

# The Role of Dyadic Discord in Outcomes in Acute Phase Cognitive Therapy for Adults With Recurrent Major Depressive Disorder

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Major depressive disorder (MDD) and relationship discord between cohabiting partners frequently co-occur, with bidirectional effects established. As relationship quality influences understanding and treatment of MDD, the current analyses clarified the relations of pretreatment dyadic discord with outcomes during and at the end of acute phase cognitive therapy (CT) for adults with recurrent MDD. Married or cohabiting patients ( $n = 219$ ) completed the Dyadic Adjustment Scale (DYS) before and after a 16–20 session, 12–14 week CT protocol. Lower levels of dyadic adjustment indicated higher levels of dyadic discord. Response to CT was defined as the absence of a major depressive episode and  $\leq 12$  on the 17-item Hamilton Rating Scale for Depression. Pretreatment dyadic discord, whether defined as a continuous or categorical variable (using DHS cutoff score of 97), was not associated with treatment completion or response but was positively associated with levels of depressive symptoms at the end of acute phase CT. Furthermore, CT was associated with declines in dyadic discord, with 23.3% of initially

discordant couples moving to nondiscordant status at the end of CT. Depressive symptoms did not significantly mediate changes in dyadic discord. Finally, pre- (but not mid-) treatment dyadic discord was associated with subsequent changes in depressive symptoms, suggesting limited mediation. These findings replicate prior research indicating that individual CT is associated with reductions in depressive symptoms and dyadic discord while clarifying that lower pre-treatment dyadic discord may predict initial improvement in depressive symptoms.

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*Keywords:* cognitive therapy; couples; depression; dyadic discord; marital satisfaction

IN ADDITION TO MAJOR DEPRESSIVE DISORDER'S (MDD) prevalence (Kessler et al., 2005) and economic consequences (Greenberg et al., 2003), the disorder frequently co-occurs with interpersonal dysfunction. Criticism, hostility, and rejection are common among social interactions involving a depressed person, as are a lack of positive emotions and behaviors (Gabriel, Beach, & Bodenmann, 2010; Hames, Hagan, & Joiner, 2013; Rehman, Gollan, & Mortimer, 2008). The marital discord model of depression has posited that marital dissatisfaction is associated with future depressive symptoms (Beach, Sandeen, & O'Leary, 1990) while depression contagion research has demonstrated one person's depression is associated with increased symptoms of depression in a close other, such as a romantic partner (Coyne, 1976; Joiner & Katz, 1999).

Targeting interpersonal relationship dysfunction is important in the comprehensive treatment of depression and may represent one efficacious treatment mechanism. Past research has examined relationship dysfunction in a variety of interpersonal relationships, including marital/cohabiting relationships, as a predictor and/or moderator of depression treatment outcomes such as symptom response and remission through both cognitive therapy (CT) and pharmacotherapy. Pretreatment relationship distress is associated with CT nonresponse (Jarrett et al., 2013) while deterioration in social-interpersonal functioning, including marital/intimate relationships, is associated with relapse/recurrence after CT (Vittengl, Clark, & Jarrett, 2009; Vittengl, Clark, Thase, & Jarrett, 2016b). Past studies suggest relationship functioning will improve moderately after acute (Dunn et al., 2012; Vittengl, Clark, & Jarrett, 2004) or continuation phase cognitive therapy (Jha, Minhajuddin, Thase, & Jarrett, 2014; Vittengl et al., 2016b). While social-interpersonal functioning improves less frequently and more slowly than depressive symptoms (Hirschfeld et al., 2002; Vittengl et al., 2004), and

social-interpersonal impairment after CT or pharmacotherapy is evident (Hirschfeld et al., 2002; Kennedy, Foy, Sherazi, McDonough, & McKeon, 2007; Vittengl et al., 2004), early improvement in social-interpersonal functioning may aid later reduction in depressive symptoms throughout CT (Dunn et al., 2012). Social-interpersonal functioning in many kinds of relationships, such as with family, friends, and marital or cohabiting partners, may therefore affect CT treatment outcomes like completion and response, such that targeting interpersonal functioning could yield depressive symptom reduction.

Here we drill down from the array of previously studied relationship types to focus on one specific aspect of social-interpersonal functioning: the relationship of married or cohabiting partners, one of whom presented for individual CT for recurrent depression. We ask the extent to which pretreatment dyadic discord (i.e., low levels of dyadic adjustment or satisfaction) predicts CT outcomes among depressed adults with cohabiting/married partners. There are several reasons for focusing specifically on dyadic discord in an analysis of CT. Overall, depressive symptoms and behaviors are clearly associated with relationship discord. For example, lower levels of direct anger and higher levels of hostility have been associated with later depressive symptoms (Rude, Chrisman, Burton Denmark, & Maestas, 2012), angry or depressive conflict resolution mediated the association between marital dissatisfaction and depressive symptoms (Du Rocher Schudlich, Papp, & Cummings, 2011), and hostility has been associated with both relationship distress and depressive symptomatology (Knobloch-Fedders, Knobloch, Durbin, Rosen, & Critchfield, 2013). This research also relates to stress generation, or the concept that depressive symptoms are associated with subsequent interpersonal conflict stressors, such as arguments with one's romantic partner (Hammen, 1991).

Furthermore, the ending of close relationships has also been associated with subsequent depression, as 43% of participants who experienced a separation, divorce, or serious relationship ending also experienced a depressive episode over 3-year follow-up (Gilman et al., 2013). Similarly, at 10-year follow-up of depressed inpatients with MDD, 42% of previously-married participants were currently separated or reported relationship dissatisfaction; in addition, almost 90% of participants who reported being in a dissatisfying relationship at follow-up also reported having at least one recurrence of depression within this interval (Kronmuller et al., 2011).

Given the impact of dyadic discord on depressive symptoms and diagnoses, substantial prior research

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