impossible to establish whether relationship discord is a cause or a consequence of increased impairment or psychological distress. Therefore, it is possible that psychological distress or health problems can cause strain in relationships or that social problems or problems at work (or, indeed, loss of a job) may lead to relationship discord. Prospective research is needed to evaluate whether relationship discord is predictive of increases in impairment and psychological distress over time. It is documented that relationship discord predicts an increased severity of psychiatric symptoms (e.g., Beach & O'Leary, 1993; Dehle & Weiss, 1998; Fincham, Beach, Harold, & Osborne, 1997) and an increased likelihood of occurrence of psychiatric disorders (e.g., Whisman & Bruce, 1999; Whisman, Uebelacker, & Bruce, 2006), and future research is needed to determine if such associations would also be obtained with measures of impairment and psychological distress. A final possibility is that relationship discord, impairment, and psychological distress are all consequences of some unmeasured third variable, such as stressful life events or personality characteristics. However, by including mood disorders, anxiety disorders, and substance use disorders as covariates in our analyses, we were able to rule out current psychiatric disorder as one obvious third variable that could account for both increased relationship discord and increased impairment or psychological distress.

In addition to longitudinal research on the prospective association between relationship discord and clinical signif-

icance outcomes, it will also be important to establish whether treating relationship problems leads to improvement in impairment or psychological distress. There is very little research on this topic, as most clinical trials evaluating the effects of couple therapy have measured outcome primarily in terms of relationship quality and, to a lesser degree, purported mediators of change in therapy (i.e., communication, cognition; for reviews, see Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998; Christensen & Heavey, 1999; Snyder, Castellani, & Whisman, 2006). The few studies that have evaluated the impact of couple therapy on other outcomes have focused on specialized populations. For example, several studies have shown that behavioral couple therapy is effective in the treatment of major depression (e.g., Jacobson, Dobson, Fruzzetti, Schmaling, & Salusky, 1991; O'Leary & Beach, 1990) and alcohol use disorders (for reviews, see Epstein & McCrady, 1998; O'Farrell & Fals-Stewart, 2000). Another study showed that in a group of people with essential hypertension, communication training reduced the degree to which participants' blood pressure increased in response to marital conflict (Ewart, Taylor, Kraemer, & Agras, 1984). It will be important to study outcomes such as impairment and psychological distress in studies of couple therapy or couple interventions in unselected populations of couples seeking treatment. Not only will this help to establish the directionality of the associations between relationship discord and impairment and psychological distress, but also positive results from these studies may provide further incentive for assertive and comprehensive treatment of relationship discord as a means toward reducing impairment and psychological distress.

Finally, it is important to note that we evaluated only one type of relational disorder, namely, relationship discord in the context of a marital or marriage-like relationship. Additional research using population-based samples is needed to evaluate the degree of impairment and psychological distress associated with other types of relational disorders, including parent-child relational problems, sibling relational problems, and problems related to abuse or neglect.

In interpreting the results of this study, it is important to keep in mind its strengths and weaknesses. In terms of strengths, the results are based on a nationally representative and population-based sample of couples, which means that the results are highly generalizable. The limitation of a large-scale epidemiologic study such as the NCS is that some of the measures of impairment and psychological distress are restricted to brief measures, including single-item measures. For example, it would be ideal to use a more extensive measure of work impairment (e.g., Kessler et al., 2003) or suicide ideation (e.g., Beck, Kovacs, & Weissman, 1979) or a longer measure of relationship discord with well-established psychometric properties. Furthermore, clinical significance is a broad category that is only partially addressed by the constructs included in this study. For example, Lehman, Alexopoulos, Goldman, Jeste, and Üstün (2002) reviewed how functioning and disability have been conceptualized across a broad range of outcomes, including understanding and communicating with the world (cognition), moving and getting around (mobility), self-care (hy-

giene, dressing, eating, staying alone), getting along with people (interpersonal interactions), life activities (domestic responsibilities, leisure, work), and participation in society (joining in community activities). Additional research is needed to evaluate the degree to which relationship discord is associated with other forms of functioning and disability. Finally, only one partner in a relationship provided relationship discord and clinical outcome data in the current study. Collecting data from both partners would allow for more comprehensive analyses of how relationship problems are related to impairment and psychological distress in both partners (cf. Whisman, Uebelacker, & Weinstock, 2004).

In conclusion, results from this study suggest that relationship discord is not only a distressing problem in and of itself but is also associated with a variety of clinically significant outcomes, including measures of impairment and psychological distress. Furthermore, the associations between relationship discord and impairment and psychological distress were not better accounted for by mental health, as they remained significant when we controlled for current psychiatric disorders. As such, these results add to a growing body of literature indicating that relationship problems are associated with important clinical outcomes. One implication of these findings is that they address, in part, First et al.'s (2002) first step in a program of research on relational disorders that will serve to inform decisions about the way in which relational problems are treated in the next edition of the *DSM*. Obviously, many other factors will be considered in this decision, including other factors discussed by First et al. (2002). Regardless of how relationship discord and other relational disorders are treated in *DSM-V*, continued research on the impact of relationship functioning on the onset, course, and treatment of clinically significant outcomes such as impairment and psychological distress is clearly warranted. Furthermore, the findings that relationship discord is associated with important measures of clinical significance and that the magnitude of the associations with these measures of impairment and psychological distress are comparable in some cases to those found with some psychiatric disorders suggests the need for greater coverage of prevention and treatment of relationship discord by health systems and insurance companies.

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