

Beach, S.R.H., & Fincham, F.D. (2003). Spontaneous remission of marital discord: A simmering debate with profound implications for Family Psychology. *The Family Psychologist*, 19, 11-13.

A report released at the Smart Marriages convention this past year is of considerable potential interest to both academic and practicing Family Psychologists. In a large-scale survey of marriages, University of Chicago sociologists Linda Waite and Ye Luo found no evidence that unhappily married adults who divorced were typically any happier than unhappily married people who stayed married. Even more striking from the standpoint of Family Psychology, they reported that nearly two thirds (62%) of unhappily married spouses who stayed married reported that their marriages were happy five years later (and 77% of unhappily married spouses remained married). In addition, the most unhappily married spouses reported the most dramatic turnarounds: among those who rated their marriages as very unhappy, almost eight out of 10 who avoided divorce were happily married five years later. The report has been taken by many as evidence both that people in the United States may be too quick to divorce, and also as suggesting that marital therapy may be superfluous for many people in distressed relationships (since they may often recover anyway). Clearly claims of this sort are of interest to Family Psychologists.

The report poses a serious challenge to both the intellectual underpinnings of Family Psychology and to the perceived need for services that drives the practice of Family Psychology. On the one hand, it challenges the long held assumption of academic Family Psychology that distressed marriages rarely get better without therapy. On the other, it challenges the longstanding assumption of applied Family Psychology that there is a vast and unmet need for interventions with married couples. The report is, of course, subject to methodological and empirical challenges. For example one might question the validity of a single item measure as an index of marital impairment and dissatisfaction. Likewise, the correlational nature of the data gives rise to third-variable problems, and these could provide the basis for an intellectual challenge to some of the conclusions that have been drawn from the data. Finally, one could bring additional empirical data to bear on this issue. Along these lines, the following post on a listserv discussion represents a fair criticism of the study from an empirical standpoint "If 2/3 of untreated, unhappy couples in Waite's study improve then why is the divorce rate so high? And how does the finding square with 35 randomized clinical trials on marital therapy, which show uniformly that untreated unhappy couples deteriorate. There is no evidence of a spontaneous remission effect in marital therapy outcome research."

As one can see, there are all the makings of a heated interchange, complete with choosing sides, academic disciplines making competing empirical claims, and charges of hidden political agendas and differing ideologies. As inevitable as an intellectual slugfest may appear, however, there are alternatives that may be more productive for the field of Family Psychology in the long run.

## An Alternative to the Slugfest: Moving beyond the continuum of distress.

We in Family Psychology might see the Waite and Luo report as a prompt to re-examine some of our underlying assumptions and see if there is an opportunity for both intellectual development and better practice. An alternative to the slugfest arises when we consider the potential distinction between distress and disorder (marital discord). Is it possible to distinguish marital distress from marital discord among those who are presenting at a clinic or who are distressed in the general community? If it is not, then perhaps the criticisms leveled by those who would do away with marital therapy are justified. Given the Waite and Luo findings, if we cannot distinguish marital distress from marital discord, then perhaps "watchful waiting" is a better strategy than active intervention. On the other hand, if it is possible to distinguish truly discordant couples from distressed couples, then we should take greater pains to do so as we plan for marital interventions and make recommendations for community level interventions. If we can show that marital discord is distinctly different from marital distress, we will have taken a giant step forward conceptually. At the same time we will have underscored the importance of Family Psychology and the interventions we have to offer. Finally, we will have provided a response to the Waite and Luo study without ever having to engage in an intellectual slugfest over who was right. Although some will be disappointed by the loss of a slugfest induced adrenalin rush, we think our alternative response is more likely to advance Family Psychology.

## Clinic Couples vs. Distressed Community Couples.

Who presents for Marital Therapy? As noted by Reiss and colleagues in their monograph on DSM-V (First, et al., 2002), couples with marital disorders come to clinical attention for four primary reasons: 1) a couple recognizes their own dissatisfaction and comes for marital therapy, 2) there is serious violence in the marriage and an emergency room or legal authority makes a referral, 3) marital difficulties are noted as part of a comprehensive assessment of an Axis I or II disorder, or 4) marital difficulties are noted as part of a child evaluation. In each of these cases it is likely that there are multiple ongoing and interlocking problems confronting the couple and that both partners have some awareness of these troubles. In each case, one or both partners probably have come to the conclusion that they cannot solve all of the problems that need to be solved. As a result, they are likely to be pessimistic about their potential for change. In addition, given repeated failure, their ongoing attempts to cope with the problem have probably already become part of the problem.

How do such clinic couples differ from unhappy, community couples participating in a survey? For the community couples there is no particular reason to expect that they are confronting multiple, interlocking problems. Such couples may be experiencing relatively transitory stress, and they may not have developed a sense that their problem or problems are unsolvable or that they have exhausted their range of coping responses. As a result, they may use a single item rating scale in a different manner than a clinic sample. Hidden in the potentially similar responses to a single item measure of satisfaction with the relationship is the possibility that the pattern or

constellation of associated behaviors, feelings, and beliefs is quite different for community and clinic couples. That is, Family Psychologists might expect their clients to be more similar to the portion of Waite's sample that was unhappy and ultimately divorced or that remained unhappy five years later than to the portion of Waite's sample that was initially unhappy but still together and was happy five years later. Further, most Family Psychologists might suspect that the portion of Waite's sample that ultimately divorced was substantially different than the portion of Waite's sample that ultimately stayed together and were happy they did. This is, of course, precisely the type of distinction one might hope for if one were to introduce a distinction between "distress" and "disorder" in the general population. Many of the spouses in Waite's sample may have been very distressed, but not yet disordered. If so, their changes over time might look very different than the changes of those who had passed the threshold for disorder.

### Distinguishing between Disorder and Distress

We distinguish between disorder and distress in all areas of psychological intervention. For example, when we speak of depression we commonly distinguish between symptoms of depression and the syndrome of depression. The basic task of diagnosis is finding the cutting points between "upset" and "pathology" or between "distress" and "disorder." Reiss and colleagues suggest that a similar need confronts our field now. The key issue confronting Family Researchers working in the service of Practicing Family Psychologists is whether we can show that the "manifestations of marital disorder tend to cluster or aggregate in recognizable patterns in the same way that the symptoms of individual psychiatric disorders cluster in identifiable syndromes" (First, et al., 2002, p. 163). That is, can we demonstrate that there are "real" disorders appearing in marital clinics, family service clinics, and psychiatric outpatient clinics. Likewise, can we show that marital discord is different from the more common manifestations of "relationship distress" or "unhappiness" found in general community samples. And finally, can we show differential correlates and consequences for marital discord and marital distress? If we can do so, we will have profoundly advanced the intellectual basis of Family Therapy. In particular, we will have begun to create a coherent classification system that is a help rather than a hindrance to clinical practice and research.

### The Waite and Luo Study as Opportunity .

Reiss suggests that we consider a disorder present only when 1) there are clear, repeated and fixed patterns of painful and destructive patterns, 2) the patterns are long standing and not a response to a recent stressful event, 3) the patterns are unresponsive to naturally occurring resources in the social environment, and 4) there is clear evidence of a major impact on psychological functioning, physical health, social adaptation and/or occupational effectiveness in one or both partners. Viewed in light of Reiss' observations about the challenge confronting Family Psychology and the nature of disorders, the Waite and Luo study changes from being a fundamental challenge to the field into an important building block for the task confronting the field: distinguishing between marital distress and marital discord. Consider that Waite and Luo found evidence of considerable

spontaneous remission among distressed spouses. In the clinical literature there is no evidence of spontaneous remission among untreated, martially discordant controls. Waite and Luo found many people who stayed married five years despite being very unhappily married. In the clinical literature, once a couple has entered therapy, we do not expect them to stay together routinely for five years in the absence of a successful course of marital therapy. In the Waite and Luo study, overall, those who got divorces looked worse off across various measures of psychological health than those who stayed together. Parenthetically, if one focuses only on those who were unhappily married at time 1 and divorced at time 2 there was no decline on 11 of the 13 psychological health measures. From this perspective, the Waite findings are not as surprising as they initially appear to be. Nonetheless, in clinical populations we expect that people who stay in distressed marriages will tend to look worse on various symptoms over time and that people who get divorced will often look better off following divorce. Therefore, a tension remains between the Waite and Luo findings and the expectations we might have for couples seeking marital therapy.

### Reconciliation?

Taken at face value, the Waite and Luo study appears to provide an excellent foundation for postulating two distinct groups with different etiologies, different associated syndromes, and different prognosis. Those who are martially distressed but not martially discordant are in one group and those who are both distressed and martially discordant are in the other. If we can provide a convincing demonstration of the distinction between “marital distress” and “marital discord,” we will have an opportunity to take a great step forward intellectually and at the same time provide enhanced practical guidance for those who may be contemplating community level interventions. Relative to the martially discordant, those who are maritaly distressed may be more likely to show spontaneous remission of their distress and therefore they may be less likely to experience adverse health as a consequence of their marital distresss. The discordant, on the other hand may be more likely to manifest dissatisfaction in both partners, and be more likely to use physically aggressive behavior. As a consequence, they may be more likely to show spill over of their distress into other areas of the family or other roles.

### Summary

We certainly understand those who may decide to challenge the conclusion that marital therapy is unnecessary for most couples seeking therapy, but we hope an alternative is also clear. That alternative is to take seriously the possibility that Waite and Luo offer. Perhaps there is another large group of people in the general population who are suffering transient episodes of marital distress. This condition, marital distress, may be painful to the parties involved, and may have important, transient, implications for the functioning of the affected individual and perhaps for other roles and family members. At the same time, it may have a much better prognosis than the “marital discord” we are used to treating clinically. As marital therapy becomes increasingly “acceptable” and perhaps even “trendy” it would be good for us to be alert to the possibility that an increasing number of marital therapy clients may fall into this other category of “marital

distress." If so, we should be alert to the possibility that optimal treatment for the "distressed" may be different than optimal treatment for those with "marital discord." Likewise, for those of us interested in community based prevention efforts, we should be alert to the possibility that some distressed couples in the community are more like the "maritally discordant" couples seen in clinical settings. Again, making such distinctions may lead to better research as well as more effective interventions.