The Relationship Quality Interview: Evidence of Reliability, Convergent and Divergent Validity, and Incremental Utility

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Relationship satisfaction and adjustment have been the target outcome variables for almost all couple research and therapies. In contrast, far less attention has been paid to the assessment of relationship quality. The present study introduces the Relationship Quality Interview (RQI), a semi-structured, behaviorally anchored individual interview. The RQI was designed to provide a more objective assessment of relationship quality as a dynamic, dyadic construct across 5 dimensions: (a) quality of emotional intimacy in the relationship, (b) quality of the couple’s sexual relationship, (c) quality of support transactions in the relationship, (d) quality of the couple’s ability to share power in the relationship, and (e) quality of conflict/problem-solving interactions in the relationship. Psychometric properties of RQI ratings were examined through scores obtained from self-report questionnaires and behavioral observation data collected cross-sectionally from a sample of 91 dating participants and longitudinally from a sample of 101 married couples. RQI ratings demonstrated strong reliability (internal consistency, interrater agreement, interpartner agreement, and correlations among scales), convergent validity (correlations between RQI scale ratings and questionnaire scores assessing similar domains of relationship quality), and divergent validity (correlations between RQI scale ratings and (a) behavioral observation codes assessing related constructs, (b) global relationship satisfaction scores, and (c) scores on individual difference measures of related constructs). Clinical implications of the RQI for improving couple assessment and interventions are discussed.

Keywords: relationship quality, interview, couple therapy, couple assessment

Over the past 60 years, relationship adjustment and satisfaction have been the target outcomes for almost all couple research and therapies. However, there has also been considerable confusion over the differences among the terms relationship satisfaction, adjustment, and quality. Relationship satisfaction refers to global sentiment or happiness as a unitary construct. Relationship adjustment is broader in scope and includes satisfaction and a consideration of dyadic processes, such as conflict. Relationship quality refers to dyadic processes alone, such as the quality of a couple’s conflict management skills, supportive transactions, sexual relations, or emotional intimacy (see Snyder, Heyman, & Haynes, 2005, for a detailed discussion). Researchers and clinicians typically assess relationship adjustment with omnibus self-report questionnaires in which partners evaluate multiple aspects of their relationships, such as global sentiment, degree of conflict, and sexual relations (e.g., the Marital Adjustment Test, Locke & Wallace, 1959; the Dyadic Adjustment Scale, Spanier, 1976). Relationship satisfaction is measured with shorter, unidimensional...
questionnaires of global sentiment (e.g., the Quality of Marriage Index, Norton, 1983; the Kansas Marital Satisfaction Scale, Schumm et al., 1986). More recently, there has been a move toward developing multidimensional approaches to assessing relationship adjustment (e.g., the Marital Satisfaction Inventory—Revised, Snyder & Aikman, 1999; the Premarital Personal and Relationship Evaluation, Olsen, Fournier, & Druckman, 1996; the Facilitating Open Couple Communication, Understanding, and Study, Markey & Micheleto, 1997; the Relationship Evaluation, Busby, Holman, & Taniguchi, 2001) and relationship satisfaction (e.g., the Positive and Negative Quality in Marriage Scale, Fincham & Linfield, 1997).

In contrast with the wealth of attention paid to the assessment of relationship adjustment and satisfaction, far less attention has been paid to the assessment of relationship quality. Existing measures of relationship adjustment capture certain aspects of relationship quality (e.g., problem-solving/conflict management strategies); however, they do not measure relationship quality specifically. Indeed, factors that influence relationship quality are often included in measures of relationship adjustment (e.g., family of origin factors, quality of the transition to parenthood). Researchers who have focused exclusively on relationship quality have examined only certain dimensions of this construct (e.g., conflict management) to the exclusion of others (e.g., emotional intimacy, quality of a couple’s sexual relationship), overlooking the multidimensional nature of relationship quality. In summary, existing measures of relationship quality are either conceptually confounded or narrow in scope, and a more valid and reliable measure of relationship quality is necessary. The goal of the present study was to develop and validate such a measure.

### Potential Methods of Assessing Relationship Quality

Before beginning to develop a new measure of relationship quality, we sought to determine the best method of assessment to use. Couple researchers and clinicians have long relied on self-report questionnaires to assess relationship satisfaction, adjustment, and quality. Unfortunately, questionnaires are vulnerable to biases, such as social desirability (Kluemper, 2008), depressed mood and cognitions (e.g., Raselli & Broderick, 2007), memory biases in retrospective reports (Karney & Frye, 2002), and cognitive dissonance (McNulty, O’Mara, & Karney, 2008). Behavioral observation tasks were developed in part to address these problems, and our ability to understand couple processes improved as a result. However, observational methods are costly, time consuming, and less likely to be widely adopted by clinicians. Moreover, standardized, psychometrically sound interaction protocols require established coding systems, and there is no established network at the present time that can readily and conveniently code these interactions and provide results in a timely manner. In summary, although an important methodological development in couple research, behavioral observation tasks are unlikely to become standardized assessment tools among couple therapists.

Outside of the close relationships literature, clinical interviews are often used to gather reliable and valid information. For example, the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders (First, Gibbon, Spitzer, & Williams, 1997) is a standardized interview for assessing Axis I disorders, and the Adult Attachment Interview (George, Kaplan, & Main, 1985) is routinely used by researchers studying attachment processes. There is also emerging interest in developing semistructured interviews to assess relationship satisfaction and quality in couple research, as clinical interviews would offer several advantages over the use of behavioral observation data. First, clinical interviews allow the interviewer to consider partners’ perceptions when evaluating the relationship while omitting many of the biases inherent in self-reports (e.g., Morrison & Hunt, 1996). Second, interviews allow for a more global perception of dyadic processes as opposed to behavioral observation data, which provide a snapshot of a particular type of interaction. Third, once an interviewer is trained to reliably score an interview, administering and coding clinical interviews is typically faster and less expensive than coding behavioral observation data. Fourth, clinical interviews are more likely to be embraced by clinicians than are behavioral observation methods, helping to bridge the gap between couple researchers and clinicians.

There have been isolated efforts to develop and validate structured interviews for couple research and therapy. For example, the Structured Diagnostic Interview for Marital Distress and Partner Aggression (Heyman, Feldbau-Kohn, Ehrensaft, Langhinrichsen-Rohling, & O’Leary, 2001) allows researchers and clinicians to reliably and validly diagnose couples’ relationship satisfaction/distress and physical aggression. The content of the interview is similar to that of the Dyadic Adjustment Scale (Spanier, 1976) and the Conflict Tactics Scales (Straus, Hamby, Boney-McCoy, & Sugarman, 1996), and the format is similar to that of the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders (First et al., 1997). However, no interview exists to assess the multidimensional construct of relationship quality.

### The Relationship Quality Interview (RQI) and Dimensions of Relationship Quality

The RQI was designed to provide an interview-based approach to quantifying important dimensions of relationship quality. Interviewer ratings of couple functioning are made for each domain on the basis of semistructured, behaviorally anchored individual interviews with both partners of a dyad to control for the possibility that self-reports of relationship functioning are unduly influenced by factors such as global relationship satisfaction, depression, or social desirability. The use of interviewer ratings—as opposed to partner ratings—also allowed us to control for the possibility that couples in the early stages of their relationships (e.g., dating or newly married couples) might experience cognitive dissonance when discussing potential problems in their relationships, which might influence their perceptions of the quality of various domains of relationship functioning.

Our aim in the present study was to comprehensively examine the dimensions of relationship quality that influence the longitudinal course of relationship satisfaction and stability. As such, after an exhaustive review of the close relationships literature across multiple disciplines (e.g., social and clinical psychology, communication studies, family studies, women’s studies, sociology), we identified five dimensions of relationship quality, operationalized as follows:

- **Quality of emotional intimacy in the relationship (intimacy):**
  This dimension includes feelings of trust and closeness (an
Overall mutual sense of closeness, warmth, affection, and interdependence; mutual comfort confiding in and being emotionally vulnerable with each other; comfort being oneself with partner; quality of self-disclosure transactions across a variety of topics; quality of the couple’s friendship; and demonstrations of love and affection (including verbal and physical expressions of love).

- **Quality of the couple’s sexual relationship (sex):** This dimension includes frequency of sexual activity; symmetry or asymmetry in and preferences for initiation of and engagement in sexual activities; sexual satisfaction during the arousal and orgasm phases of the sexual response cycle; negative emotions (e.g., fear, disgust) during or after sexual activity; sexual difficulties or concerns; and frequency and quality of sensual behaviors (e.g., touching, hugging, cuddling, massage) with and without sexual activity.

- **Quality of support transactions in the relationship (support):** This dimension includes quality of support when one partner has had a bad day, is feeling down, or has a problem; types of support (emotional, tangible, informational, and esteem); match between desired and received levels of support; whether support is offered in a positive or negative manner; mutuality of support provided and received across both partners; and adequacy of support across a variety of situations and contexts.

- **Quality of the couple’s ability to share power in the relationship (power):** This dimension includes respect for each other as competent, independent adults; acceptance of and positive regard for each other, even during disagreements; symmetry or asymmetry in decision-making power across a variety of areas; power over division of responsibilities; and the couple’s ability to negotiate power across a variety of areas (e.g., scheduling one’s own day, controlling money, contact with friends and family).

- **Quality of conflict/problem-solving interactions in the relationship (conflict):** This dimension includes typical frequency and length of major and minor arguments; typical behaviors engaged in during conflicts; presence, level and severity of psychological and physical aggression or withdrawal during arguments; emotions and behaviors before, during, and after arguments; and quality/mutuality of conflict recovery strategies after an argument.

See Appendices A and B for more detailed descriptions of each domain, and see Lawrence et al. (2008) for a detailed review of the literature relevant to our decisions to include each of these five dimensions of relationship quality.

The overwhelming majority of research in the close relationships field has been focused on the quality of a couple’s ability to solve problems and conflicts. Relationship conflict has been targeted in theories of intimate relationships (e.g., Christensen & Walczyński, 1997), observational and other basic research (e.g., Weiss & Heyman, 1990), and the majority of existing psychological interventions for couple distress (e.g., behavioral marital therapy, Jacobson & Holtzworth-Munroe, 1986; the Prevention and Relationship Enhancement Program, Floyd, Markman, Kelly, Blumberg, & Stanley, 1995). However, within the past 2 decades, there has been an increase in attention to the role of partner support as an adaptive dyadic process (e.g., Neff & Karney, 2005; Pasch & Bradbury, 1998). Other researchers have focused specifically on emotional intimacy (e.g., Cordova, Gee, & Warren, 2005; Lawrence, Barnett, & Rovine, 2005), the quality of a couple’s sexual relationship (e.g., Henderson-King & Veroff, 1994), or the quality of power and control in a relationship (e.g., Ehresmann, Laughlin-Richeson-Rohling, Heyman, O’Leary, & Lawrence, 1999; Whisman & Jacobson, 1990). We know of only one study in which multiple dimensions of relationship quality were examined (Schramm, Marshall, Harris, & Lee, 2005).

In summary, the existing literature suggests that there are multiple aspects of relationship quality. However, when relationship quality is examined, researchers typically examine only one or two dimensions per sample, which presumably grossly underestimates the complexity of relationship quality. Moreover, many of these studies did not statistically examine sex differences in relationship quality, which may have led to an incomplete, skewed, or inaccurate conceptualization of intimate relationships. Further, existing measures assess properties of one (e.g., spousal perceptions of received support) or both individuals (e.g., participants report on both partners’ physically aggressive tactics in the past 6 months). In contrast, the RQI is designed to assess properties of the dyad directly, as perceived by both partners and the interviewer. This literature has also suffered from methodological limitations, including measurement issues, such as the use of self-report measures that are often influenced by social desirability and cognitive dissonance, shared method variance, retrospective data, heterogeneous samples, and cross-sectional designs. By developing the RQI, we sought to overcome these limitations and provide a novel way to assess the multiple dimensions of relationship quality.

**Overview of the Present Study**

Our goal was to develop a semistructured interview that can be administered individually to partners to assess their relationship quality across multiple dimensions. The RQI is the only assessment tool that measures the properties of the dyad (rather than one or both partners as individuals) and that yields ratings based on a consideration of the perspectives of both partners and a third party outside of the relationship being assessed (and, thus, presumably more objective). We envision the RQI serving as an assessment tool prior to disseminating early intervention programs (i.e., targeted intervention or secondary prevention programs) for couples. The first aim of the present study was to provide preliminary evidence for the reliability and validity of RQI ratings in our target populations of young relationships—dating and newly married couples. To assess the reliability of RQI ratings, we examined agreement on ratings based on husband versus wife interviews, interrater reliability, and the associations among ratings across RQI scales. To assess convergent and divergent validity, we examined the extent to which ratings across RQI scales correlated with data on similar dyadic processes collected through self-report questionnaires and behavioral observations. We expected correlations between RQI ratings and scores obtained from questionnaires...
and between RQI ratings and codes derived from behavioral ob-
servations to generally be low. First, our assertion is that we have
operationalized each domain of relationship quality in a way that
more fully captures the construct compared with existing question-
naires and behavioral observation techniques. That is, RQI scale
ratings were expected to demonstrate better general construct
validity than existing measures. Consequently, we did not expect
RQI scores to correlate highly with scores obtained from measures
demonstrating weaker construct validity. Second, the RQI is the
first interview of relationship quality; therefore, we cannot exam-
ine convergent validity of the RQI ratings by comparing them with
scores on an existing interview. Thus, we compared RQI ratings to
scores obtained from measures of similar constructs assessed with
different methods, and this method variance was expected to
generate lower correlations than would be generated if the method
was the same and only our constructs differed. Finally, to assess
divergent validity, we examined the associations between RQI
ratings and scores obtained from questionnaires assessing individ-
ual differences in similar constructs. For example, we examined
associations between RQI Emotional Intimacy scale ratings to
scores on measures of trait detachment, trait mistrust, and avoidant
attachment styles. We also assessed divergent validity by exam-
inng the associations between RQI ratings and scores obtained
from global measures of relationship satisfaction to determine
whether our assessment of domain-specific relationship quality
was distinct from global satisfaction.

The second aim of this study was to examine the generalizability
of RQI ratings in two ways. First, we examined the psychometric
properties of ratings made on the basis of interviews with men and
women. Second, we hypothesized that RQI ratings would demon-
strate reliability, validity, and incremental utility across marital
and dating relationships. Our review of the relationship quality
literature focused primarily on marital quality. However, as the
proportion of couples who cohabit and/or date for several years
prior to marriage increases, greater attention is being given to the
study of premarital relationships (e.g., Stanley, Rhoades, & Mark-
man, 2006). Additionally, it has been suggested that patterns that
develop early in relationships (i.e., even before marriage) are
important for individual and dyadic outcomes (Cutrona, Russell, &
Gardner, 2005). Thus, patterns of relationship quality that emerge
during courtship likely impact individual and relationship func-
tioning. Despite this potential importance, little work has ad-
ressed whether relationship quality functions similarly in dating
and marital relationships.

The third aim of this study was to examine the utility of RQI
ratings to assess risk of relationship distress over and above scores
obtained from existing self-report and behavioral observation
methods. In addition to our assertions that a clinical interview
would be more user friendly for clinicians and would provide a
better measure of the constructs of interest (compared with exist-
ing self-report questionnaires and behavioral observational tech-
niques), we also expected RQI ratings to predict global relation-
ship satisfaction over and above these existing measures. We
examined the incremental utility of interviewer ratings on each
RQI scale when predicting cross-sectional and longitudinal (3-
year) satisfaction. Sex differences were tested for all analyses,
although no sex differences were hypothesized.

Method

Participants and Procedures

Marital sample. Participants were recruited through the use
of marriage license records from suburban communities and small
towns in the Midwest. Newlywed couples in which both spouses
were between the ages of 18 and 55 years were mailed letters
explaining the study and inviting them to participate. Interested
couples were screened over the telephone to ensure they met the
following eligibility requirements: ability to speak and read in
English, married less than 6 months, and in their first marriages.
More than 350 couples contacted the laboratory, and the first 105
couples who met criteria were included. Of the 105 couples who
participated in the first wave of data collection, one couple’s data
were deleted because it was later revealed that it was not the wife’s
first marriage. A second couple’s data were deleted because the
husband’s data were not usable. Data from two couples were not
included because of missing ratings in several domains. Thus, data
from 101 couples were included in this study. Couples dated an
average of 48 months (SD = 27.79) prior to marriage, and 77% of
them cohabited. Average estimated annual joint income of couples
was between $30,001 and $40,000. Husbands’ average age was
25.91 (SD = 3.09), and their modal number of years of education
was 14. Wives’ average age was 24.5 (SD = 3.46), and their modal
number of years of education was also 14. For 15% of the couples,
at least one member of the couple identified himself or herself as
a member of an ethnic minority group. (The proportion of non-
Caucasian individuals in the state in which the research was
conducted is 7%; U.S. Census Bureau Population Division, 2007.)
Demographics did not significantly correlate with the key vari-
ables in this study.

At approximately 3 months of marriage (Time 1), couples
completed questionnaires at home, including the questionnaires
included in the present study. Couples then came into the labora-
tory to complete more questionnaires, were individually adminis-
tered the RQI, and participated in a series of videotaped dyadic
interactions. Couples were paid $100 for participation at Time 1.
At Times 2 (9–12 months) and 3 (30–33 months), couples com-
pleted a series of questionnaires at home, including the question-
naires included in the present study. For all questionnaires com-
pleted at home, couples were instructed to complete the questionnaires independently and to return them in the individual,
sealed, stamped envelopes provided. Couples were paid $50 at
each time point for Times 2 and 3.

Dating sample. Participants were 91 students (70 women and
12 men) enrolled in an introductory psychology course at a public
Midwestern university. Eligible participants were in ongoing, ex-
clusive heterosexual romantic relationships lasting at least 2
months. Participants ranged in age from 18 to 27 (M = 18.27
years, SD = 1.03 years) and were predominantly Caucasian/non-
Hispanic (96.7%). Most participants defined their relationships as
seriously dating (96%). Only 1.1% were cohabiting, and relation-
ship duration ranged from 2 months to 5 years (M = 17.16 months,
SD = 13.26). Participants were recruited through a university-
managed online sign-up system and received credit for partial
fulfillment of a course requirement. Participants completed the
questionnaires in the present study and were individually admin-
istered the RQI.
The RQI

The RQI is a 60-min semistructured interview yielding interviewer ratings of the quality of couples’ relationships. Partners are administered the interview individually in a session they attend together to ensure that one member of the dyad does not discuss the interview with the other prior to a session. After obtaining information on relationship history, participants are asked to describe the quality of their relationship across five dimensions over the past 6 months. Open-ended questions—followed by a series of closed-ended questions—are asked to allow novel contextual information to be obtained. During the spouse’s description of each dimension of relationship quality, the interviewers probe using detailed behavioral indicators and exemplars of each area to establish veridicality of report (see Prescott et al., 2000). Answers are coded into nominal or ordinal categories; responses also guide decisions about which subsequent questions are asked. Thus, the interview is branch structured to facilitate conditional questions.

Broad dimensions and specific items originally were selected following a multidisciplinary review of the close relationships literature. Following the compilation of a pool of potential domain-specific items, a team of six students who were either doctoral students in psychology or were applying to psychology doctoral programs specializing in couple relationships sorted the pool into domain categories. Items were deleted if there was less than 80% agreement among raters on their domain classification. Sample items that were included to assess the domain of quality of emotional intimacy in the relationship (intimacy) include, “How close do you feel to your partner?” and “Are there any specific personal (i.e., nonrelationship) topics that either of you avoid talking about with the other?” Sample items for the domain of quality of the couple’s sexual relationship (sex) include, “How satisfied are you with your sexual relationship?” and “Do you engage in sensual behaviors together, such as touching, cuddling, hugging or massage?” Sample items in the quality of support transactions (support) section include, “Does your partner try to support you by spending a lot of time talking with you when you have a problem?” and “Can your partner tell when you are feeling down or need support, even if you don’t say anything?” Sample items in the quality of the couple’s ability to share power in the relationship (power) domain include, “Does one of you tend to make most of the decisions in your relationship?” and “To what extent does your partner check your cell phone or E-mail without your permission?” Finally, sample items in the quality of conflict/problem-solving interactions in the relationship (conflict) domain include, “Do you feel comfortable expressing your own opinions during a discussion with your partner?” and “Do either of you ever threaten to leave the relationship during an argument?” (See Appendix A for sample questions from each domain and Appendix B for scoring guidelines.)

Ratings for each domain of the RQI may range from 1 to 5 and scores of 0.5 (e.g., 3.5) are permissible. All interviews were audiotaped, and interrater reliability was assessed with a random sample of scores from 20% of the interviews. Coders were considered to be in agreement if two independent raters were within 0.5 on the 5-point scale. Interrater agreement was 90%. When one or more ratings were not within 0.5 across two interviewers, the team of coders formed a consensus about what rating to give.

Interviewers were seven women who were either finishing their bachelor’s degrees and applying to graduate school or who were already enrolled in a clinical psychology doctoral program. All of the interviewers participated in a 6-month seminar on close relationships research with the principal investigator, and first author, in which key theories, methodologies, and clinical issues relevant to close relationships research were discussed. After completing that seminar, training consisted of weekly 2-hr group meetings for 6 months and comprised three stages: (a) training in basic clinical interview skills, (b) clarification of the constructs targeted in each domain and conceptual distinctions across domains, and (c) practice administrations with group supervision. There were three goals to the training: (a) mastery of basic clinical interviewing skills, (b) ensuring that interviewers were asking enough of and the right questions to elicit the necessary information to validly code the interview, and (c) becoming familiar enough with the interview that they could interact with/engage the participant rather than simply reading the interview questions. After completing training, the interviewers conducted interviews with 20 pilot couples (total), audiotaped their interviews, and coded all 40 of the interviews individually. Weekly group meetings were held during which the team listened to the interviews and discussed their ratings, with the goal of achieving reliable and valid ratings across all interviewers.

The interviewers needed to be competent both as clinical interviewers and as raters before they could begin interviewing participants for the study. Criteria for competency in interviewing skills were determined by the first author, a clinical psychologist with 20 years of interviewing experience and more than 10 years of clinical supervision experience. Criteria for competency in making ratings was determined by interviewer ratings that were within 0.5 (on the 1–5 scales) of the group’s/principal investigator’s ratings.

A more efficient method of training has been established since interviewers were trained for this study. When these interviewers were trained, the assessment tool was also being revised, which extended the duration of the training process. Since that time, other interviewers have been trained to administer the RQI for other studies. When they already have basic clinical interview training (e.g., advanced graduate students), training to administer the RQI and produce reliable and valid ratings takes approximately 15 to 20 hr total.

Self-Report Measures of Relationship Quality

The Marital Satisfaction Inventory–Revised (Snyder & Aikman, 1999). This inventory is used to assess the level of distress in couples along 11 dimensions (e.g., affective communication, problem-solving communication, sexual satisfaction). We included the Problem Solving Communication (PSC) and Affective Communication (AFC) scales to measure the degree of negative problem-solving communication and affective communication between partners, respectively. The PSC and AFC consist of 19 and 13 items, respectively, and participants answer true or false to statements. Higher scores indicate more negative communica-
tion or affective communication patterns. Scores range from 0 to 19 on the PSC and from 0 to 13 on the AFC.

Support in Intimate Relationships Rating Scale–Revised (SIRRS-R; Barry, Bunde, Brock, & Lawrence, 2009; Dehle, Larsen, & Landers, 2001). The SIRRS-R was used to measure perceptions of support amount from one’s partner and support adequacy. It is a paper-and-pencil questionnaire capturing five types of support: emotional (e.g., providing reassurance, love, and affection), informational (e.g., providing information and advice), esteem (i.e., validation or showing confidence in the other spouse’s abilities), instrumental or tangible (i.e., providing direct or indirect assistance in solving the problem), and network (i.e., encouraging the spouse to make use of social resources, such as family and friends; Cutrona & Suhr, 1992). The original SIRRS (Dehle et al., 2001) was designed to capture perceptions of support rather than objective indices of support, and to further capitalize on this strength, we made two modifications to the SIRRS-R (Barry et al., 2009). First, rather than collecting daily measures of support frequency (as was proposed in the original SIRRS), we collected perceptions of support frequency over the prior month to generate a measure of global support perceptions. Second, in the original SIRRS, participants reported the specific number of supportive behaviors received and the specific number of behaviors preferred. In line with our interest in global perceptions of support adequacy, we asked participants whether they wished to have more, less, or the same amount of each supportive act. Responses were coded as either adequate or inadequate and then summed. Factor analyses of the SIRRS-R in samples of dating and married couples strongly support the reliability and validity of scores on this revised measure (see Barry et al., 2009).

Behavioral Observation Indices of Relationship Quality

A social support interaction task and the Social Support Interaction Coding System (SSICS; Pasch, Harris, Sullivan, & Bradbury, 2002). We assessed partner support behaviors in two videotaped interactions. Each spouse chose something that he or she wanted to change in himself or herself (e.g., quitting smoking, losing weight, addressing a problem with a coworker), with the stipulation that the topic could not also be a source of marital tension or conflict (to ensure that the support task differed from the problem-solving task). When necessary, a list of possible topics was provided (see Pasch et al., 2002). The couple discussed each topic for 10 min, with a short break between discussions. The order of the topics was randomly determined in advance. Positive and negative affect expressed during the interactions were coded using the Specific Affect Coding System–Revised. The coding system draws on facial expression, vocal tone, and speech content to characterize the emotions displayed. Four undergraduates coded the frequency of specific affects or emotions across topics. The coders identified the affects displayed, using five positive affect codes (interest, affection, humor, validation, joy/excitement), 10 negative codes (disgust, contempt, belligerence, domineering, anger, fear/tension, defensiveness, whining, sadness, stonewalling), and one neutral affect code. Coders looked for rapid fluctuations in pitch, volume, emphasis, stress, and rate of speech. Of the interactions, 20% were coded twice to assess interrater reliability. Percentage of agreement was above 90% across codes. The Power composite score comprised disgust, belligerence, contempt, and domineering codes. The Conflict composite comprised all other positive and negative affect codes. Specifically, as recommended by Gottman (e.g., Gottman & Levinson, 1999), a ratio of positive to negative affect was computed. Separate global scores were computed for husbands and wives.

Measures of Traits and Global Relationship Satisfaction

Personality. The Schedule for Nonadaptive and Adaptive Personality–Second Edition (SNAP-2; Clark, Simms, Wu, & Casillas, in press) is a 390-item, factor analytically derived self-report inventory with a true–false response format, designed to assess personality traits extending from the normal into the pathological range. The SNAP-2 comprises three scales (Negative Temperament, Positive Temperament, and Disinhibition Versus Constraint) that measure the core of the Big Three higher order dimensions, 12 scales that measure more specific, primary traits of the three broad dimensions, plus diagnostic and validity scales. The SNAP-2 scale scores demonstrate good internal consistency (median $\alpha = .81$, range $.76$ to $.92$) across college, community adult, and patient samples; high (median $r = .87$) short-to-moderate term (1 week to 4.5 months) test–retest reliability; and strong convergent/discriminant validity with multiple self-report, interview, and behavioral measures (Clark et al., in press). In the present study, we used one temperament scale—Negative Tem-
perament—and three trait scales—Detachment (which loads on the Positive Temperament scale), Mistrust, and Manipulativeness (both of which load on the Negative Temperament scale).

The 28-item SNAP Negative Temperament scale taps the tendency to experience a wide range of negative emotions (e.g., anxiety/stress, irritation/annoyance, anger) and to cope poorly even in the face of minor setbacks. Scores can range from 28 to 56; higher scores indicate higher levels of neuroticism. Coefficient alphas ranged from .87 to .92 across samples and sex. The 18-item Detachment scale measures the extent to which participants are aloof and distant from other people, have few friends, and prefer to be alone (α = .74–.83). Mistrust is a 19-item scale measuring suspiciousness of others and general cynicism about interpersonal relationships. High scorers believe that they are often betrayed or disappointed by those close to them and that others take unfair advantage of them. They are self-protective and believe it is best to keep others from getting to know them too well (α = .80–.83).

The 20-item Manipulativeness scale is defined as “an egocentric willingness to use people for personal gain without regard for the rights or feelings of others or for abstract ideals such as fairness” (Clark, 1993, p. 33). This scale measures the extent to which a person enjoys exploiting others and views this behavior as a skill. High scorers report not only “manipulating others, but also . . . enjoying the many ways that they take advantage of others’ weaknesses” (Clark, 1993, p. 34). Alphas ranged from .70 to .74 in the marital sample; this scale was not administered to the dating sample.

Anger and hostility. The Buss–Perry Aggression Questionnaire (Buss & Perry, 1992) consists of 29 items assessing physical, verbal, affective, and cognitive components of an overall trait of aggression. Two scales were used in the present study. The seven-item Anger scale represents the affective component of aggression and involves physiological arousal and preparation for aggression. The eight-item Hostility scale represents the cognitive component of aggression and consists of feelings of ill will and injustice. To respond to items, participants use a 5-point scale ranging from extremely uncharacteristic of me to extremely characteristic of me. Final scores were attained by summing item responses for each scale (across samples and sex, α = .74–.84 for Anger and α = .74–.85 for Hostility).

Attachment avoidance was measured with the Relationship Scales Questionnaire (Griffin & Bartholomew, 1994) in the marital sample and with the Experiences in Close Relationships–Revised scale (Fralley, Waller, & Brennan, 2000) in the dating sample. The Relationship Scales Questionnaire directs respondents to consider how they feel about close relationships in general, both past and present, on a 1 (not at all like me) to 5 (very much like me) scale. The Avoidance and Anxiety scales identified by Kurdek (2002) as representing Simpson, Rhoades, and Nelligan’s (1992) operationalization of the constructs were used because they received the most empirical support (Kurdek, 2002). These scales demonstrated factorial validity and adequate discriminant validity with measures of personality traits (Kurdek, 2002; α = .78 in the marital sample). The Experiences in Close Relationships–Revised scale contains 36 items, 18 measuring attachment anxiety and 18 measuring attachment avoidance. This scale was created through item response analyses of four commonly used adult attachment measures in order to improve measurement precision. Participants answer questions about significant relationships in general. Response options (1–4) range from 1 (not at all) to 4 (very much). For Avoidance, α = .87 and for Anxiety α = .86 in the dating sample.

Quality of Marriage Index (Norton, 1983). The Quality of Marriage Index consists of six items measuring global perceptions of relationship satisfaction. Although this index was originally designed to assess marital satisfaction, it has been widely used to assess dating relationships (e.g., Hess, Fannin, & Pollom, 2007). Participants rate the extent to which they agree with evaluative statements about their relationship, and scores are summed to indicate global relationship satisfaction. Alphas were above .90 across men and women in these samples.

Results

Less than 1% of data were missing across both samples, and missing data were dealt with by either pairwise deletion or proportional substitution methods, depending on the measure. Across all measures in both samples, skew was less than 2 and kurtosis was less than 5. Outliers were examined with boxplots. Although statistical outliers were detected on several measures, all analyses were run with and without these outliers, and the pattern of results did not change. Thus, these data were retained in all analyses. On the 1 through 5 scale, interviewers’ mean ratings ranged from 3.35 to 4.20 across the five RQI scales (see Table 1). On average, couples’ relationship quality in these five domains was good to

### Table 1

<table>
<thead>
<tr>
<th>Descriptives and Reliability Analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Descriptives and agreement across husband and wife interviews</strong></td>
</tr>
<tr>
<td>RQI scale</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
<tr>
<td>Emotional Intimacy</td>
</tr>
<tr>
<td>Sexual Relations</td>
</tr>
<tr>
<td>Support</td>
</tr>
<tr>
<td>Power</td>
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<tr>
<td>Conflict/Problem Solving</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Intraclass correlations</th>
</tr>
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<tbody>
<tr>
<td>RQI scale</td>
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<tr>
<td>----------------------------------</td>
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<tr>
<td>Emotional Intimacy</td>
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<td>Sexual Relations</td>
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<tr>
<td>Support</td>
</tr>
<tr>
<td>Power</td>
</tr>
<tr>
<td>Conflict/Problem Solving</td>
</tr>
</tbody>
</table>

**Note.** RQI = Relationship Quality Interview.
very good, which would be expected in samples of dating or newlywed couples. Moreover, scores on all domains yielded normal distributions, suggesting there was adequate range in relationship quality across participants in each domain.

**Reliability Analyses**

**Interrater reliability.** To assess interrater reliability, 20% of the audiotaped interviews were randomly assigned to a second coder. Intraclass correlations were computed by averaging across correlations for each pair of ratings. Correlations were above .70 across ratings from all five RQI scales, across ratings from men’s and women’s interviews, and across ratings from both samples (see Table 1).

**Agreement on ratings based on husband versus wife interviews.** Cross-spouse correlations on RQI ratings were low to moderate in magnitude ($r = .25–.54$; see Table 2), suggesting that husbands and wives were providing somewhat different (but related) information on their relationship functioning. Even though ratings were made by interviewers rather than spouses and even though ratings were generated on the basis of behavioral indicators of relationship functioning rather than spouses’ perceptions of their own relationship functioning, spouses may be giving at least somewhat different behavioral indicators, which then guide those ratings. However, the magnitude of the majority of the interspousal associations suggested the potential utility of aggregating across RQI ratings based on husbands’ and wives’ interviews to create a more reliable rating for each domain. Moreover, ratings based on husbands’ and wives’ individual interviews were not significantly different, $t(100) = 0.51–1.17$, all $ns$.

**Correlations among RQI scale ratings.** It was important to first determine that the RQI scales were sufficiently interrelated to justify conceptualizing them as components of a higher order measure of relationship quality. Within-subject correlations across RQI scale ratings are presented in Table 2. Pairs of RQI scale ratings within wives and within husbands correlated .38 to .65. In the dating sample, pairs of RQI scale ratings correlated .24 to .63. This level of intercorrelation is appropriate for subfactors of a more general construct (Clark & Watson, 1995) and indicates that the different scales are moderately intercorrelated but not redundant. There was one exception to this pattern, however. Ratings on the Support and Power sections were strongly correlated within subjects in the marital sample, with correlations of .65 and .70 for husbands and wives, respectively.

**Table 2**

<table>
<thead>
<tr>
<th>Wives</th>
<th>Marital sample: Husbands</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th>Dating sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intimacy</td>
<td>Support</td>
<td>Sex</td>
<td>Power</td>
<td>Conflict</td>
<td>Intimacy</td>
</tr>
<tr>
<td>Emotional Intimacy</td>
<td>.32**</td>
<td>.56**</td>
<td>.38**</td>
<td>.54**</td>
<td>.49**</td>
<td>—</td>
</tr>
<tr>
<td>Support</td>
<td>.59**</td>
<td>.27**</td>
<td>.51**</td>
<td>.65**</td>
<td>.44**</td>
<td>—</td>
</tr>
<tr>
<td>Sexual Relations</td>
<td>.49**</td>
<td>.52**</td>
<td>.54**</td>
<td>.38**</td>
<td>.44**</td>
<td>—</td>
</tr>
<tr>
<td>Power</td>
<td>.52**</td>
<td>.70**</td>
<td>.47**</td>
<td>.25**</td>
<td>.54**</td>
<td>—</td>
</tr>
<tr>
<td>Conflict</td>
<td>.46**</td>
<td>.57**</td>
<td>.40**</td>
<td>.63**</td>
<td>.51**</td>
<td>—</td>
</tr>
</tbody>
</table>

$^{1} p < .10$. $^{*} p < .05$. $^{**} p < .01$. $^{****} p < .0001$.  

**Agreement With Scores Obtained From Self-Report Questionnaires and Behavioral Observations**

First, we examined the correlations between the RQI scale ratings and scores from self-report measures of relationship functioning in the relevant domains. Thus, the constructs were somewhat related, and the methods of assessment differed (interviews vs. self-report questionnaires). For intimacy, we used scores from the AFC scale of the Marital Satisfaction Inventory–Revised. For support, we used scores from the Adequacy scale of the SIRRS-R. For conflict, we used scores from the PSC scale of the Marital Satisfaction Inventory–Revised. RQI scale ratings were weakly to moderately correlated with self-report questionnaires (see Table 3). Correlations ranged from .24 to .56 in the marital sample and from .03 to .23 in the dating sample.

Next, we examined the correlations between the RQI scale ratings and codes obtained from behavioral observation measures of relationship functioning in the relevant domains. Behavioral observation data were available only in the marital sample. Thus, the constructs were related, but the methods of assessment differed (interviews vs. behavioral observations). For support, we used behavioral observations from two support interaction tasks that were later coded with the SSICS. For conflict, we used behavioral observations from two problem-solving interaction tasks that were later coded with the Specific Affect Coding System–Revised. Marital processes assessed with RQI ratings did not correlate with codes from behavioral observations ($r = .05–.25$; see Table 3).

**Divergent Validity**

Campbell and Fiske's (1959) test of convergent/divergent validity. Campbell and Fiske (1959) stated that a good convergent/discriminant pattern is found when matched variables correlate more highly with each other than with any other variable. Thus, we examined whether the intercorrelations among RQI scale ratings were higher than the correlations between RQI ratings and scores from measures of similar constructs that use different methods. We expected these correlations to be lower than the intercorrelations among the RQI scale ratings as a result of method variance (interviews vs. questionnaires or behavioral observation data) and some trait variance (related but intentionally different construct definitions for each relationship process). In general, the target pattern was clearly obtained for all five RQI scales in both samples. For each RQI scale rating, the correlations with other RQI scale ratings (convergent validity) were generally larger than
Table 3
Convergent and Divergent Validity Analyses

<table>
<thead>
<tr>
<th>RQI scale</th>
<th>Range of correlations with other RQI scales</th>
<th>Correlations with questionnaires of similar relationship constructs&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Correlations with behavioral data of similar constructs&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Correlations with global relationship satisfaction&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Correlations with individual differences in similar constructs&lt;sup&gt;d&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Marital</td>
<td>Marital</td>
<td>Marital</td>
<td>Marital</td>
<td>Marital</td>
</tr>
<tr>
<td>Intimacy</td>
<td>.38 to .56 .48 to .59 .56 to .65</td>
<td>.37** .42** .23*</td>
<td>—</td>
<td>—</td>
<td>.41** .41** .09</td>
</tr>
<tr>
<td>Support</td>
<td>.44 to .65 .52 to .70 .24 to .56</td>
<td>.28** .24* .03</td>
<td>.18† .05</td>
<td>.46** .39** .002</td>
<td>—</td>
</tr>
<tr>
<td>Sex</td>
<td>.38 to .51 .40 to .52 .25 to .56</td>
<td>—</td>
<td>—</td>
<td>.35** .37** .05</td>
<td>—</td>
</tr>
<tr>
<td>Power</td>
<td>.38 to .65 .47 to .70 .35 to .65</td>
<td>—</td>
<td>—</td>
<td>.43** .39** .01</td>
<td>—</td>
</tr>
<tr>
<td>Conflict</td>
<td>.44 to .54 .40 to .63 .24 to .63</td>
<td>.56**** .44**** .08</td>
<td>.25** .14†</td>
<td>.36** .38** .22†</td>
<td>.34 to .31** .26 to .31† .08 to .12</td>
</tr>
</tbody>
</table>

Note. RQI = Relationship Quality Interview.

<sup>a</sup> Self-report questionnaires of similar constructs for each RQI scale were as follows: for Emotional Intimacy, the Marital Satisfaction Inventory–Revised Affective Communication scale; for Support, the Support in Intimate Relationships Rating Scale–Revised Adequacy scale; for Conflict, the Marital Satisfaction Inventory–Revised Problem Solving Communication scale. Of note, the Relationship Quality Interview Intimacy scale was also compared with the Intimacy and Passion scales of Sternberg’s (1997) Triangular Love Scale, and the pattern of correlations remained the same (rs = .01 and .02, respectively).<sup>b</sup> Codes from behavioral observation data of similar constructs for each Relationship Quality Interview scale were as follows: for Support, the Social Support Interaction Task and Social Support Interaction Coding System; for Power, the Problem-Solving Interaction Task and the Specific Affect Coding System–Revised (SPAFF-R) Contempt, Disgust, Domineering, and Belligerence codes; for Conflict, the Problem-Solving Interaction Task and 12 remaining SPAFF-R Positive and Negative Affect codes. Codes from SPAFF-R data were analyzed in multiple ways to examine correlations with Relationship Quality Interview Conflict ratings; the pattern of results remained the same. <sup>c</sup> The Quality of Marriage Index was analyzed for all correlations with global relationship satisfaction. In the dating sample, this pattern of findings was replicated with the Perceived Relationship Quality Components (Fletcher, Simpson, & Thomas, 2000); rs ranged from .00 to .13. <sup>d</sup> Questionnaires assessing individual differences were identical in both samples unless otherwise noted here. Measures of individual differences in similar constructs for each Relationship Quality Interview scale were as follows: for Intimacy, the Schedule for Nonadaptive and Adaptive Personality–2 (SNAP-2) Detachment and Mistrust scales, the Relationship Scales Questionnaires (in the marital sample), and the Experiences in Close Relationships Avoidance scale (in the dating sample); for Power, the SNAP-2 Manipulativeness Scale and the Buss–Perry Aggression Questionnaire Hostility Scale; for Conflict, the SNAP-2 Negative Temperament scale and the Aggression Questionnaire Anger scale.

<sup>*p < .10. **p < .05. ***p < .01. ****p < .001.</sup>
correlations with scores obtained from questionnaire or behavioral observation data. This pattern was evident for husbands and wives and across marital and dating participants. Ratings obtained from three of the four RQI scales—Intimacy, Support, and Power—clearly met Campbell and Fiske’s test for excellent convergent and discriminant validity at the scale level. In contrast, there was mixed but generally strong evidence that Conflict ratings met Campbell and Fiske’s criteria when compared with scores on self-report questionnaires in the dating sample and to scores obtained from behavioral observation data in the marital sample. Further, Conflict ratings were correlated only moderately with scores obtained from the corresponding self-report questionnaire. However, this correlation was similar to the correlations between Conflict ratings and ratings obtained on the other scales (rs = .40–.63); thus, it did meet Campbell and Fiske’s criteria.

**Correlations between RQI scales and relevant traits.** Zero-order correlations between the RQI scale ratings and scores interpreted as representing related traits were examined to determine whether RQI ratings discriminated between functioning within one’s relationship on a given domain and individual differences in interpersonal functioning on that domain across relationships. For Intimacy ratings we used scores obtained from the SNAP-2 Detachment, SNAP-2 Mistrust, and Experiences in Close Relationships—Revised Avoidance scales. All of the associations were small across husbands and wives and across dating and marital participants (rs = .05–.29). These findings support our contention that Intimacy ratings should not simply be interpreted as measuring individual differences, such as global detachment or mistrust as personality traits or an avoidant attachment style, but rather as measuring a construct that is specific to this relationship. For Power ratings, we used scores from the SNAP-2 Manipulation and Aggression Questionnaire Hostility scales. Associations were small across husbands and wives and across dating and married participants (rs = .004–.34). Therefore, Power ratings should not simply be interpreted as measuring individual differences, such as manipulative or hostile personality traits, but rather as measuring a construct that is specific to this intimate relationship. For Conflict ratings, we used the Aggression Questionnaire Anger scale scores and SNAP-2 Negative Temperament scale scores. With one exception, the correlations were small; rs ranged from .08 to .34. The correlation between this scale and SNAP-2 Negative Temperament scores for husbands was moderate (.51), although this association was small for wives and dating participants. Thus, the quality of a couple’s conflict/problem-solving interactions is distinct from both trait anger and global negative temperament yet is related to husband negative temperament.

**Correlations between RQI scales and global relationship satisfaction scores.** Next, we examined whether RQI ratings should be interpreted as simply assessing satisfaction rather than relationship quality across multiple domains (see Table 3). Correlations between ratings of domain-specific relationship quality and global relationship satisfaction scores were small to moderate in size for husbands and wives (rs = .35–.46) and small for dating participants (rs = .002–.22), indicating that ratings based on the domain-specific assessments of relationship quality do not simply represent indicators of an underlying latent variable of relationship satisfaction. Moreover, the associations between relationship quality ratings and satisfaction scores were clearly stronger for married couples compared with dating couples, which we expected given the longer relationship duration and stronger commitment of married couples.

**Incremental Validity.** Hierarchical regression analyses were conducted to examine the extent to which ratings on each RQI scale provided incremental predictive validity in accounting for global relationship satisfaction scores. (We used scores from the same measures used to examine divergent validity.) For each analysis, scores obtained from questionnaires (and from behavioral observation data, when applicable) were entered at Step 1, and RQI ratings were entered at Step 2. In Table 4, we report the coefficients and $R^2$ change scores generated in the final step of each analysis (Step 2).

First, we examined concurrent incremental validity in both samples. In the marital sample, three of the four RQI scale ratings—Intimacy, Support, and Power—demonstrated incremental predictive power. Of interest, in the dating sample, only Conflict ratings demonstrated incremental predictive power. Intimacy ratings predicted concurrent marital satisfaction scores for husbands and wives over and above scores derived from the self-report measure. Support ratings predicted concurrent marital satisfaction scores for husbands and wives over and above scores obtained from the self-report measure and from the behavioral observation data. Power ratings predicted concurrent marital satisfaction scores for husbands (not wives) over and above scores derived from questionnaire and behavioral observation data. Conflict ratings predicted satisfaction scores for dating participants (not for husbands or wives) over and above scores from the questionnaire. Thus, RQI ratings appear to provide incremental utility to explaining relationship satisfaction scores compared with scores obtained from existing self-report questionnaire and behavioral observation data for Intimacy, Support, and Power but not for Conflict.

Next, in the marital sample, we examined the incremental predictive utility of these same RQI scale ratings when predicting longitudinal relationship satisfaction scores—at 3 years of marriage. Ratings from two scales—Intimacy and Power—demonstrated incremental utility in predicting husbands’—but not wives’—longitudinal marital satisfaction scores. Intimacy ratings predicted husbands’ longitudinal satisfaction over and above scores obtained from our self-report measure. Power scores also predicted husbands’ longitudinal satisfaction scores over and above scores derived from both self-report and behavioral observation data. Support and Conflict scores did not incrementally predict longitudinal satisfaction scores for either husbands or wives over and above scores derived from self-report or behavioral observation data. Thus, RQI scores appear to provide incremental utility to explaining husbands’—but not wives’—longitudinal marital satisfaction scores compared with existing scores obtained from self-report questionnaires and behavioral observation data for Intimacy and Power but not for Support or Conflict.

**Discussion.** This report presents preliminary psychometric support for a new approach to assessing relationship quality as a multidimensional construct with the RQI. The RQI is a semistructured interview designed to evaluate relevant domains of relationship quality at the level of the dyad: quality of emotional intimacy in the relationship,
quality of the couple’s sexual relationship, quality of the couple’s support transactions, quality of the couple’s conflict/problem solving) were contained from self-report measures of related relationship constructs related) dimensions of relationship quality.

Hierarchical Regression Analyses to Examine Incremental Predictive Validity

Table 4

Hierarchical Regression Analyses to Examine Incremental Predictive Validity

<table>
<thead>
<tr>
<th>Scale</th>
<th>Husbands (b (SE))</th>
<th>Wives (b (SE))</th>
<th>Predicting initial (concurrent) relationship satisfaction scores</th>
<th>Predicting Year 3 satisfaction scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSI-R: AFC scale scores</td>
<td>1.29 (0.19)**</td>
<td>1.07 (0.13)**</td>
<td>−1.59 (0.24)**</td>
<td>1.02 (0.33)**</td>
</tr>
<tr>
<td>RQI Intimacy ratings</td>
<td>1.46 (0.72)*</td>
<td>1.91 (0.98)*</td>
<td>−0.26 (0.43)**</td>
<td>3.02 (1.21)*</td>
</tr>
<tr>
<td>SIRRS-R Adequacy scores</td>
<td>0.12 (0.05)†</td>
<td>0.14 (0.04)**</td>
<td>0.28 (0.09)**</td>
<td>0.08 (0.07)</td>
</tr>
<tr>
<td>RQI Support ratings</td>
<td>3.20 (0.87)**</td>
<td>2.72 (0.92)**</td>
<td>−0.01 (0.48)</td>
<td>0.42 (1.28)</td>
</tr>
<tr>
<td>SIRRS-R Adequacy scores</td>
<td>0.14 (0.05)**</td>
<td>0.07 (0.05)</td>
<td>—</td>
<td>0.10 (0.09)</td>
</tr>
<tr>
<td>SSICS Support codes</td>
<td>0.01 (0.02)</td>
<td>−0.02 (0.03)</td>
<td>—</td>
<td>0.03 (0.04)</td>
</tr>
<tr>
<td>RQI Support ratings</td>
<td>1.82 (1.07)†</td>
<td>1.93 (1.12)**</td>
<td>−0.96 (0.12)**</td>
<td>0.91 (2.05)</td>
</tr>
<tr>
<td>MSI-R: PSC scale scores</td>
<td>−0.63 (0.09)**</td>
<td>−0.72 (0.09)**</td>
<td>—</td>
<td>−0.30 (0.17)</td>
</tr>
<tr>
<td>SPAFF-R behavior codes†</td>
<td>−0.00 (0.02)</td>
<td>0.01 (0.02)</td>
<td>—</td>
<td>−0.02 (0.03)</td>
</tr>
<tr>
<td>RQI Power ratings</td>
<td>1.51 (0.69)†</td>
<td>1.45 (0.74)*</td>
<td>−0.17 (0.37)</td>
<td>2.47 (1.23)*</td>
</tr>
<tr>
<td>MSI-R: PSC scale scores</td>
<td>1.05 (0.15)**</td>
<td>1.04 (0.14)**</td>
<td>−0.91 (0.12)**</td>
<td>0.19 (0.27)</td>
</tr>
<tr>
<td>SPAFF-R behavior codes‡</td>
<td>0.00 (0.00)</td>
<td>0.00 (0.00)</td>
<td>—</td>
<td>0.003 (0.005)</td>
</tr>
<tr>
<td>RQI Conflict ratings</td>
<td>−0.09 (0.60)</td>
<td>0.70 (0.60)</td>
<td>0.46</td>
<td>0.64 (0.30)*</td>
</tr>
</tbody>
</table>

Note. Significant findings are in bold. For each analysis, scores from questionnaires and behavioral observations were entered at Step 1, and RQI ratings were entered at Step 2. Statistics from Step 2 are presented. Values in bold represent significant findings. MSI-R = Marital Satisfaction Inventory—Revised; AFC = Affective Communication; RQI = Relationship Quality Interview; SIRRS-R = Support in Intimate Relationships Rating Scale—Revised; SSICS = Social Support Interaction Coding System; PSC = Problem Solving Communication; SPAFF-R = Specific Affect Coding System—Revised.

Summary and Interpretation of Findings

Reliability, convergent validity, divergent validity, and incremental predictive validity were tested across dating and marital relationships. RQI ratings demonstrated strong reliability, with interrater agreement consistently above .7 and no significant differences among interviewer ratings based on whether the male or female partner of a dyad was interviewed. Correlations among RQI ratings across scales ranged from .24 to .65 (with one exception), supporting our contention that the scales are best conceptualized as related dimensions of the underlying construct of relationship quality; however, these scales capture conceptually distinct (albeit related) dimensions of relationship quality.

RQI ratings also demonstrated good convergent and divergent validity. First, correlations between RQI ratings and scores obtained from self-report measures of related relationship constructs (emotional intimacy, support, and conflict/problem solving) were small to moderate, ranging from .03 to .56. Second, correlations between RQI ratings and codes obtained from behavioral observations of related constructs were weak, ranging from −.05 to .25, supporting our contention that RQI ratings capture markedly distinct constructs from the information captured through behavioral observation interaction tasks. Third, correlations between RQI ratings and scores obtained from measures of global relationship satisfaction were weak to moderate, ranging from .002 to .46, suggesting that the RQI is not simply a measure of global relationship sentiment. Fourth, correlations between RQI ratings and scores derived from individual difference measures of related constructs (e.g., avoidant attachment, mistrust, detachment, negative temperament, hostility) were weak, ranging from −.004 to .34 (with one exception at −.51), indicating that the RQI ratings capture constructs that are unique to one’s current intimate relationship rather than being indicative of individual differences that might be present across multiple types of relationships (e.g., friends, acquaintances, coworkers). Fifth, convergent validity analyses generally yielded stronger correlations than divergent validity analyses, lending partial support to Campbell and Fiske’s (1959) test of construct validity.

As expected, the pattern of findings was stronger in the marital sample than in the dating sample. The longer duration and stronger commitment of the married participants would presumably lead to greater utility of the RQI in such a sample. More generally, as the intimate relationship becomes more solidified and more central to one’s life, we would expect RQI ratings to have greater utility and to demonstrate stronger convergent and divergent validity when administered to married participants compared with dating participants.
With regard to the incremental validity, ratings from three of the four RQI domains—Intimacy, Support, and Power—demonstrated significant incremental predictive power when predicting concurrent relationship satisfaction scores. Moreover, ratings from two of the four RQI domains—Intimacy and Power—demonstrated significant incremental predictive power when predicting husbands’ longitudinal marital satisfaction scores, even after accounting for scores obtained from psychologically strong self-report questionnaires and, when available, behavioral observation data. Incremental longitudinal predictive power was not a central goal when we developed the RQI, but these findings demonstrate yet another strength of the measure. Specifically, these findings support our contention that the RQI not only provides a better assessment of the construct of relationship quality, but it also enhances our ability to predict risk of relationship distress in the early stages of romantic relationships.

We were surprised by the sex differences in the degree to which RQI ratings predicted relationship satisfaction scores 3 years later. Sex differences are routinely targeted and highlighted in the close relationships literature. However, researchers rarely address whether these differences reflect true sex differences or simply reflect limitations in our measures. In this case, the RQI may be particularly useful for assessing domains of husbands’ relationship quality compared with self-report questionnaires. Perhaps the RQI does a better job of capturing husbands’ perceptions of relationship quality or of operationalizing domains of relationship quality that are central to the developmental course of husbands’ marital satisfaction. Alternatively, the different method used may influence the utility of the data collected from husbands. Perhaps husbands are less forthcoming when they respond to self-report questionnaires of relationship quality. In contrast, when men meet with an interviewer who asks for behavioral examples and makes more objective codes, more pertinent information may be obtained. Regardless of the explanation, RQI ratings do appear to capture more variance in predicting husbands’ marital satisfaction and are thus uniquely useful for understanding the developmental course of husbands’ marital satisfaction in particular.

Clinical Relevance and Clinical Implications of the RQI

Before we discuss the implications and utility of the RQI, we note some limitations to the conclusions that can be drawn from the present study. The RQI was developed as an assessment tool for young couples to be administered in accord with prevention programs or to be used to enhance and test prediction models. Consequently, we validated the RQI in samples representing our target populations—dating and newly married couples. We would expect the pattern of findings to be similar, if not stronger, in samples of distressed, established, and/or treatment-seeking couples, and we believe that the RQI would be highly useful to clinicians working with these types of couples. For example, the RQI could be used to guide treatment plans in couple therapy or to discriminate satisfied from distressed couples on key dimensions. However, the findings from the present study must first be replicated in samples of distressed and/or treatment-seeking couples. Similarly, the reliability and validity of RQI ratings should be examined with same-sex couples and couples at other stages of their relationships (e.g., cohabiting couples, engaged couples, couples experiencing the transition to parenthood). Finally, it is possible that other dimensions of relationship quality, such as fun and leisure time or coparenting, should be incorporated into the RQI.

Implications for couple assessment. The RQI is intended to be used as part of a standardized assessment battery for couple interventions. We believe that it offers an ideal way to structure assessment sessions at the beginning of couple interventions and a straightforward way to elicit information about a broader range of relationship domains than is traditionally assessed. Although to date we have administered the RQI to individuals rather than couples, the RQI might be uniquely informative if administered to couples conjointly during the assessment phase of couple therapy. For example, the therapist would be able to observe how a couple describes their relationship functioning as a dyad and how each partner reacts to the other’s perceptions of their relationship quality or to the specific behavioral examples offered. This additional information would likely enhance the validity of the resulting case conceptualization and treatment plan and would further increase the validity of interviewers’ RQI scores.

Regardless of whether the RQI is administered individually or conjointly, the RQI can be administered during the assessment phase of a couple intervention, and the findings can be incorporated into a feedback session in which relationship strengths/protective factors and relationship risk factors/vulnerabilities are emphasized. By quantifying relative strengths and weaknesses across multiple relationship dimensions, feedback may be more palatable to couples. Consequently, couples may be more willing to participate in interventions targeting relative weaknesses.

In particular, the RQI might function as a tool for motivating at-risk couples—who tend to be omitted from interventions despite being desirable candidates—to participate in prevention or treatment programs. Cordova and colleagues (Cordova et al., 2005; Gee, Scott, Castellani, & Cordova, 2002) suggested that distressed couples pass through an at-risk stage in which they experience early symptoms of marital deterioration but have not yet suffered irreversible damage to their marriage. It is during this at-risk stage that couples might benefit most from early intervention. Unfortunately, studies of leading preventive interventions have not fared well at recruiting couples at risk for adverse marital outcomes. Published samples have been disproportionately White, well educated, and middle class (see Carroll & Doherty, 2003, for a review). However, divorce rates are markedly higher among African American couples (70% vs. 47% in Caucasian couples), among couples who did not finish high school (60% vs. 36% for college graduates), and among couples who start marriage with children (rates are twice as high as for couples who marry without children; Raley & Bumpass, 2003). Despite their omission from prevention programs, couples in these high-risk populations report high levels of interest in participating in these interventions (Sullivan & Bradbury, 1997). Administering the RQI prior to implementing an early intervention program might allow at-risk couples to be identified, while simultaneously being used as a motivational tool to encourage them to participate.

Implications for couple interventions. In addition to increasing the likelihood that couples will participate in intervention programs, the RQI may serve an important role in informing interventions. First, the RQI may serve to tailor interventions to meet the unique needs of specific couples, rather than implementing a one-size-fits-all approach. For example, a couple’s RQI
results may indicate strong quality of conflict management/problem-solving skills but poor quality of support transactions. In this case, intervention techniques specific to improving the quality of support in that relationship would be appropriate, whereas techniques targeting conflict management skills might be unnecessary. This approach seems as though it would benefit couples and be more cost-effective from a health care perspective. Second, clinicians who take into account information derived from the RQI might be better able to develop a functional analysis of the relationship to guide couple therapy. In particular, the RQI provides a detailed narrative of how a couple’s functioning in a particular domain (e.g., support) breaks down. For example, a clinician can determine whether a wife is not receiving adequate support from her husband because she is not effectively soliciting it versus because her husband is not skilled at providing support.

Third, given that the RQI includes multiple dimensions of relationship quality in addition to conflict (e.g., emotional intimacy, the sexual relationship, power imbalances), it may be used to inform the development of more efficacious and effective couple interventions that embrace a comprehensive approach to treating relationship dysfunction. Specifically, nearly all of the marital literature and couple interventions—both prevention programs and couple therapies—are focused primarily on targeting conflict management and communication skills, with the goal of indirectly targeting global satisfaction. In the current study, concurrent and longitudinal satisfaction scores were predicted by the quality of emotional intimacy and by issues of power in the relationship. They were not predicted by the quality of a couple’s problem-solving interactions. It would be beyond the scope of the present study to conclude that training in conflict management strategies should be removed from existing interventions. However, at the very least, existing couple interventions would likely enhance their efficacy by attending to these additional and crucial domains of relationship quality.

References


(Appendices follow)
Appendix A
Sample Questions for Each Section of the Relationship Quality Interview

Quality of Emotional Intimacy in the Relationship: Sample Questions

I’d like to get a sense of the level of closeness and trust you have in your relationship. I’d like to try to focus on the past 6 months or so of your relationship, so since about ___.

Emotional Closeness

How close do you feel to ___? (overall sense of closeness, sense of warmth, affection, interdependence, spending a lot of time, together, talking/listening, emotionally connected)

- What about times when you don’t feel close to your partner?

Trust

To what extent do you feel you can trust ___? (Specifically, emotional trust; trust s/he won’t lie, betray, abandon, or hurt her/him; how much does s/he trust him/her to help maintain the intimate bond of the relationship?)

- What about times when you don’t feel like you can trust your partner? (e.g., are there limits to what s/he can trust him/her with? Does s/he not like to trust or count on anyone?)

Fun and Friendship

How good of a friend would you say that ___ is to you? (feels that partner is his/her best friend, has fun with partner, likes to spend free time with partner)

- What about times when s/he is not a good friend?

Self-Disclosure/Emotional Vulnerability

How often do you confide in him/her or disclose personal or important things to him/her? For example, how comfortable are you talking to ___ about your most private feelings or thoughts? (Disclosure of emotional, difficult-to-share information that isn’t typically talked about in other relationships)

- How comfortable do you feel discussing important issues in your relationship?
- What about times when you don’t feel comfortable confiding in your partner? Can you tell me about that? (e.g., wishes s/he could disclose more and feel more comfortable. Does s/he dislike the way partner responds? Does s/he feel uncomfortable confiding to anyone?)

- How does ___ typically respond when you (try to) disclose personal or important things to him/her? (Trying to get a sense of what it’s like for the participant to disclose. Does the partner encourage disclosure? What specific behaviors are typical of the partner in response to disclosure? Is it an emotionally safe environment for disclosure? Consider the long-term and short-term effect [learning] of the partner’s response. Is the disclosure punished or reinforced overall?)
- How often do you avoid talking about specific topics with ___?
- What topics do you avoid?
- How much do you feel s/he confides in you or discloses personal or important things to you? For example, his/her most private feelings and thoughts?

Verbal and Physical Expressions of Love/Affection

How often does ___ show love or affection toward you? (Trying to get a sense of quantity as well as quality of love/affection expressed by partner. Get verbal expressions of love, physical expressions of love.)

- Is there anything that you don’t like about his/her expression of love or affection? For example, the way s/he expresses these feelings or how often? (e.g., does s/he wish partner would show more or less? Does s/he dislike the way partner shows love? Get examples of sources of dissatisfaction.)

Quality of the Couple’s Sexual Relationship: Sample Questions

Now I’d like to ask you about your sexual relationship. How has that been going for the past 6 months or so?

Sexuality

How are things sexually in your relationship?

- About how frequently do the two of you have sex?
- Would you prefer that it be more or less frequent?
- Who usually initiates having sex?
- How satisfied are you with your sexual relationship?
- Do you have any concerns about your sexual relationship or is there anything you would like to change?

(Appendices continue)
During or after sex, do you feel any negative emotions?

For example, do you ever feel any fear, shame, guilt, or disgust?

**Sensuality**

Tell me about any kinds of sensual behaviors the two of you engage in, such as touching, cuddling, hugging, or massage?

• Does this kind of touching typically lead to sex?

• I’m also wondering whether the two of you typically engage in these same kinds of behaviors after sex.

**Sexual Difficulties/Dysfunctions**

For men: premature ejaculation, erectile dysfunction. For women: excessive dryness, tightness, pain, difficulty having an orgasm. We are asking about ongoing sexual difficulties in the marriage. If participant says yes or you think there is more to say, ask follow-up questions about the nature of the problem, whether they’ve tried anything to change things (e.g., self-help books, seeing a doctor, medications).

• Are you experiencing any sexual difficulties?

• What about ___? Is s/he experiencing any sexual difficulties?

**Quality of Support Transactions in the Relationship: Sample Questions**

The next area I’d like to ask you about is ___’s ability to support you when you have had a bad day, are feeling down, or have a problem, in the past 6 months or so. In general, how well does ___ support you in situations such as these?

Now I’m going to ask about a number of different types of support that may or may not apply to your relationship. (Get answers for each type of support. You’re trying to separate out the type of support the partner offers and type of support the participant wants.)

**Emotional Support**

First, to what extent does ___ provide emotional support, like talking and listening to you, holding your hand, hugging you, letting you know s/he understands you, things like that when you have had a bad day, are feeling down, or have a problem?

• Is there anything you don’t like about how ___ provides emotional support? (e.g., not providing enough support, providing a type of support that isn’t wanted)

**Tangible Support**

What about tangible support, such as taking care of things for you or helping you directly or indirectly? Does s/he do this when you have had a bad day or are feeling down? (Helping directly means helping to solve the problem or make the situation better him/herself. Helping indirectly means providing time or resources so that their partner is better able to solve the problem him/herself, e.g., providing child care so partner can work on the problem.)

• So, for example, if you have a problem with your (car, landlord, etc.) would s/he try to take care of it for you, or would s/he cover for you so that you had time to deal with the problem yourself?

• Is there anything you don’t like about how s/he provides this type of support?

**Informational Support**

How often does s/he provide you with information you need, help you think about a problem in a new way, or things like that?

• Is there anything you don’t like about how ___ provides this kind of support? (e.g., not providing enough support, providing a type of support that isn’t wanted)

**Esteem Support**

What about expressing confidence in your ability to handle things, telling you you’re not at fault for a problem, things like that?

• Is there anything you don’t like about how ___ provides this kind of support? (e.g., not providing enough support, providing a type of support that isn’t wanted)

**Support in General**

Thinking back over these different types of support, which type of support is most important to you? (We want to determine what type of support is most commonly reported as a preferred type of support once s/he has been primed to consider all types of possible support.)

• In an ideal world in other words, how would you like to be supported?

I’m wondering if there are ways that ___ could support you that you would prefer? (We want to get a spontaneous response about what type of support is most in need of changing. The participant may suggest changes in each area as s/he goes through the interview, but now we want to know whether there is one area that is particularly important (e.g., I just want him to convey that he believes in me).

(Appendices continue)
For example, providing more or less of a certain type of support?

What, if anything, would you like to change about how ___ supports you?

Quality of Couple’s Ability to Share Power in the Relationship: Sample Questions

Now I’d like to ask you a little bit about respect and decision making in your relationship over the past 6 months or so. Let’s start with respect.

Demonstrations of Respect

How much does ___ respect you? (You are trying to get at whether the partner treats the participant like s/he’s a competent and independent person, based on your perspective.)

- For example, is s/he respectful of who you are as a person, your abilities, and the decisions that you make, or does s/he treat you as if you were a child rather than as an equal partner in the relationship?

- How about times when s/he is less respectful than you’d like him/her to be?

- Another example: looking through your cell phone to see who you have called or checking your email.

- Do you feel as if there are a lot of things about you that ___ would like to change?

How about acceptance? Is s/he accepting of the kind of person you are and the things you do? (You are trying to get at whether the partner accepts the participant for who s/he is as a person, the kinds of things s/he likes to do.)

- For example, is s/he accepting of your hobbies, career, habits, passions, etc. or does s/he belittle you and make spiteful comments about these things?

- How about times when s/he is less accepting of you than you’d like him/her to be?

- Another example: s/he addresses your career as “little activities.”

How about when the two of you disagree? Does s/he still show respect and acceptance for you? (When the two of you disagree on something, does the partner belittle the participant’s opinion or allow the participant to have a different opinion, even if it’s different?)

- For example, during an argument, is s/he respectful and accepting of your opinions and your side of the argument, or does s/he belittle you for your opinions?

Decision-Making Power in the Relationship

How about decision making? Who tends to make most of the decisions in your relationship?

- How satisfied are you with that? Are you comfortable with the amount of decision making done by each of you?

- What are some of the areas in which decision making becomes an issue? (Areas in the relationship or in their day-to-day life—don’t code; just get an answer.)

Power Over Each Other’s Daily Lives

To what extent does one of you have more control in the relationship? In other words, does one of you have limited freedom to spend time with friends and family or pursue personal goals because doing so will upset the other person?

I’d like to go over some specific areas that may or may not apply to your relationship . . .

How much freedom do you have to schedule your own day and engage in activities without ___?

- To what extent does ___ limit your freedom to do the things you really want to do?

How much freedom do you have to pursue the type of job, career, or education you want?

- To what extent does ___ limit your freedom to pursue your career or educational goals?

What about issues around who controls the money?

- To what extent does ___ limit your freedom to spend money when there is something that you would like to purchase?

How much freedom do you have to spend time with your family?

- To what extent does ___ limit your freedom to be with your family?

How about with friends of the same sex?

- To what extent does ___ limit your freedom to be with your [male/female] friends?

What about with friends of the opposite sex?

- To what extent does ___ limit your freedom to be with your [male/female] friends?

(Appendices continue)
Quality of Conflict/Problem-Solving Interactions:
Sample Questions

Arguments

Now I’d like to talk a little bit about your arguments over the past 6 months or so. For example, how often do the two of you argue? What kinds of things you argue about? How long do your arguments last?

- About how often do you and ___ argue?
- What kinds of things do you typically argue about?
- About how long do your arguments usually last? (referring to actively arguing)
- How do you and s/he typically feel or behave during your arguments?
- How do your arguments usually end?
- When the two of you have argued in the past 6 months or so, have either of you said things that might be hurtful, called each other names, put the other person down, things like that (psych aggression)? (If yes, find out who did it, and get an example or two.)
- What about destroying the other person’s property, throwing something across the room, things like that (threats of physical aggression)? (If yes, find out who did it, and get an example or two.)

Recovery From Conflict/Arguments

Let’s talk about what happens after the two of you have had an argument, particularly if it’s been a heated argument. How do the two of you get over a heated argument as a couple? What do you do to try to get back to normal?

- For example, does one of you apologize for fighting in general? Do you apologize for specific things that were said or done? Does one of you buy flowers or a gift or do something particularly sweet for the other? Do you pretend it never happened? Do you take time to calm down and then discuss the issue again calmly? Do you typically have sex after? Does one of you give in? (You are trying to get examples of what either or both partners do so that the couple recovers. An example such as, “I go for a run to calm down and then I’m over it” is more about how the individual recovers, not the marriage.)
- Do these things work? Do they help you to get back on track as a couple or maybe they help you to feel even closer than you did before the argument? (Are they really helpful for feeling closer as a couple, according to the partner? If the partner says they help get past the fight in a superficial way but don’t really foster greater intimacy, you would think about these efforts as not effective.)
- Does one of you work to resolve things more than the other? (If yes) Which one? (Get specifics.)
- How long does it usually take to get back to normal? (How long does the tension last?)
- What about throwing things at, or pushing the other person, grabbing the other person’s arm, things like that (physical aggression)? (If yes, find out who did it, and get an example or two.)

Appendix B

Rating Scales for the Relationship Quality Interview

Individual Item Ratings

Individual item ratings are made on 1–5 scales (scores of 0.5 are permissible). Note that the same rating scales are used for all individual item ratings. Some individual item ratings target specific behaviors, whereas others target participant/partner satisfaction with those behaviors. Thus, guidance regarding both types of questions is included in the descriptions provided.

1. Participant or partner absolutely never engages in this behavior (if it’s a positive/desired behavior) or always engages in this behavior (if it’s an aversive behavior). Participant is completely/extremely dissatisfied with partner/relationship in this area. (This is meant to be an extreme rating.)

2. Poor functioning in this area. Participant or partner engages in this behavior rarely/occasionally (if it’s a desired/positive behavior) or frequently/often (if it’s an aversive behavior). Participant is somewhat dissatisfied with partner/relationship in this area.
3. Participant or partner engages in this behavior about half of the time. Participant is satisfied with partner’s behavior in this area about half of the time or is indifferent on this matter.

4. Good functioning in this area. Participant or partner engages in this behavior frequently/often (if it’s a desired/positive behavior) or rarely/occasionally (if it’s an aversive behavior). Participant is satisfied with partner/relationship in this area.

5. Participant or partner always engages in this behavior (if it’s a positive/desired behavior) or absolutely never engages in this behavior (if it’s an aversive behavior). Participant is completely/extremely satisfied with partner/relationship in this area. (This is meant to be an extreme rating.)

Global Ratings

Global ratings are made on 1–5 scales (scores of 0.5 are permissible).

Quality of Emotional Intimacy in the Relationship (Intimacy)

This rating measures feelings of trust and closeness (overall sense of closeness, warmth, affection, and interdependence); mutual comfort confiding in and being emotionally vulnerable with each other; comfort being oneself with partner; quality of self-disclosure transactions across variety of topics; and quality of couple’s friendship; demonstrations of love and affection.

1. Extreme emotional distance from partner. Partner cannot be trusted/confided in. All difficult topics are avoided. Attempts to self-disclose are punished. Partner does not disclose to participant. Partner expresses very little love or affection. Total lack of intimacy in all aspects of relationship.

2. Lack of closeness and trust. Little emotional intimacy. Participant uncomfortable talking about most private feelings or thoughts. Partner rarely self-discloses. Several topics are avoided. Lack of love or affection.

3. Some closeness emotionally. Some trust in partner, depending on the situation. Certain topics are avoided. Partner discloses somewhat and shows some love/affection. Level of intimacy is moderate.

4. High degree of closeness and trust. Participant feels comfortable talking about most topics. Partner feels comfortable self-disclosing. Both partners are comfortable feeling and expressing vulnerability with the other across most/all topics. Level of intimacy is high.

5. Extreme closeness between partners. There is a high level of trust and intimacy in the relationship. Self-disclosure is rewarded by partner. Both partners are able to confide in/disclose to the other about any topic. Extremely high levels of emotional intimacy in all aspects of the relationship.

Quality of the Couple’s Sexual Relationship (Sex)

This rating measures frequency of sexual activity; asymmetry of and preferences for initiation of and engagement in sexual activities; sexual satisfaction during the arousal and orgasm phases of the sexual response cycle; negative emotions (e.g., fear, disgust) during or after sexual interactions; sexual difficulties or concerns; frequency and quality of sensual behaviors (e.g., touching, hugging, cuddling, massage) with and without sexual activity.

1. Infrequent sexual relations. Both partners very unsatisfied. Sex always accompanied by negative emotions. Sensual behaviors are rare. Sexual difficulties are frequent.

2. Occasional sexual relations (less than 1 time per month). Both partners dissatisfied. Sex sometimes accompanied by negative emotions. Sensual behaviors typically lead to sex and are rarely engaged in after sex. Occasional sexual difficulties.

3. Occasional sexual relations (1–2 times per month). Moderate satisfaction from both partners or one partner more satisfied than other. No sexual difficulties. (Exception: if woman never has orgasm but reports satisfaction, may give a 4 or 5.)

4. Frequent sexual relations (1 time per week). Sex is satisfying for both partners and is never accompanied by negative emotions. Frequent sensual behaviors that do not always lead to sex. Sensual behaviors engaged in after sex. No sexual difficulties.

5. Frequent sexual relations (2–3 times per week). Sex is extremely satisfying for both partners. Frequent sensual behaviors that do not necessarily lead to sex. Sensual behaviors engaged in after sex. No sexual difficulties.

Quality of Support Transactions in the Relationship (Support)

This rating measures quality of support when one partner has had a bad day, is feeling down, or has a problem; types of support (emotional, tangible, informational, and esteem); match between desired and received levels of support; whether support is offered in a positive or negative manner; mutuality of support provided and received across both partners; and adequacy of support across a variety of situations and contexts.

(Appendices continue)
1. Partner provides no support or provides limited support but it is not what the participant wants. Partner almost always dismisses or ignores requests for support (or time alone) or responds with criticism.

2. In most situations, there is a mismatch between support received and support desired. Partner sometimes dismisses or ignores requests for support.

3. There is some mismatch between type of support provided and type of support desired (about half of the time). Participant is indifferent on this topic.

4. In most situations, there is a match between type of support provided and type of support desired. Partner never dismisses or ignores requests for support.

5. High quality of support from partner. Partner is excellent at providing support and always responds well to requests for support.

Quality of Couple’s Ability to Share Power in the Relationship (Power)

This rating measures demonstrations of respect for each other as competent, independent adults; acceptance of and positive regard for each other, even during disagreements; a/symmetry in decision-making power across a variety of areas; power over division of responsibilities; and a couple’s ability to negotiate power across a variety of areas (e.g., scheduling one’s own day, controlling money, contact with friends and family).

1. Participant is not treated as a competent person or equal partner. There is extreme disrespect in the relationship. One partner has almost all of the power in the relationship, including over the other partner’s daily life and contact with family and friends.

2. There is little respect demonstrated in the relationship, power over decision making is imbalanced, and one partner has substantial power over the other partner’s daily life.

3. One or both partners are occasionally disrespected and sometimes feel unaccepted (about half of the time). There is some shared power over decision making. There are some specific power issues in the relationship, or there is some lack of personal freedom.

4. There is a great deal of respect in the relationship, balanced decision making, and no power issues.

5. Partners treat each other as competent individuals and equal partners. There is tremendous respect, and each partner has power over his/her own daily life and contact with friends and family. Partners share decision-making power or are comfortable with the division in decision-making power.

Quality of Conflict/Problem-Solving Interactions in the Relationship (Conflict)

This rating measures typical frequency and length of major and minor arguments; typical behaviors engaged in during conflicts; presence, level, and severity of psychological and physical aggression or withdrawal during arguments; emotions and behaviors before, during and after arguments; and quality/mutuality of conflict recovery strategies after an argument.

1. Major arguments occur often (e.g., several times a week). All/almost all disagreements escalate into major arguments. Conflict regularly includes verbal aggression and/or physical aggression along with a multitude of negative emotions. Couple has poor conflict management skills. The argument may end, but the issue is not resolved.

2. Major arguments are common (e.g., weekly). Disagreements often escalate into major arguments. Conflict often includes verbal aggression and may sometimes include “moderate” physical aggression. Couple has poor conflict management skills. Couple typically takes hours to days to recover from an argument, and disagreements are rarely resolved.

3. Major arguments occur occasionally (e.g., once a month). Minor arguments (bickering) occur regularly (e.g., weekly). Major arguments include some negative affect with occasional verbal aggression but no severe physical aggression. Conflict resolution takes a long time, but issues are typically resolved in some way. One person tends to facilitate the process of getting back to normal more than the other.

4. Major arguments are rare. Minor arguments occur occasionally. There is absolutely no psychological or physical aggression (but the couple may express some degree of negative affect during arguments). Couple has good conflict management skills, and issues are almost always resolved.

5. Absolutely no major arguments. No psychological or physical aggression. Very rarely have minor arguments (bickering). Couple is good at resolving conflict and exhibits good conflict management skills. Disagreements are typically resolved with healthy communication and do not escalate into arguments.