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BRIEF REPORT

Consensus and Relationship Distress Before and After a Brief Couples' Intervention

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Understanding how partners' perceptions of their relationships predict couple distress and treatment outcomes can inform relationship interventions, because consensus on pretreatment relationship concerns has previously been related to better treatment outcomes. However, whether consensus specifically about relationship concerns is beneficial, or whether consensus more generally (e.g., about couples' strengths) is also related to distress and treatment outcomes, is unknown. Therefore, to replicate and extend previous findings, the present study examined how 740 couples' consensus regarding their relationship strengths and concerns was associated with their relationship distress and satisfaction from pre- to postintervention after completing the Relationship Checkup (an adaptation of the Marriage Checkup). Couples who presented with greater initial consensus on relationship concerns were less likely to be clinically distressed pre- and postintervention. Broadly, there were similar significant gains in relationship satisfaction from pre- to postintervention regardless of couples' initial level of consensus on concerns. However, when distress was modeled categorically, couples with lower initial consensus on concerns showed greater improvement in distress levels than did those with higher consensus. There were no associations between partners' consensus on strengths and their distress or satisfaction pre- or postintervention. Results indicate that a brief integrative relationship intervention can decrease relationship distress, even for couples that present with very different opinions about their relationship concerns. Implications of brief and acceptance-based models in couple education and therapy are discussed.

Keywords: couples, brief therapy, relationship strengths and concerns, shared perceptions

Marriage has been described as a process of constructing a shared reality (Berger & Kellner, 1964). Partners' consensus about the state of their relationship can affect not only how satisfied they are but also how responsive they are to relationship interventions (Biesen & Doss, 2013). Although greater consensus on perceptions of the relationship may be optimal (Gaunt, 2006; Gonzaga, Campos, & Bradbury, 2007), many couples struggle to see their relationships from a shared perspective. In particular, partners who seek out couple therapy often begin with differing presenting concerns (Doss, Simpson, & Christensen, 2004), which can challenge the therapeutic alliance and decisions about the treatment course. However, few studies have considered the role of partners' pretreatment level of concerns consensus on their relationship distress and how it might predict intervention outcomes (for an exception, see Biesen & Doss, 2013). Moreover, the mechanisms underlying the importance of consensus for couples' outcomes are not clear. Exploring whether consensus matters on only certain relationship areas (e.g., presenting concerns) but not on others (e.g., positive aspects of the relationship) may shed light on these mechanisms. However, we know of no study to date that has considered how consensus on both problematic and positive aspects of the relationship may predict outcomes of an intervention. Thus, this study aimed to both replicate and extend Biesen and Doss's (2013) previous work on the association between couples' consensus level and treatment outcomes.

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Given the growing interest in strengthening couples' relationships through brief interventions (Hawkins & Ooms, 2012), it is important to examine how key characteristics of the couples' relationship prior to treatment may shape its efficacy (Rauer et al., 2014). Furthermore, it is critical to examine these issues in a sample of individuals with a broad range of economic backgrounds, because lower income couples are often underrepresented in this area (Bradbury & Lavner, 2012), despite their increased vulnerability to marital dissolution (Amato, Johnson, Booth, & Rogers, 2003). Accordingly, the current study examined how initial consensus in couples' relationship concerns and strengths predicted both concurrent and future relationship distress in a large, diverse sample of individuals participating in a brief relationship intervention.

The Role of Consensus in Relationship Distress

Broadly, shared perceptions appear to yield benefits for relationships (Gaunt, 2006; Levenson, Carstensen, & Gottman, 1993). However, romantic partners tend to show little consensus on their reasons for seeking relationship therapy (Doss et al., 2004). Less consensus on perception of events in the relationship might indicate greater distress (Jacobson & Moore, 1981), explaining why nonconsensus is prevalent in treatment-seeking couples. Dissenting views about presenting problems may also hinder partners' motivation to work toward a mutual goal in relationship therapy (Biesen & Doss, 2013). Indeed, in a study of 147 couples seeking marital therapy, Biesen and Doss (2013) found that couples' pretreatment consensus on self-reported presenting problems predicted greater engagement in the therapy process, adherence to treatment, and treatment outcomes for couples in a brief, problem-focused intervention. However, when the treatment provided was a longer integrative intervention, there was no association between initial consensus and therapeutic process or outcomes. Thus, it may be that consensus on presenting concerns benefits couples by fostering their motivation to work toward an identified issue that both partners consider a mutual problem, but this motivational model for the role of consensus may be more relevant for brief problem-focused interventions.

It is also possible that rather than conferring benefit by providing motivation to work on specific problems, shared perceptions benefit couples regardless of the topic. In this shared-perceptions model, partners' consensus on relationship strengths—the positive relationship qualities that partners feel good about—may be as beneficial as consensus on relationship concerns. However, some evidence suggests that lack of consensus on how much partners value specific areas of their relationship might not be uncommon or detrimental. For example, in a community sample of heterosexual, long-term married couples, satisfied partners had less consensus in reports of enjoyment of relationship activities than did dissatisfied partners (Levenson et al., 1993). Although enjoyment of relationship activities is not the same as relationship strengths, findings suggest that variation in what partners view as most enjoyable within their relationship may not be as important as are differences in how they view sources of conflict. Thus, relationship distress may be more closely related to partners' lack of consensus on relationships concerns, because it diminishes the drive to work on resolving those issues, than it is to partners' nonconsensus on relationship strengths, which does not require partners to work toward any resolution. These competing models of potential mechanisms underlying the role of consensus on relationship distress underscore the need to examine the effects of different types of consensus on couple functioning.

The Current Study

To explore how partners' consensus predicts couple distress and treatment outcomes, the current study aimed to replicate and extend prior findings from Biesen and Doss (2013) by examining how within-couple consensus on self-identified relationship concerns and strengths predicted clinical relationship distress from pre- to postintervention in a study that oversampled low-income couples. In contrast to Biesen and Doss's study, which compared the effects of a brief problem-focused intervention with those of a longer integrative intervention, the current study explored outcomes of an integrative intervention delivered in a brief format (Cordova et al., 2014). We had the following research questions and hypotheses:

Research Question 1: How is couple consensus on relationship concerns preintervention associated with presenting relationship distress and changes in distress from pre- to postintervention?

Hypothesis 1: Couples with greater preintervention concerns consensus should be less likely to present as clinically distressed.

Hypothesis 2: Given the integrative (i.e., not problem-focused) nature of this brief intervention (see Cordova et al., 2014), couples should experience similar levels of change in distress from pre- to postintervention regardless of their initial level of consensus on relationship concerns.

Research Question 2: How is couple consensus on relationship strengths preintervention associated with presenting relationship distress and changes in distress from pre- to postintervention? No specific predictions were made, because this was an exploratory question. Based on clinical observations of couples in the intervention and in accordance with the motivational model of consensus as suggested by Biesen and Doss (2013), consensus on relationship strengths might not be associated with distress or changes in distress from pre- to post-intervention. However, based on previous research that similar perceptions are beneficial (e.g., Gaunt, 2006), consensus on strength might also be associated with positive outcomes.

Method

Participants and Procedures

Couples were recruited as part of a brief, relationship intervention in the southeastern United States (for details see Gordon et al., 2019). To participate, partners had to be married or cohabiting, 18 years of age or older, and report no intimate partner violence. Each partner provided individual written consent before beginning the study. This study was approved by the authors' university Institu-

tional Review Board (IRB-14–08779 B-FB). Table 1 outlines the descriptive characteristics of the sample (N = 1,480) by gender.

Each partner completed a baseline questionnaire that assessed demographic and relationship information. Couples then participated in the Relationship Checkup (Gordon et al., 2019), an adaptation of the Marriage Checkup (Cordova et al., 2014; Morrill et al., 2011) delivered to committed cohabiting couples, either in the lab or in a home-visitation format if couples preferred (Gordon et al., 2019). The Relationship Checkup is a two-session strengths-based intervention in which each partner first discussed and expressed appreciation for their top relationship strength, before discussing each partner's top relationship concern, as the facilitator helped the couple understand these concerns and one another in more depth. In the second session, the facilitator helped the couple recognize their common relationships patterns and generate healthier ways to address them (for description of intervention strategies, see Cordova, 2014, and Gordon et al., 2019). One month after the intervention, couples were mailed a follow-up packet, analogous to the baseline questionnaire. Couples were paid $50 for completing the baseline measure and $50 for completing the 1-month measure. All participants completed a baseline questionnaire prior to the first session of the intervention. From there, 89% completed both sessions, and 65% completed the 1-month follow-up.

Measures

Demographic variables. Age, gender, income, education, relationship length, marital status, and number of children were self-reported by each partner in the written questionnaires.

Consensus on relationship strengths and concerns. The Relationship Checkup Questionnaire (RCQ; Cigrang et al., 2016; Cordova, 2014) was used at baseline to assess each partner's

Table 1
Characteristics of the Sample (N = 1,480)

Variable	Men (48.2%)		Women (51.8%)[a]	
	M (*SD*)	%	*M* (*SD*)	%
Relationship length in years[b]	9.4 (9.8)		9.0 (9.4)	
Baseline relationship satisfaction	57.15 (16.28)		53.89 (18.02)	
1-month relationship satisfaction	64.79 (14.79)		63.15 (17.24)	
Age (years)				
18–34		45.2		53.3
35–54		43.2		39.8
55 and older		10.9		6.5
Education				
Did not graduate from high school		12.2		12.1
High school degree or equivalent		32.8		30.4
Vocational–tech certificate–associate's degree		15.0		16.6
Bachelor's degree		15.3		17.5
Graduate degree		9.7		11.0
Employment status				
Full-time		50.4		28.7
Part-time		11.1		16.6
Retired		3.1		2.5
Student		2.7		7.8
Disabled		11.2		12.9
Unemployed		17.1		27.8
Household below the poverty line		25.2		25.3
Household below 200% of the poverty line		57.4		57.8
Individual income				
Less than $10,000		28.2		48.0
$10,000–$29,999		34.9		29.1
$30,000 or more		30.3		22.7
Race				
White		77.0		81.3
African American		17.5		14.2
Other		3.8		3.7
Married		40.4		42.4
One child or more living at home		57.4		57.2
Strengths consensus level (no. of agreements)				
None (0)		42.4		42.3
Low (1)		42.7		43.1
Moderate (2)		13.2		13.0
High (3)		1.7		1.6
Concerns consensus level (no. of agreements)				
None (0)		29.7		29.8
Low (1)		32.4		38.6
Moderate (2)		14.2		11.8
High (3)		2.1		1.4

[a] Same-sex couples constituted 6% of the total sample. [b] Range = 0–56 years.

perceptions of the top three relationship strengths and concerns. This questionnaire has a Relationship Strengths Section with 33 common strengths (e.g., *we are good friends; we tend to agree more than disagree when it comes to money issues*) and a Relationships Concerns Section with 45 common concerns (e.g., *we do not express our emotions in healthy ways; we are having issues with our sex life*), in which partners separately select their top three strengths and concerns from the provided list. Couples' responses on their top three strengths and concerns were coded individually by two research assistants into agreement variables: "no agreement" (zero agreements), "low agreement" (one agreement), "moderate agreement" (two agreements), or "high agreement" (agreement on all three). For example, when an item was present on both partners' lists of top three strengths or concerns (regardless of the order in which it was listed), it was counted as one agreement. Thus, when both partners had the same three items on their lists, they were coded as having high agreement. The two research assistants had no discrepancies about the coding.

Relationship distress. Relationship distress was measured using the 16-item Couples Satisfaction Index (CSI-16; Funk & Rogge, 2007; $\alpha = .98$). The measure assesses one's overall satisfaction with their relationship using a Likert scale. Total scores can range from 0 to 81, with higher values representing greater relationship satisfaction. To code relationship distress, we transformed the CSI-16 into a dichotomous variable based on Funk and Rogge's (2007) cutoff for clinical relationship distress: 1 = distressed (≤51.5), 0 = nondistressed (>51.5).

Analytic Strategy

To examine the association of concerns consensus on distress pre- to postintervention (two time points; Research Question 1), we tested two-level multilevel logistic regression models with a Bayes estimator in Mplus (Muthén & Muthén, 1998–2013) to have enough degrees of freedom to model random slope effects while accounting for the intercept effects, we modeled individuals (Level 1) nested within couples (Level 2). Couple attrition between time points is detailed in the larger study (Gordon et al., 2019). The demographic factors associated with attrition (poverty, racial−ethnic minority status, being unmarried, number of children), in addition to demographic factors associated with missing data on concerns consensus (being unmarried, older, unemployed, lower income, less educated, minority status) or strengths consensus (being older, unemployed, lower income, in a longer term relationship, less educated, minority status), and relationship distress (less educated, minority status) were included as control variables in the statistical models while using full information maximum likelihood to account for missing data. Control variables were included at appropriate levels: gender, education, age, and minority status at Level 1, and marital status, poverty, and total children at Level 2. Poverty was treated as a dichotomous variable (0 = below the poverty line; 1 = above the poverty line) and was calculated by considering each partner's individual self-reported income, the number of individuals the income supports (i.e., adults and children), and the 2016 poverty threshold. Last, to examine whether concerns consensus preintervention moderated change in distress over time, we regressed the slope onto the consensus variable of interest.

Results

Descriptive statistics are shown in Table 1. Most partners had no consensus (zero agreements; 42.4% men, 42.3% women) or low consensus (one agreement; 42.7% men, 43.1% women) on strengths and no consensus (29.7% men, 29.8% women) or low consensus (32.4% men, 38.6% women) on concerns. Because same-sex couples constituted 6% of the sample, we examined whether there were differences between same-sex and opposite sex couples on concerns and strengths consensus levels, as well as on baseline and 1-month satisfaction levels. No significant differences emerged.

Multilevel logistic regressions of concerns consensus revealed a significant slope (odds ratio [*OR*] = .16), indicating that, on average, the odds of being distressed decreased 84% from pre- to postintervention. The intercept for distress was also significant, indicating that 35% of individuals were distressed at baseline. For each additional agreement on concerns, the slope accelerated 62% and the odds of relationship distress were 75% lower at baseline. Figure 1 depicts the proportion of distress for each consensus group across the two time points. In this model, the slope and intercept were not significantly linked (see Table 2, Model 1).

In a similar way, for strengths consensus, there was a significant slope (*OR* = .45) and intercept (threshold = .76). However, strengths consensus was not significantly linked to the distress slope or intercept. In this model, the intercept was significantly linked to the slope, which indicated that for people who were distressed at baseline, their slope decelerated 88% in the odds of being distressed (see Table 2, Model 2).

Although we examined relationship distress dichotomously to replicate previous research (Biesen & Doss, 2013), we also recognize the value of continuous data. Thus, we subsequently examined how strengths and concerns consensus predicted change in relationship satisfaction when examined continuously to determine whether there is a similar effect outside the context of distressed versus nondistressed couples. To do this, we conducted two multilevel models identical to the ones detailed already; however, we included the continuous pre- to posttreatment relationship satisfaction variable instead of the dichotomous distress variable as our outcome.

For concerns consensus, results revealed a significant slope ($b = 8.31$), indicating that, on average, there was an 8.31 increase in relationship satisfaction from pre- to postintervention. Also, there was a significant intercept, indicating that the average score for baseline satisfaction was 42.37. Concerns consensus was significantly linked to baseline satisfaction, which indicated that for every additional agreement on concerns, baseline satisfaction increased 4.16 points. The slope was significantly linked ($r = -21.27$) to the intercept, indicating that for every 1 point increase in baseline satisfaction the slope decelerated 21.27 points (see Table 2, Model 3).

For strengths consensus, both the slope ($b = 6.63$) and the intercept ($b = 50.61$) were statistically significant. Strengths consensus was not significantly linked to either the slope or the intercept. However, the slope and the intercept were significantly linked ($r = -42.37$), indicating that for every 1 point increase in baseline satisfaction, the slope decelerated by 42.37 points (see Table 2, Model 4).

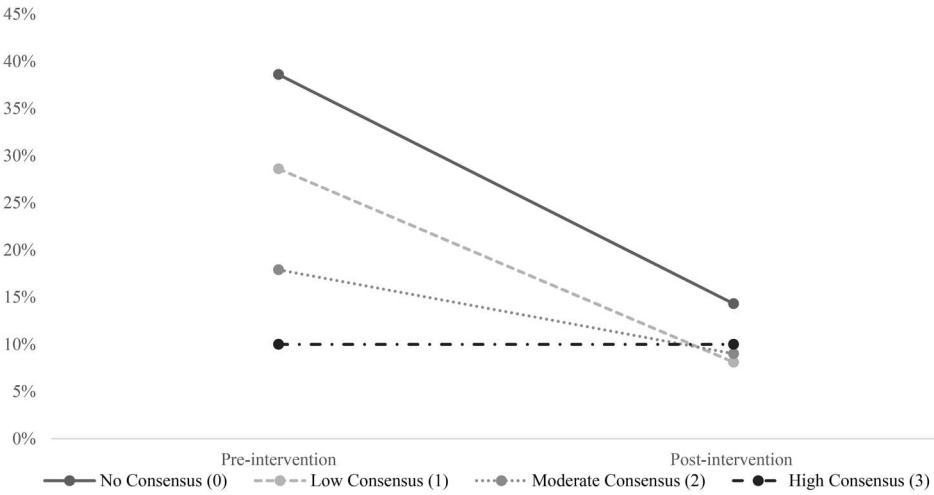

Figure 1. Percentage of couples in each preintervention level of concerns consensus presenting with clinical distress pre- and postintervention.

Discussion

Replicating previous findings about couple characteristics that may make specific interventions more or less effective is essential to inform future studies, as well as therapists' and couples' decisions about appropriate approaches to relationship treatment (Wood, Crane, Schaalje, & Law, 2005). The current study replicated previous research by Biesen and Doss (2013), investigating the association between pretreatment consensus in partners' self-reported relationships strengths and concerns and their relationship distress and satisfaction from pre- to postintervention after completing the Relationship Checkup. Findings indicate that couples with greater baseline consensus on relationship concerns were less likely to be distressed pre- and postintervention. Broadly, there were similar significant gains in relationship satisfaction from pre- to postintervention regardless of couples' initial level of consensus. However, when distress was modeled categorically, couples with lower initial consensus on concerns appeared to experience greater gains from pre- to postintervention than did couples with higher consensus. In contrast, neither distress nor satisfaction pre- or from pre- to postintervention was found to vary based on consensus on relationship strengths.

Why Consensus on Concerns and Strengths May Play Different Roles in Couple Distress

Findings are consistent with Hypothesis 1 and previous literature, suggesting that when partners have similar concerns about their relationship, they are less likely to be distressed (Gaunt, 2006; Levenson et al., 1993). Consensus on views of potential relationship concerns may indicate a stronger sense of mutual goals that lowers the likelihood of relationship conflict (Avivi, Laurenceau, & Carver, 2009). Consensus may also benefit the relationship by validating partners' concerns (Anderson, Keltner, & John, 2003) and, in clinically distressed couples, providing motivation for making relationship changes during problem-focused therapy (Biesen & Doss, 2013).

On the other hand, Hypothesis 2 was partially supported. In general, couples appeared to experience similar gains in satisfaction from pre- to postintervention regardless of their initial consensus level (see Table 2, Model 3). Although the initial dichotomous distress models suggested that couples with less consensus actually benefited more than did couples with higher consensus (see Table 2, Model 1), the proportion of couples with moderate or high consensus was small (see Table 1), and of those, few were initially clinically distressed (see Figure 1). Thus, these findings should be interpreted with caution, because the differences in treatment gains may reflect the fact that couples with higher consensus did not have much room for improvement. However, future studies could explore whether consensus moderates treatment gains uniquely within a specific threshold of relationship distress. Nevertheless, the current study provides evidence that consensus was not a pretreatment requirement for the effectiveness of this brief intervention, contrary to its role in problem-focused interventions (Biesen & Doss, 2013).

The integrative nature of this intervention may underlie the diminished role of pretreatment consensus on change observed in the current study. Presenting problems are conceptualized differently among treatment approaches, which might lead to either a focus on resolution of the problem at hand (such as problem-focused therapy) or on an emphasis on the role of acceptance (such as integrative behavioral couple therapy; Christensen et al., 2004). Integrative approaches appear to be particularly effective for couples that do not agree on presenting concerns (Biesen & Doss, 2013), because the format allows greater focus on developing and understanding presenting problems rather than on setting goals aimed at resolving them. The integrative intervention in this study shows promise for couples that disagree on presenting concerns but that may be able to participate in only a brief intervention. This implication is important, because the longer time commitment often required of integrative approaches might present a barrier to lower income couples (Adler-Baeder et al., 2010).

Table 2
Results of Multilevel Regressions for Consensus Predicting Relationship Distress and Satisfaction Over Time

	Model 1: Concerns consensus for dichotomous distress outcome			Model 2: Strengths consensus for dichotomous distress outcome			Model 3: Concerns consensus for continuous satisfaction outcome			Model 4: Strengths consensus for continuous satisfaction outcome		
Variable	*b* (*SE*)	95% CI	*OR*	*b* (*SE*)	95% CI	*OR*	*b* (*SE*)	95% CI	β	*b* (*SE*)	95% CI	β
Distress slope mean	−1.84 (.24)**	[−2.40, −1.29]	.16	−.80 (.19)**	[−1.17, −.42]	.45						
Distress intercept threshold	−1.78 (.42)*	[−2.60, −.96]		.76 (.37)*	[.05, 1.48]							
Consensus → Slope	.48 (.22)*	[.06, .91]	1.62	−.18 (.21)	[−.60, .23]	.84						
Consensus → Intercept	−1.39 (.35)**	[−2.08, −.70]	.25	.43 (.38)	[−.32, 1.17]	1.54						
Slope corr. intercept	.17 (.40)	[−.38, .73]	1.18	−2.15 (.53)**	[−3.18, −1.12]	.12						
Satisfaction slope mean							8.31 (.66)**	[6.89, 9.42]	3.39	6.63 (.78)**	[5.11, 8.15]	1.54
Satisfaction intercept mean							42.37 (1.38)**	[39.78, 45.20]	3.39	50.61 (1.47)**	[47.74, 53.43]	3.18
Consensus → Slope							−.41 (.57)	[−1.44, .73]	−.08	.87 (.73)	[−.54, 2.31]	.11
Consensus → Intercept							4.16 (1.20)**	[1.63, 6.41]	.16	−2.23 (1.36)	[−4.84, .48]	−.08
Slope corr. intercept							−21.27 (14.47)**	[−61.80, −7.83]	−.69	−42.37 (17.95)**	[−77.41, −9.45]	−.65

Note. Control variables are not included in the table to ease interpretation. *b* = unstandardized coefficient; *SE* = standard error; β = standardized coefficient; CI = confidence interval; *OR* = odds ratio; corr. = correlation.
* $p < .05$. ** $p < .01$.

Regarding level of consensus on relationships strengths (Research Question 2), we found no differences in distress or satisfaction levels, which suggests that agreement on concerns may be more indicative of overall relationship functioning. These findings support the motivational model of consensus, suggesting that for dissenting views about nonproblematic relationship areas that do not require partners to work together toward resolution, nonconsensus may have minimal impact. Moreover, couples tend to less frequently discuss what is going well in their relationship (e.g., no news is good news), whereas discussions about concerns occur more frequently because one or both partners desire change. Lack of communication about positive aspects also results in fewer opportunities to converge in perspectives of strengths, whereas engagement in conflict about the same problem(s) makes relationship concerns more salient and easier to recall. Alternatively, it may be that having both similar and dissimilar perceptions of relationship strengths could be beneficial; couples who agree may benefit from a sense of shared perceptions, whereas partners who identify different strengths may benefit from perceiving a wider array of positive qualities in the relationship. Couples' strengths have been less studied than have concerns, because the literature tends to focus on couples' struggles rather than their successes. However, because fostering positive aspects of relationships may enhance intervention outcomes (Rauer et al., 2014), future studies should continue exploring the role of partners' perceptions of strengths in relationship outcomes and how interventions may capitalize on such strengths.

Considerations and Conclusions

Bolstering our confidence in these findings was our large, diverse sample, which we examined both before and 1 month after the intervention. However, certain limitations of the study should also be noted. Because we report on only distress and satisfaction as outcome variables, conclusions about the mechanisms through which consensus may impact postintervention gains are limited. Future studies that explore whether consensus may be related to other clinical factors, such as treatment alliance[1] or dropout, present an excellent direction to further elucidate these mechanisms.

In conclusion, a shared reality between romantic partners may confer benefits to their relationship but may be especially important when it relates to vulnerabilities, such as those reflected in relationship concerns for distressed couples. Different perspectives on positive relationship qualities, on the other hand, do not appear to threaten satisfaction. Nonetheless, although consensus on concerns may indicate better relationship functioning, it does not appear to be a prerequisite for decreased distress over time. For couples presenting with low consensus that are unable to commit to longer therapies, nontraditional interventions that include integrative techniques in a brief format may be beneficial. Considering how couples' pretreatment characteristics impact the treatment process may assist therapists in selecting effective interventions, even amid contextual challenges and limited resources.

[1] We conducted a path analysis to test whether alliance to the facilitator mediated the relationship between consensus and postintervention distress, controlling for baseline distress, but did not find significant effects.

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