Recent increases in the availability of longitudinal data, combined with developments in analytical techniques and an upturn in interest in learning from longer-lasting couple relationships, have enabled researchers to gain a deeper understanding into the complexities of couple relationships. Factors underlying the complexity of couple relationships as they evolve over extended periods of time are likely to respond to prevention and early intervention strategies targeted at couples in the early stages of their relationships. An active engagement in behaviours that are supportive of the relationship is needed to maintain relationship stability—simply wanting the relationship to continue is not enough. Similarities between partners, and viewing partners through rose-coloured glasses, appears to support marital satisfaction, although there are some differences in this between men and women. Relationship quality has an impact on health in later life therefore investing in the quality of the couple relationship can be of benefit to health promotion and intervention strategies. Studies of newlyweds cannot be used to understand couples in longer-term relationships as the salience of some personality characteristics and behaviours appears to alter over time.
Throughout the 1990s there was an explosion in the volume of research seeking to understand the factors that impacted couple relationships. The identification of risk and protective factors for relationship satisfaction and stability opened up many avenues of research, which continue to be explored. Until recently, however, much of the research into lasting relationships came from “snapshot” studies that indicated the range of factors related to stability and satisfaction over relatively short periods. It is reasonable to assume that as time passes and partners and circumstances evolve, the factors contributing to the various aspects of relationships may also change.

The availability of longitudinal data sets stemming from those early studies and the growing interest in longer-term relationships has led to an increased motivation on the part of researchers to undertake analyses of participants in long-term relationships. Along with recent developments in analytic methods these shifts in focus are uncovering just how complex committed couple relationships are (Fincham & Beach, 2010). This paper presents a brief overview of recent findings from studies of couples in long-term relationships, with an eye to those aspects that are of value to practitioners working with couples in either an educative or therapeutic context.

Rationale and methodology

A previous paper sought to distil key contributory elements of long-lasting relationships from a number of largely qualitative studies in which spouses were extensively interviewed (Parker, 2002). Few of these types of in-depth qualitative studies exist but a small number of quantitative research projects initiated in the past two decades provide insight into couple relationships over time. Some of these studies respond to the growing interest in lasting relationships and have sought out relevant participants, that is, those in long-term relationships, particularly marriages.

A search of the recent research literature identified ten journal articles since 2004 that reported findings of studies of long-term couples (whether married or de facto). One was omitted due to quality concerns and three others were not directly focused on long-term couple relationships. Two articles reported on data collected across the 1980s and 1990s; although a distant timeframe they were retained because they were directly relevant to the topic. The period covered ranges from 2004 to 2013 with studies involving participants who have been in long-term relationships lasting 11 to 56 years.

Research findings

Findings from the nine studies reviewed for this paper are outlined below. The papers included address a range of aspects of couple relationships, including commitment, personality traits, transition to parenthood, health, and satisfaction and stability.

Commitment

Commitment has been a key focus of relationship research since the 1980s. Recent developments in how commitment is conceptualised has allowed for a more fine-grained understanding of its influence on relationship stability over and above its association with relationship satisfaction.

In the past it has been thought that some couples stay together even though they are unhappy because of their loyalty (sentiment and devotion) and allegiance (sense of duty or obligation to their partner or the relationship). Schoebi, Karney and Bradbury (2012) suggested that loyalty and allegiance do not always translate into actual behaviours aimed at maintaining the relationship. Commitment, they hypothesise, can comprise a desire for the relationship to persist (a construct closely related to relationship satisfaction) and an inclination to engage in behaviours that support the relationship. Partners need to demonstrate a certain level of engagement in supportive behaviours to prevent erosion of the relationship. The key finding in their study is that, regardless of how satisfied the

---

1 The terms “relationship satisfaction”, “marital satisfaction”, “couple satisfaction” and “marital happiness” are similar constructs and used interchangeably in this paper, depending on the terminology used in the literature.
partners are or their desire for the relationship to continue, inclination to engage in relationship-supportive behaviours is a key element in a relationship, with a higher risk of eventual dissolution (measured by the steps taken towards ending the relationship) being found for couples where one partner was less inclined to engage in efforts to maintain the relationship (e.g., making sacrifices, apologising, asking about their partner’s feelings, tackling issues). It is also instrumental in how wives, but not husbands, engage in problem-solving interactions, with those wives with greater inclination to engage in supportive behaviours also likely to exhibit more constructive problem-solving methods. In contrast, husbands’ behaviour in problem-solving tasks was associated with their relationship satisfaction, with more constructive behaviours demonstrated by those with greater satisfaction. These findings are consistent with other recent research indicating that addressing difficult issues in the short term will be beneficial to the couple in the long run, whereas not making the effort to maintain the relationship can guide it closer to the brink of dissolution (see e.g., McNulty, O’Mara, & Karney, 2008).

**Personality traits**

Relationships research has consistently found that the personality trait of neuroticism has a strong negative impact on relationship satisfaction (e.g., Karney & Bradbury, 1995b). However, it has been pointed out that this association is based on studies of newlywed and dating couples, and there are questions about how well findings can be generalised from newlyweds or those married just a few years to older long-term couples (married or otherwise).

O’Rourke, Claxton, Chou, Smith, and Hadjistavropoulous (2011) examined the question of whether the relationship between personality and marital satisfaction is different among older couples. They considered whether and how the Big Five personality traits (neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness; Costa & McRae, 1992; see Box 1 for a brief description) of 125 older couples was related to their marital satisfaction. Participants rated their own as well as their partner’s personality, with the discrepancies between the partners’ scores also forming part of the analysis. Two articles reported on their findings, which are summarised below.

In contrast to earlier research, Claxton, O’Rourke, Smith and DeLongis (2011) found that the traits other than neuroticism were related to relationship satisfaction. They calculated a value representing the mean of the self- and partner-reports on each trait to test whether and which traits were related to marital satisfaction. Using this *intra-couple trait average* they found that relatively higher levels of conscientiousness were related to higher marital satisfaction for husbands and wives, while relatively higher levels of neuroticism were related to lower satisfaction only for husbands. The authors also calculated a *positive discrepancy* variable based on the difference between the participant’s own ratings and their partner’s ratings of each trait. For all five traits, where the husbands’ ratings of wives traits were more favourable than the wives’ ratings of themselves, husbands were more satisfied. This relationship held for wives’ ratings of their husbands for all traits except openness to experience. The striking result in this study, however, is the importance of the positivity of the differences between partners’ ratings of themselves and each other. Wives were happier when there was a positive discrepancy between their own and their husbands’ ratings of them on neuroticism, openness to experience, agreeableness, and conscientiousness, but satisfaction for husbands was related only to a positive discrepancy between their own and their wives’ ratings of husbands’ neuroticism and agreeableness. It would appear that those rose-coloured glasses are indeed good for relationships, at least to some degree—individual partners feel happier when their spouse or partner has a “shinier” view of them than they have of themselves.

In a separate paper (O’Rourke et al., 2011), levels of extraversion were reported as related to both spouses’ marital satisfaction. The benefits of similarity of partners, at least in terms of personality traits, were further supported. Where spousal reports of openness to experience were similar, husbands were likely to be more satisfied in the relationship, and wives were more likely to be happy when there was similarity between their own and the partner’s agreeableness. The positivity bias found by Claxton et al. was not apparent here.

In summary, while research with younger couples is clear on the link between neuroticism and relationship satisfaction, these two papers suggest those findings may not be applicable to older,
long-married couples. Notwithstanding the potential influence of cohort effects and self-selection, it may be that over time the behaviours and characteristics of the trait of neuroticism become less salient, and differences on other traits more salient, to the couple. Further longitudinal work is needed to clarify how personality affects couple relationships over the life course.

**Box 1: Personality traits**

Personality theorists trying to capture the significant ways people are different in their personalities have consistently and independently identified the same five basic dimensions (Bradbury & Karney, 2010; Buss, McCrae, 1992). Five factor models of personality organise personality traits into five dimensions that can be thought of as broad domains, incorporating hundreds, if not thousands, of personality traits (Goldberg, 1993). The model of personality referred to in the O’Rourke et al. (2011) and Claxton et al. (2011) articles is known as the Big Five personality traits, measured by the NEO Personality Inventory. The five dimensions are:

- **Neuroticism**: includes traits such as nervousness, moodiness and temperamentality;
- **Extraversion**: traits range from talkativeness and assertiveness to silence and passivity;
- **Openness to experience, or Intellect**: contrasts traits such as imagination and curiosity with shallowness and imperceptiveness;
- **Agreeableness**: contrasts traits such as kindness and trust with hostility and selfishness; and
- **Conscientiousness**: traits range from organisation and thoroughness to carelessness and negligence (Goldberg, 1993; Digman, 1997; Digman, 1990).

**Transitioning to parenthood**

A couple’s journey is marked by a number of challenges, not least of which is the birth of their first child. This would suggest that the transition to parenthood would be a critical time in the long-term pathway of couple satisfaction and stability, however it has not attracted a great deal of high quality, long-term research that can shed light on how satisfaction changes through parenthood.

It is accepted that parenthood brings many challenges and satisfaction declines over time for many couples (Twenge, Campbell, & Foster, 2003). Research suggests that couple relationships are more stable when initial relationship satisfaction is higher, at least over a four-year period (Karney & Bradbury, 1995a). There is also general agreement that partners’ relationship satisfaction declines particularly during their child’s teenage years, but this may not impact on the stability of the relationship itself.

Hirschberger, Srivastava, Marsh, Cowan, and Cowan (2009) attempted to redress some of the gaps in this research by following two cohorts of parents to examine (a) how satisfaction declines over time and (b) the role that attachment security may play in declining satisfaction and/or the breakdown of the relationship. Their design made use of two groups of couples (Cohort 1, n = 81 couples; Cohort 2, n = 96 couples), examining levels of and changes in relationship satisfaction over a 15-year timeframe that included the transition to school of their first child.

Secure attachment to one’s partner/spouse (see Box 2 for a description of attachment styles and their use in research on adult attachment relationships) is consistently found to be associated with greater relationship satisfaction but little of the research in this domain is longitudinal. This leaves questions about the potential buffering effect of attachment security or whether satisfaction declines for securely attached partners just as it does for those insecurely attached. Hirschberger et al. (2009) acknowledged that attachment security may actually be an element of relationship satisfaction, however their research suggested that while there was an overlap, there was sufficient independence to recommend that both attachment security and relationship satisfaction are required when considering the trajectories of relationships. As others have found, Hirschberger et al. demonstrated that not only does a securely attached partner feel satisfied with their relationship, their partner also feels satisfied, relative to other less securely attached individuals. Attachment security does not,
When their results are considered in the context of previous research, Hirschberger et al. suggest that it is possible that having a more secure attachment orientation may help to cope with the challenges encountered in married life and prevent distress levels reaching a critical point. However, partners who have a relatively secure attachment are not immune from becoming unhappy in their relationship. Further, attachment security can vary over time, hence more longitudinal research is required to enhance understanding of the long-term dynamic associations among attachment, relationship satisfaction and stability.

Box 2: Attachment and adult romantic relationships

Originating in the field of psychoanalysis, attachment theory was formulated to explain patterns of behaviour evident in infants, young children, adolescents and adults. Observations of how infants and young children respond when separated from their primary caregiver were influential in the formulation of the theory (Bowlby, 1988). The phases of anxiety and protest, despair, and detachment, were isolated by Bowlby (1979) as typical responses displayed by infants in order to elicit proximity to their caregiver. Repetition of these interactions leads to the infant developing a pattern of attachment that is based on their expectations of the responsiveness and dependability of the caregiver (Kirkpatrick & Hazan, 1994). These patterns of attachment behaviour (or orientations) were identified as secure, anxious-ambivalent and avoidant by Ainsworth, Blehar, Waters and Wall in 1978 (Rholes, Simpson, & Stevens, 1998; Bowlby, 1988) and are believed to “characterise human beings from the cradle to the grave” (Bowlby, 1979, p. 129).

Attachment theory has more recently been applied to the study of adult romantic relationships to help better understand how relationships evolve (Hirschberger et al, 2009). Hazan and Shaver (1987, p. 511) suggested that romantic love is itself “an attachment process (a process of becoming attached) experienced somewhat differently by different people because of variations in their attachment histories”. Attachment styles have been shown to be “reliably and meaningfully related to many aspects of adult relationships” (Kirkpatrick & Hazan, 1994, p. 124), and can be helpful in understanding differences in how adults experience relationships (Kirkpatrick & Hazan, 1994). Expressed in the context of adult relationships, attachment styles can be considered across two dimensions: “attachment-related anxiety” and “attachment-related avoidance” (Fraley, 2010). How people are rated on these dimensions (from low avoidance and anxiety to high avoidance and anxiety) places them into four categories, or styles, of attachment:

- Secure: characterised by a feeling of worthiness or lovability, and a belief that other people will be generally accepting and responsive;
- Preoccupied: characterised by a feeling of unworthiness or unlovability that, combined with a positive evaluation of other people, leads to the person striving for self-acceptance through achieving acceptance from others;
- Fearful-Avoidant: characterised by a feeling of unworthiness or unlovability that, combined with a negative evaluation of other people, leads to the person avoiding close involvement with others in order to protect themselves from anticipated rejection; and
- Dismissive-Avoidant: characterised by a feeling of love-worthiness that, combined with a negative disposition towards others, leads to the person avoiding close relationships and maintaining their independence to protect themselves from disappointment (Bartholomew & Horowitz, 1991).

For more information on adult attachment see Fraley 2010: <internal.psychology.illinois.edu/~rcfraley/attachment.htm>.
Health

A considerable evidence base has accumulated documenting the relationship between health and marital quality, for example that better health is associated with being in a satisfying marriage (Holt-Lundstad, Birmingham & Jones, 2008). Data spanning several years has showed that as relationship experiences became more negative and less positive over time, self-reported health declined (Umberson, Williams, Powers, Lui, & Needham, 2006). The authors point out that these and other similar findings indicate that the couple relationship impacts health but the findings do not shed light on the question about the effects of changes in physical health on the couple relationship.

Previous research had only been able to test unidirectional relationships but not whether partners' self-reported health predicted, or was predicted by, marital happiness or marital problems. Findings relating to the impact of health on marital quality have been inconsistent, and there have been no studies of how changes in each may co-occur. Taking a doubly developmental approach (Kurdek, 1998), Proulx and Snyder-Rivas (2013) suggested that changes in each construct occur in both directions and each influences the other: marital quality can influence both current health and changes in health, and changes in health can prompt changes in the relationship perhaps through changes in roles, power, activities, energy, finances, etc. Developments in statistical techniques allowed Proulx and Snyder-Rivas (2013) to assess the nature of the relationship between health, marital happiness and marital problems, which could be expected to change as the relationship evolves over significant periods.

Drawing on a national sample of continuously married adults who provided data throughout the 1980s and 1990s, Proulx and Snyder-Rivas (2013) analysed data on marital happiness, marital problems and self-rated health from 707 participants (average length of marriage was 33.1 years). Higher marital happiness in earlier waves of the study was associated with better health in later waves, but earlier health was not linked to later marital quality. Nor were changes in marital problems associated with health over time. These latter findings raise a number of questions, some of which may be explained by the limitations of the study such as self-selection (those with significant problems left the sample through separation or divorce), the use of self-report, individual data, or measuring only subjective health (not objectively measuring chronic illness or behaviours such as smoking, for instance). Nonetheless, being able to demonstrate the association between the quality of a relationship and subsequent health using data gathered across an extended period is a significant achievement.

From a practitioner perspective, the findings suggest that aspects of an individual’s relationship could be engaged to support health-related activities or interventions. For instance, through community campaigns promoting the value of strong couple relationships to partners’ health and the support of programs that strengthen couple relationships in the early years as a way of underpinning better health in later life.

Relationship satisfaction

The Denver Family Project, conducted through the 1980s and 1990s aimed to determine whether couples who remained satisfied, became distressed, or divorced could be identified by their scores on a range of demographic and interaction factors. By collecting both self-report and observational data at multiple points the researchers tried to address the limitations of other studies that used only self-report and demographic information from one partner over short periods.

Clements, Stanley and Markman (2004) analysed data from couples participating in the project who had been followed for 13 years. Their analysis showed that the way that partners interact at the very beginning of their marriage, that is, the intensity of problems, negative communication patterns and invalidation of emotions, sets the couple up for a gradual erosion of positivity across the life of the relationship. These factors, which could reliably discriminate between couples who were together and happy, were together but distressed, and were divorced, are amenable to educative interventions and thus appropriate targets for practitioners working with couples in either primary or secondary intervention settings.
Although their studies were based on longitudinal data, the age of the data analysed by Proulx and Snyder-Rivas and Clements et al. may give pause to attempts to apply the findings to current relationships. Given the emphasis now on the social and relational context in which relationships unfold (Fincham & Beach, 2010) one may wonder whether the findings can be generalised from couples forming and maintaining relationships across the 1980s and 1990s. However, as the complexities of modern relationships are further revealed through current methods and techniques, the factors contributing to long-lasting relationships identified in earlier research serve as a touchstone for new understandings.

Summary and key messages

There appears to be four key messages to take away from these studies.

The first is that simply wanting a relationship to continue is insufficient—active engagement in behaviours that support the relationship is needed in order to maintain its stability. For women this engagement is reflected in constructive approaches to solving relationship problems, however, for men constructive problem solving is related to being more satisfied with the relationship. Second, partner similarity and viewing partners through rose-coloured glasses appear to underpin marital satisfaction, although in different ways for women and men. Third, the nature of pre- and early-marriage interactions and men’s satisfaction with the relationship across the transition to parenthood can influence the long-term stability of the relationship. Fourth, the quality of the relationship has impacts on health in later life, so attending to the relationship throughout the life course is an important task, and it can be drawn on as a source of support for health promotion and intervention.

Fortunately the factors identified in these studies are largely dynamic factors amenable to prevention and early intervention activities such as relationship education and skills training. In their various forms, relationship education programs aim to help couples committing to a life together (whether married or de facto) build a strong foundation of awareness and understanding—of themselves and each other, and of the patterns of communication and conflict that will define their relationship in the long term. These programs encourage an intentional view of relationship dynamics and equip couples with knowledge and skills that will help to reinforce that foundation and help support the long-term stability of the relationship, through the transitions and challenges of becoming parents and ageing.

Further, couples in long-term relationships cannot be understood by referring to studies of newlyweds as the salience of some personality characteristics and behaviours appears to change over time as partners adapt to challenges and experiences.

The recent upturn in interest in what can be learned from longer-lasting couple relationships, the availability of longitudinal data, and developments in analytical techniques have allowed researchers to reveal more of the complexity of couple relationships as they unfold over extended periods. In large part, the factors underlying that complexity are those that are likely to respond to prevention and early intervention efforts to build stronger relationships in the early stages, suggesting that giving couples the knowledge and resources early in the relationship life course may help them to avoid and/or withstand the stresses that can erode satisfaction and stability in the long term.

Robyn Parker is a Senior Manager, Research and Evaluation at Interrelate Family Centres. Joanne Commerford is a Research Officer, Child Family Community Australia (CFCA) information exchange at the Australian Institute of Family Studies.

Acknowledgements: The authors wish to acknowledge the valuable contribution of Linden Green, Senior Manager, Clinical Services at Interrelate Family Centres.

References

