

Understanding couple relationship breakdown

Dr Lester Coleman, head of research at One Plus One, looks at the impacts, protective factors, relationship difficulties and interventions designed to support parents during the transition to first-time parenting.

This research overview provides evidence on the consequences of couple relationship breakdown. It then outlines factors that may increase the risk of breakdown, with a particular focus on the transition to parenthood. It addresses:

- the impact of relationship breakdown for adults and children
- factors increasing the likelihood of relationship breakdown
- the impact on couples of becoming a parent
- interventions made around the time of birth designed to improve relationship quality or prevent relationship breakdown.

The summary is based on a wide-ranging review of the international literature,¹ available from www.oneplusone.org.uk, which outlines the consequences of relationship breakdown on the physical and psychological health and well-being of adults and children. The review provides statistical data on couple relationships and family forms, and examines the complexities in determining the precise link between relationship breakdown and outcome. The full review also details factors that are associated with an increased likelihood of relationship breakdown, explores theoretical and empirical mechanisms which may help to explain the consequences of relationship breakdown, and outlines why some people fare worse than others when couples part.

Introduction

Couple relationship breakdown is frequent in today's society. It is estimated that 45% of marriages will end in divorce.² Other relationships, including cohabiting unions, are more fragile.³ Increasing numbers of people cohabit,⁴ or have non-cohabiting relationships which they describe as 'closely involved',⁵ and many children are raised in 'single-parent' families.^{6,7} This trend represents

an increased fragility and diversity in family forms. It is important to note at the outset that although there is an increasing diversity of family and relationship forms, most of the reviewed data deal with the impact of marital breakdown.

There is a clear body of literature to show that where it is possible to strengthen couple relationships, there are often profound benefits for adult and child well-being, as well as improved parenting.⁸⁻¹³ There is convincing evidence that some relationships can be repaired, improved and prevented from breaking down.¹³⁻¹⁹

However, a central challenge in interpreting the literature is the need to assess the precise contribution that couple relationship breakdown has on future outcomes (such as health and wellbeing). The challenge is to assess the extent to which relationship breakdown is actually causing these outcomes or, conversely, whether 'selection' effects may be occurring. Selection bias occurs when comparing samples (e.g. married and divorced) that differ in a number of ways (e.g. history of mental health problems). When there are such differences, any reported impacts may be due to underlying differences between the two groups, therefore making a causal link between relationship breakdown and outcome difficult to prove. Further complications are evident when trying to discern cause from effect (e.g. whether alcohol misuse is a cause or effect of relationship breakdown) and controlling for an array of factors (aside from relationship breakdown) that can affect outcomes. To address some of these concerns, this review prioritises prospective longitudinal cohort studies where, essentially, sample members serve as their own control group with the impact of relationship breakdown observed by comparing outcomes before- and after-breakdown. Use of multiple measures, innovative designs and statistical

advances can help unravel some of these complex cause and effect issues.²⁰⁻²²

Impact of relationship breakdown for adults

There is an unequivocal association between couple relationship breakdown and adult ill-health.²³⁻⁴⁰ For example, mortality statistics for England and Wales (in 2007) show elevated mortality rates for non-married (single, widowed and divorced) males and females, compared to those married, for all age groups between 25 and 64 years.⁴¹ However, in light of the issues above, evidence of a causal link between relationship status and the mortality statistics cannot be confirmed.

Overall, the elevation of mortality rates among unmarried groups is greatest among men of all ages.^{32,41,42} Office for National Statistics (ONS) data from England and Wales show that, between the ages of 30 and 50, single men have death rates about three times that of married men, and single women have rates about double those of married women.⁴¹ There is also evidence of an 'accumulative effect', with the strength of these mortality associations increasing by number of years non-married.³⁰

Associations between marital status and general health status and more specific health conditions, such as coronary heart disease and raised blood pressure are also evident, with more detrimental outcomes among the non-married groups.^{23,24,43-55} The same association applies to the greater involvement in health-damaging behaviours^{24,54,56-58} and poorer adult mental health.⁵⁹⁻⁶⁴ Critically, studies indicate that the emotional and social 'protective effect' of marriage operates over and above selection effects (of people being selected out of marriage due to their poor health status) in explaining these health differences.^{24,50}

In studying couple relationships and health, it is clear that the relationship

must be of a high quality to be advantageous.^{32,65-74} Indeed, evidence suggests that the health outcomes for some single people may be more positive than those reporting unhappy marriages.^{24,71} Therefore, preventing relationships from breaking down (where appropriate) and improving relationship satisfaction are both important in maintaining the well-being of adults and children.

It is also important to understand how positive and enduring relationships contribute to health and wellbeing. Relationship breakdown diminishes the protective effect on physical and psychological health and adds further strains associated with the process of separation. This is illustrated by research comparing never-married women and those who have recently experienced the stressful events of divorce or separation – never married women report less psychological and physical ill-health.²⁴

Impact of relationship breakdown for children

There is a well-established, strong association between parental relationship breakdown and poor child outcomes. These include poverty and socio-economic disadvantage (especially), physical ill-health, psychological ill-health, lower educational achievement, substance misuse and other health-damaging behaviours, and behavioural problems including conduct disorder, anti-social behaviour and crime.^{12,24,50,63,64,75-100} Longitudinal, cohort studies have shown that these effects may be long-term for some children, and include socio-economic disadvantage in later life, cohabitation or marriage at an early age, teenage pregnancy, and increased risk of their own marital breakdown.^{63,82, 85-87,93,97,98,101}

These negative impacts of relationship breakdown on children, however, are far from universal.^{8,76,79,80,102-104} The majority of children are able to adjust to a changing situation after a period of instability whilst others are less fortunate with negative impacts extending into adulthood. A number of protective factors can increase the likelihood of children reporting only mild instability. A warm, authoritative, and consistent parent-child relationship with

open communication (including that surrounding the parental separation) has been described as the most 'potent' protective factor.^{8,76} Other protective factors include a financial buffer, supportive family members and friends, good maternal mental health, and parents re-partnering at different (rather than at the same) times to allow a period of emotional recovery.^{8,76} With there being no direct causal link between relationship breakdown and child outcomes, these protective factors also act as mediating factors in explaining how relationship breakdown may, or may not, lead to sustained disadvantage. Of interest in this context, protective factors minimising the impact on adults include social and economic support, ability to forgive, and having been the one who initiated the separation.^{50,105}

In contrast, the impact of multiple relationship transitions is particularly detrimental to children.^{8,76,77,79-82} Changes in family structure (e.g. from marriage to divorce, to remarriage, involving new step and half-siblings, etc.) may be more disruptive to children than maintaining a stable family structure, even if that is with a single parent.^{8,79} The effects are also considered to be cumulative, with the increased number of transitions leading to more negative consequences for children.^{8,77,79-82} Of those experiencing parental separation for the first time, younger children have a greater potential to face multiple transitions (because of their age) compared to older children.

Relationship breakdown is rarely a discrete event in time, but should be viewed as a 'process' with events prior, during and after the breakdown affecting the impacts.^{12,50,75,78,82,87,106} There is unequivocal evidence highlighting the detrimental impact of adult relationship conflict and distress on children (that may precede a separation as well as continue afterwards through the separation process).^{10,15,76,107-117} However, research also indicates that it is not necessarily whether parents are in conflict that is key, but how this conflict occurs and is managed. For example, 'destructive' conflict (particularly physical violence and emotional abuse) can be particularly harmful to children, although 'constructive' conflict (e.g. mild conflict effectively resolved) can be important in children learning how to resolve disputes

in an effective manner.^{10,116} Similarly, unresolved conflict that involves children as messengers or recipients of negative information is particularly harmful.⁸

Paradoxically, divorce following low pre-divorce conflict, compared to high pre-divorce conflict, has been shown to be more detrimental to the health and well-being of children.^{87,118,119} This is because low levels of conflict often mean children have little time to anticipate the relationship breakdown, and may result in some children blaming themselves for the separation. Therefore, even though relationships with the least ('open') conflict may have a greater chance of reconciliation or indicate a potentially less stressful separation, they may result in more harm for children. Consequently, although relationship support interventions need to foster a continued parent-child relationship to alleviate the impact when couples part, they also need to consider ways in which children perceive and attribute the conflict and breakdown.¹²⁰

Interestingly, although divorce is more common nowadays, there is evidence suggesting that the adverse outcomes for adults and children are still equally apparent.^{78,86,121} This contradicts the argument that increasing divorce rates diminish the negative impacts in line with reduced stigma and greater acceptance of relationship breakdown.

Factors increasing the likelihood of relationship breakdown

Review evidence on the predictors of relationship breakdown suggests that demographic factors (e.g. early age at marriage, pre-marital conception, pre-marital cohabitation, previous partnership breakdown, and parental divorce)^{1,106,122} are more predictive of marital breakdown compared to socio-economic factors. However, these broad factors are unable to provide detailed explanations for relationship breakdown in comparison, for example, to couple interaction behaviour (see next section) or times of relationship strain.

Evidence from prospective longitudinal designs shows that the transition to parenthood is a life-course period particularly associated with relationship difficulties and breakdown.¹²³⁻¹²⁷ One study found that

one fifth of UK mothers reported relationship problems at their baby's six to eight week developmental check.¹²⁸ The impacts are reported to have increased in contemporary samples due to the greater contrast between the lifestyle and choices open to young childless adults compared to those available to parents of young children.¹²⁵

Reasons for the decline in relationship satisfaction through new parenthood include less time together, increased sleeplessness, increased depression (including post-natal depression), increased fatigue and more involvement with extended family members.¹²⁴ Protective factors include high pre-pregnancy relationship satisfaction, planned rather than unplanned pregnancy, and a low-demanding baby.^{126,129} There is some evidence that strong ties to local community, home and friends, can also be protective.⁸⁷

Having a baby with a disability involves many similarities with other parents' experiences but may involve greater intensity and more stress. Roles can be more constrained, and care demands and financial pressures greater. This can be compounded by grief over the loss of a 'hoped for' baby.¹²⁹

Relationship support interventions – prevention and therapy

From a positive perspective, particular aspects of the interactive behaviour of couples may be more amenable to change than socio-demographic, personality or attachment style factors.¹³⁰ These factors may help people to adjust to new pressures brought on by, for example, new parenthood. These include:

- Problem-solving ability
- Communication positivity versus negativity
- Minimal defensiveness and withdrawal
- Higher ratios of warmth and willingness to negotiate than hostility.

John Gottman, one of the leading researchers in the field, argues that the best predictor of marital breakdown is 'negative affect reciprocity' which occurs when the negative communication, attitudes, and behaviour of one partner is

met with an equally negative response from the other.¹⁹ Behaviours found to be particularly corrosive are criticism, contempt, defensiveness and stonewalling. In contrast, stable relationships are marked by marital friendship, 'positive sentiment override', regulation of conflict through problem solving, willingness to support one another's dreams and having a sense of shared meanings. Gottman's experimental work with 640 couples involved analysing their behaviour, beliefs and interaction, and providing them with insights into aspects of their relationship using interactive workshops. He claimed that this resulted in a significantly reduced risk of divorce with a lower relapse rate than other forms of therapy.¹⁹

In further evidence, a meta-analysis of 86 studies¹⁶ and a more recent review,¹³⁰ address the effectiveness of adult couple relationship support in terms of preventative approaches, and either counselling or therapy for those experiencing difficulties. The results are generally positive, with 'Marriage and Relationship Education' (MRE) programmes generally having moderate effects in terms of improvements in relationship quality and communication skills, at initial assessment and at later follow up.¹⁶ Another review, which included four randomised controlled trials (RCTs) on relationships skills programmes during the transition to parenthood, concluded that skills-based 'Couple Relationship Education' (CRE) is associated with a large effect size in relationship skills and a small to moderate short-term effect size on increases in relationship satisfaction.¹⁴ Effects were greater for those initially reporting lower satisfaction.¹⁴ However, the available studies are limited in that they tend to focus on white, middle class samples, and very few preventative programmes have been evaluated in the UK. Further research is needed, with more ethnically diverse, disadvantaged and relationship distressed couples, including more RCTs and perhaps most essentially of all, more longer-term follow-up.

One such longer-term study recruited married couples expecting their first child (as well as childless married couples from the same community) and

randomly assigned the expectant parents to receive either a couple group-based relationship intervention or act as a control group.¹⁸ The intervention involved weekly meetings for groups of four couples with a co-leader couple, starting in the last trimester of pregnancy and continuing for 24 weeks. Topics explored included division of labour in the home, communication and problem-solving styles and parenting styles, and drew on various psychological principles including attachment, accepting in-couple differences, preventing negative exchanges from escalating and normalising experiences. Over the following 5.5 years the decline in marital satisfaction for the women and men who received the intervention (-4.1 units on a relationship satisfaction measure) was considerably below that of the decline in the control arm (-16.1). In contrast couples without children reported a slight increase in their marital satisfaction. The study concluded that the self-help approach and using information in a safe environment were key to the programme's success.

Other related studies include an RCT of a shorter eight-session intervention for parents expecting a first baby which found 'moderate' improvements in co-parenting, reduced maternal depression and anxiety, and improved parent-child relationships and infant regulation.¹³ Additionally, a UK-based RCT of health visitors, undertaking Brief Encounters® training, enabled them to become supportive and empathic listeners, and better prepared to help relieve discord in a couple relationship.¹²⁸ Trained health visitors identified more mothers at the six to eight week postnatal appointment as needing relationship support and provided more active listening, resulting in a quarter of these mothers feeling less depressed, anxious or worried at their 12 week visit.¹²⁸

Summary and conclusion

The association between couple relationship breakdown and disadvantage is very clear, made evident by a wide range of health and socio-economic indicators. This association remains strong, despite the fact that divorce and separation is widespread in today's society, with research showing that the negative impacts have not

diminished through time. Rather, the increased exposure of adults and children to couple relationship breakdown means that more people are affected compared to those of a previous generation. There are, therefore, clear implications for practice and policy:

- Couple relationships can be strengthened and that breakdown, in some cases, can be prevented¹³⁻¹⁹
- There are opportunities to minimise the burden on adults and children when breakdown occurs (based on the evidence of factors that moderate the impacts)^{8, 50, 76, 77, 79-82}
- the importance of maintaining relationship quality (to ensure the benefits of relationships and reducing the likelihood of breakdown)^{32, 65, 74}
- recognition of opportune moments where relationship strain is more pronounced (e.g. transition to parenthood, the birth of a disabled child, etc.).^{123-7, 129}

These implications clearly tie in with recent policy directives from the Department for Children, Schools and Families (DCSF)131 and recent Green Papers produced by the DCSF132 and Centre for Social Justice.¹³³ To illustrate, 'The Children's Plan: One Year On',¹³¹ outlines as a priority the need to:

"Introduce new ways to support parents at times when their relationships come under strain, and give more support to children when family relationships break down."

The full literature review from which this paper is derived supports the case for more investment to help strengthen family relationships and to minimise the burden when relationship breakdown does occur. It also shows that issues of poverty and access to economic resources remain central to our understanding of the impacts of relationship breakdown.¹ Although many factors may affect well-being, some of which are unknown and unmeasured, the role of poverty and financial disadvantage must not be understated. Research has shown that financial capability (often reduced following a separation) acts as a powerful protective factor against the potential harmful

outcomes from relationship breakdown.

Helping adults to become more informed about couple relationships (e.g. expected transitions and changes), fostering increased ability (of practitioners and couples) to identify relationship difficulties at an early stage, and providing appropriate and accessible support, are key requirements for further future service development. Innovative solutions such as internet technology may be a means of increasing the accessibility of relationship support. As an example, *thecoupleconnection.net* provides evidence-based support that is immediate and confidential, allowing people to express relationship difficulties and hear from people in similar situations as well as from experienced health professionals.

A further theme central throughout the review is evidence for the link between couple relationships and parenting.¹ Poor quality couple relationships are associated with poor parenting and consequently poor quality parent-child relationships.^{8, 10-13} Conversely, children raised by parents (including those previously separated or divorced) reporting high relationship quality and satisfaction tend to have high levels of well-being.⁸⁻¹¹ Also, improvements in co-parenting (partners supporting each other during parenting) have been shown to improve partner and parent-infant relationships and their well-being.¹³ Collectively, this evidence demonstrates the need for parenting interventions to emphasise the importance of the couple relationship in improving adult and child outcomes.

Further research is needed to investigate more precisely why couple relationships break down and why contemporary relationships show more fragility. Although it is clear that attitudes to marriage have changed with shifts in the 1960s and 1970s from the 'companionate' marriage to the more 'individualised' marriage of modern day,¹³⁴ the attitudinal and personality-based origins of couple relationship breakdown, relative to the broader socio-demographic predictors, are still under-researched.¹⁰⁶

The full review outlines additional areas in need of further research such as the consequences of relationship breakdown among same-sex couples

(whether and how the impacts may differ from the dissolution of heterosexual couples). Also, a commitment to evaluate the effectiveness of preventative relationship support programmes on couple relationship quality requires expansion, especially in the UK. Research is required among more ethnically diverse, disadvantaged and relationship-distressed couples. More research is also required to understand how changes in relationship quality occur in order to identify those relationships with greater potential for longevity, and to inform even more effective interventions. Longitudinal or follow-up studies of relationship skills programmes are needed to assess the long-term effectiveness of these programmes.

Key points

- Lack of a close couple relationship and relationship breakdown is associated with an increase in adult ill-health.
- Being in a relationship provides an emotional and social 'protective effect' on adults' health; however, the relationship must be of a high quality to be advantageous.
- Parental relationship breakdown is associated with children being more at risk of poverty and socio-economic disadvantage, physical ill-health, psychological ill-health, lower educational achievement, substance misuse, other health-damaging behaviours and behavioural problems, socio-economic disadvantage in later life, early cohabitation or marriage, teenage pregnancy, and increased risk of their own marital breakdown.
- However, the negative impacts on children are far from universal. For example, when separating parents can minimise conflict and communicate positively this decreases the likelihood of negative impacts for children. A strong parent child relationship has been identified as the most potent protective factor on children.
- Destructive parental conflict (particularly physical violence and emotional abuse) is especially harmful for children.
- The adverse effects of relationship

breakdown for adults and children have not diminished appreciably as divorce has become more common.

- Relationship strain is more pronounced during the transition to parenthood, and when parents have an ill or disabled child.
- Couple relationships can be strengthened and breakdown can sometimes be prevented.
- There is promising evidence that it makes a difference for services to offer support to parents during the transition to parenthood, including both preventative and early therapeutic support.
- Poverty increases the negative impact of relationship breakdown, and conversely, financial capability acts as a powerful protective factor against the potential harmful outcomes.

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