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Associations Between Relationship Quality and Treatment-Related Stress Among Couples Receiving Methadone for Opioid Use Disorder

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Abstract

Background: Social relationships may buffer or exacerbate stress among patients receiving methadone treatment for opioid use disorder (OUD). Little is known, however, about how relationship quality is linked to treatment-related stress among couples in which both partners receive methadone. We considered the links between relationship quality and treatment-related stress among couples in methadone treatment for OUD.

Methods: Participants for this cross-sectional observational study included 60 heterosexual married or cohabiting couples aged 18 and older drawn from two opioid treatment programs in Rhode Island and Massachusetts. Both partners completed a self-administered survey which assessed their sociodemographic information, relationship and treatment characteristics, and perceived treatment-related stress. We estimated actor-partner interdependence models to evaluate the links between each partner's perceptions of relationship quality (with their partner and their closest family member or friend) and treatment-related stress.

Results: When their partners reported a more positive partner relationship, women had lower treatment-related stress. When women reported a more positive relationship with their own closest family member or friend, both women and their partners had lower treatment-related stress. When men perceived a more positive relationship with their closest family member or friend, their partners reported greater treatment-related stress. Negative relationship quality was not significantly linked to treatment-related stress.

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Declaration of interest: None.

Conclusions: This study highlights the importance of considering how social relationship quality might impact the experiences of couples receiving methadone for OUD. In particular, women's close relationships may help to mitigate treatment-related stress.

Keywords

opioid use disorder; methadone maintenance; couples; social relations

1. Introduction

Opioid use disorder (OUD) is a critical public health concern in the United States. Methadone delivered through opioid treatment programs is a common medication for opioid use disorder. Methadone treatment improves health and reduces mortality (Sordo et al., 2017; Ward et al., 1999) but it can be stressful due to frequent clinic visits for methadone dispensing, regular toxicology screenings, and a high level of persistence needed to remain in treatment (Amato et al., 2015; Fei et al., 2016). It is well established that social relationships can buffer or exacerbate stress in various contexts including substance use disorder treatment (Hostinar, 2015; Ruisoto & Contador, 2019). Yet little is known about the role of social relationships in perceptions of stress during methadone treatment for OUD. Given that greater perceived stress during treatment has been associated with adverse outcomes including increased drug craving (Ilgen et al., 2008; Preston & Epstein, 2011; Preston et al., 2017; Preston et al., 2018) and early dropout (Jaremko et al., 2015; Panlilio et al., 2019), understanding how social relationships are linked to treatment-related stress may inform the clinical care of patients receiving methadone.

Patients in methadone treatment for OUD commonly have a spouse or romantic partner with a current or past history of substance use (e.g., Grella et al., 2003; Puigdollers et al., 2004; Riehmman et al., 2003). When both partners receive methadone at the same time, this might be especially stressful because they may differ in their motivation for recovery, willingness to change mutually enabling patterns, and ability to remain drug-free (Cavacuiti, 2004; Simmons & McMahon, 2012; Simmons & Singer, 2006). Partners' shared stressors related to methadone treatment may also impact their coping behaviors and relationship functioning (Rusu et al., 2020). Consequently, both partners' perceptions of the quality of their relationship and other close relationships may play a part in shaping the experience of treatment-related stress. We evaluated associations between relationship quality and perceived treatment-related stress in a sample of heterosexual couples in which both partners received methadone for OUD. We considered each member of the couple's reports of relationship quality with their partner and their closest family member or friend.

Partner relationships may be associated with treatment-related stress among couples receiving methadone for several reasons. In line with interdependence theory (Rusbult & Van Lange, 2008), members of a couple influence one another's thoughts, feelings, and behaviors. Partners often show similarity in their opioid use (Gogineni et al., 2001; Polenick et al., 2021; Powers & Anglin, 1996) and in their methadone doses (Huang et al., 2018) that may facilitate collaborative coping or amplify strain during treatment. Opioid use and treatment may also have a negative impact on the emotional well-being of both

partners (Wittenberg et al., 2016). In addition, sexual dysfunction is a common side effect of methadone that can have detrimental implications for the partner relationship (Teoh et al., 2017; Xia et al., 2013; Yee et al., 2016). With this interdependence, the nature and quality of couple interactions might be key factors in treatment experiences. For instance, greater relationship closeness has been associated with a lower percentage of cocaine-positive and heroin-positive urine samples over a 35-week period among married individuals in treatment (Heinz et al., 2009). A study of heterosexual couples in which both partners received methadone for OUD similarly found that when women reported more positive partner relationship quality, they had a lower risk of nonmedical prescription opioid use and their partners had a lower risk of street opioid use (Polenick et al., 2021). By contrast, negative partner interactions such as arguments about drug use or its consequences may be a common source of strain during treatment (Cavacuiti, 2004; Simmons & McMahon, 2012; Simmons & Singer, 2006). Collectively, this research suggests that both partners' views of positive and negative partner relationship quality may be linked to treatment-related stress among couples receiving methadone.

Other close relationships may also be linked to treatment-related stress during methadone treatment for OUD. Having a social network member who can provide emotional support and having a close relationship with a social network member are associated with lower odds of heroin use in methadone treatment (Shen et al., 2018). Patients receiving methadone who have better family relationships and greater social support also report better quality of life and are more likely to remain abstinent from drugs (Cavaiola et al., 2015; Zhou et al., 2017). Moreover, patients with family members who are supportive of methadone treatment are less likely to use heroin (Feng et al., 2018). Patients with more negative relationships, however, have been found to show poorer outcomes. For example, having more family problems is linked to concurrent heroin use (Feng et al., 2018) and greater family criticism is associated with higher depressive symptoms and shorter treatment retention (Lee et al., 2015). Additionally, patients receiving methadone frequently have one or more social network members who use drugs and may be unsupportive of methadone treatment (Day et al., 2013; Feng et al., 2018; Gogineni et al., 2001; Shen et al., 2018), potentially intensifying stress. Hence, among couples receiving methadone, both partners' views of positive and negative relationship quality with their closest family member or friend may be associated with treatment-related stress. Relationships with close others may serve as a joint resource that buffers stress for the couple and/or a shared strain that magnifies treatment-related stress.

To optimize clinical care and interventions, it is important to understand gender differences in the links between relationship quality and treatment-related stress among couples receiving methadone. Relative to men, women usually experience greater emotional strain from interpersonal problems (Birditt & Fingerman, 2003; Mohr et al., 2003), are more likely to report arguments during stressful events when in OUD treatment (Moran et al., 2018), and rely more on social support to cope with stress in the context of substance use (Bonin et al., 2000). Women receiving methadone also typically report greater job instability, more interpersonal barriers to treatment (e.g., inadequate family support), and greater comorbidity (e.g., Bawor et al., 2015; Grella et al., 2003; Puigdollers et al., 2004; Riehm et al., 2003; Vigna-Taglianti et al., 2016). Furthermore, among women but not

men, loneliness has been reported as a major reason for return to substance use (Levy, 2008) and is associated with higher odds of illicit opioid use during methadone treatment (Polenick et al., 2019). Considering the heightened vulnerabilities and centrality of social support in managing stress among women, it is plausible that both partners' perceived relationship quality with partners and closest family members or friends are more strongly linked to women's treatment-related stress.

This study builds on the literature by evaluating the associations between relationship quality and treatment-related stress in a sample of heterosexual couples in which both partners received methadone for OUD. We hypothesized that both own and partner reports of higher positive partner relationship quality and higher positive relationship quality with closest family members or friends would be linked to lower treatment-related stress, whereas own and partner reports of higher negative partner relationship quality and higher negative relationship quality with closest family members or friends would be linked to greater treatment-related stress. We further predicted that these associations would be stronger for women than men.

2. Methods

2.1. Sample and Procedures

The sample included 144 patients who were recruited from two large opioid treatment programs in Rhode Island ($n = 84$) and Massachusetts ($n = 60$). In these programs, all patients received at least one group, individual, or couple therapy in addition to methadone. Clinical staff assisted recruiting individuals and their partners aged 18 and older who were currently married or cohabiting (i.e., 72 patient dyads). Both partners generally came in together for methadone dosing. Clinicians shared fliers with couples who were interested in the study. Response rates were not collected for this convenience sample; however, we estimate that at least 80% of these couples agreed to participate. Couples in which both partners currently received methadone for OUD and consented to participate were enrolled. Individuals were excluded if they were under age 18 or not fluent in English. Participating partners completed an in-person self-administered questionnaire during their scheduled clinic visits. An informed consent document was included with each survey. Couples completed the surveys at the same time in separate rooms and both partners were asked to keep their responses confidential. Survey completion was monitored by the principal investigator (B.P.C.). The survey did not include any identifying information. Upon completion of the survey, each participant was given a \$20.00 gift card as an honorarium. The survey took an average of 20-30 minutes to complete. This study was approved by the Institutional Review Board of the University of Rhode Island.

We removed six individuals in three same-sex couples because their small number precluded a meaningful comparison with heterosexual couples and because this paper was focused on gender differences within couples. Of the remaining 138 individuals in 69 couples, there were nine in which one or both partners had missing data on study variables. The final analytic sample included 120 individuals in 60 couples with complete data (see Table 1). Relative to those who were removed due to missing data, individuals in this study did not significantly differ in their sociodemographic characteristics or scores on study variables.

2.2. Measures

2.2.1. Treatment-related stress.—Participants were asked: “How stressful is [your/your partner's] methadone treatment?” Responses ranged from 1 (*not at all*) to 5 (*very much*). Single-item measures are not ideal; however, previous studies have found that single-item measures of stress are linked to outcomes including drug craving and exposure to drug-use triggers (e.g., Ilgen et al., 2008; Moran et al., 2018; Preston & Epstein, 2011), and prior research has shown that single-item measures of psychosocial stress produce responses with good reliability and validity (e.g., Arapovic-Johansson et al., 2017; Littman et al., 2006).

2.2.2. Relationship quality.—Participants were separately asked about their relationship with (a) their partner; and (b) their closest family member or friend after reporting who they felt closest to other than their partner. Positive relationship quality was assessed with three items. On a scale from 1 (*a lot*) to 4 (*not at all*), participants reported the extent to which their partner/closest family member or friend: really understands the way they feel about things; can be relied upon if they have a serious problem; and can be opened up to if they need to talk about their worries. We measured negative relationship quality with four items. On a scale from 1 (*a lot*) to 4 (*not at all*), participants reported how much their partner/closest family member or friend: makes too many demands on them; criticizes them; lets them down when counted upon; and gets on their nerves. Prior research has found that similar relationship quality items produce valid and reliable responses (Bertera, 2005; Schuster et al., 1990; Walen & Lachman, 2000). The items were reverse coded and averaged so that higher scores represented greater positive relationship quality (women: $\alpha = .77$ for partner and $\alpha = .86$ for closest family member/friend; men: $\alpha = .70$ for partner and $\alpha = .81$ for closest family member/friend) and negative relationship quality (women: $\alpha = .87$ for partner and $\alpha = .82$ for closest family member/friend; men: $\alpha = .74$ for partner and $\alpha = .88$ for closest family member/friend).

2.2.3. Covariates.—We controlled for two partner relationship characteristics: relationship type (1 = *married*, -1 = *cohabiting*) and duration (1 = *5 years or longer*, -1 = *less than 5 years*). In post hoc tests, we also controlled for worries about own and partner substance use, methadone treatment duration, and risk of nonmedical prescription and street opioid use. Participants were asked: “How much do you worry that you will abuse substances?” and “How much do you worry that your partner will abuse substances?” Responses ranged from 1 (*not at all*) to 5 (*very much*). To account for differences in treatment-related stress among patients who have been in treatment long enough to be stable on methadone versus those who have not (Ward et al., 1998), we considered whether patients received methadone treatment for two or more years (1 = *2 years or more*, -1 = *less than 2 years*). We assessed nonmedical prescription and street opioid use risk with the widely used 8-item National Institute on Drug Abuse (NIDA) Modified—ASSIST (WHO ASSIST Working Group, 2002). We separately created Substance Involvement (SI) scores for prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) and street opioids (heroin, opium, etc.) by adding the scores for items 2-7. Total scores represented low (0-3), moderate (4-26), or high risk (27+).

2.3. Analytic Strategy

We used paired t tests and McNemar tests in preliminary analyses to consider gender differences in background characteristics and scores on study variables. In the main analyses, we estimated actor-partner interdependence models (APIM; Kenny et al., 2006) with the MIXED procedure in SPSS version 27. The APIM integrates a conceptual model of interdependence in social relationships with statistical procedures that enable the evaluation of mutual influences within dyads. Models permitted correlated errors between women and men within the couples using a heterogeneous compound symmetry (CSH) covariance structure. Actor effects in this study refer to the extent to which *one's own* perceptions of relationship quality are linked to treatment-related stress. Partner effects refer to the extent to which *partners'* perceptions of relationship quality are associated with treatment-related stress.

We estimated separate models for positive and negative relationship quality. In Model 1, we tested the associations between own and partner reports of relationship quality (with partners and closest family members/friends) and treatment-related stress. In Model 2, we entered partner relationship characteristics (relationship type and duration) as covariates. We included a distinguishing variable (1 = *woman*, -1 = *man*) to obtain separate intercepts and slopes for men and women within couples (Kenny et al., 2006).

3. Results

Table 1 presents background characteristics and scores on key study variables for the 60 couples (120 individuals). On average, couples had been together for 8.51 years ($SD = 8.46$, range = 0.25 to 34.0) and were in their mid to late 30s. Most were non-Hispanic White, had a high school education or less, and lived in their own homes; but about one in ten were homeless. Less than one-third were married, with the majority living as cohabiting partners. Both women and men had a moderate risk of nonmedical prescription and street opioid use on average. Overall, there were few differences between women and men within couples. Relative to their male partners, women were significantly younger ($p < .001$) and were less likely to work full-time or part-time ($p = .043$). Women reported significantly higher negative partner relationship quality than men ($p = .036$), but did not differ on any other study variables.

Table 2 shows APIM parameter estimates for positive relationship quality. Negative relationship quality was not significantly associated with treatment-related stress; thus, the estimates for this model are presented in Supplementary Table 1.

3.1. Associations Between Positive Relationship Quality and Treatment-Related Stress

3.1.1. Women's treatment-related stress.—Table 2 shows that when women reported a more positive relationship with their own closest family member or friend, they perceived lower treatment-related stress ($b = -0.72$, $p < .001$). When their partners reported a more positive partner relationship, women also had lower treatment-related stress ($b = -0.68$, $p = .010$). When their partners reported a more positive relationship with their own

closest family member or friend, women perceived greater treatment-related stress ($b = 0.47$, $p = .035$).

3.1.2. Men's treatment-related stress.—As shown in Table 2, when their partners reported a more positive relationship with their own closest family member or friend, men had lower treatment-related stress ($b = -0.53$, $p = .014$). Partners' perceptions of positive partner relationship quality were not significantly linked to men's treatment-related stress. Likewise, men's own reports of positive partner relationship quality and positive relationship quality with their closest family member or friend were not significantly linked to treatment-related stress.

3.2. Post Hoc Tests

We estimated models controlling for both partners' worries about own and partner substance use in a reduced sample of 57 couples who had complete data on these variables. The findings did not change. We next estimated this model with the addition of own and partner SI scores for nonmedical prescription and street opioids as covariates in a reduced sample of 45 couples with complete data on these variables. All findings remained the same with one exception. The link between their partners' reports of positive partner relationship quality and women's treatment-related stress became nonsignificant in this model. Last, we tested this model with the inclusion of own and partner reports of treatment duration in a reduced sample of 42 couples who had complete data on these variables. The findings did not change from the previous model.

4. Discussion

This study demonstrates that close relationships appear consequential for treatment-related stress among couples in which both partners receive methadone for OUD. The present findings add to a growing literature on the distinct implications of relationships with partners and other close social ties for treatment outcomes (e.g., Heinz et al., 2009; Feng et al., 2018; Polenick et al., 2019). In particular, we found that partners' views of positive relationship quality were associated with lower treatment-related stress among women only, whereas women's perceptions of positive relationships with their closest family members or friends were associated with lower treatment-related stress among both members of the couple. Taken together, these findings suggest that routine clinical care may be enhanced by strategies to strengthen and leverage positive social relationships among partnered individuals receiving methadone for OUD.

When their partners reported more positive partner relationship quality, women perceived lower treatment-related stress. In line with our hypothesis, positive partner relationships might attenuate stress among women in methadone treatment. Notably, men did not report lower treatment-related stress when they or their partners perceived more positive partner relationship quality. Consistent with our prediction, positive partner relationships may be more central to treatment-related stress reduction among women. Relative to men, women tend to have more social and family responsibilities that might complicate their response to treatment. Positive relationships with partners may be a vital resource that combats treatment-related stress and fosters resilience among partnered women receiving methadone.

This link became nonsignificant in post hoc tests controlling for own and partner risk of using nonmedical prescription and street opioids, however, which suggests that these risk indicators might be more impactful.

Women's positive relationships with other close social ties might help reduce treatment-related stress experienced by both members of the couple. More specifically, both women and men reported lower treatment-related stress when women had more positive relationships with their closest family members or friends. These findings align with previous research showing that men may benefit psychologically from their partners' positive social relationships (Polenick et al., 2018). These associations held when controlling for both dyad members' worries about own and partner substance use, nonmedical prescription and street opioid use risk, and treatment duration in post hoc tests, indicating that they are considerably robust.

Contrary to our hypothesis, women reported more treatment-related stress when their partners had a more positive relationship with their own closest family member or friend. This somewhat counterintuitive finding may in part reflect the greater influence of friends and other network members on men's obtainment and use of substances (e.g., Back et al., 2010; Edwards et al., 2019; Lev-Wiesel & Shuval, 2006; Young et al., 2014). Having social network members who use drugs (Day et al., 2013; Gogineni et al., 2001; Feng et al., 2018) and join patients in using drugs (Shen et al., 2018) is linked to concurrent drug use during methadone treatment for OUD. When men receiving methadone have a more positive relationship with their closest family members or friends, they may be more tempted to use opioids, which in turn might magnify their partners' treatment-related stress. This association remained even after we controlled for both partners' worries about own and partner substance use, risk of opioid use, and treatment duration, which indicates that it is likely explained in part by other factors (e.g., limited support from partners, close network members interfering in the partner relationship).

Of note, negative relationships with one's partner and closest family member or friend were not significantly associated with treatment-related stress for women or men. Although we hypothesized that negative social relationships may intensify treatment-related stress, it appears that positive components of close social ties might play a more prominent protective role. Positive relationships with partners and other close network members may buffer stress during treatment by providing social support and by facilitating more adaptive, drug-free strategies for coping with negative emotions. Additional research is needed to better understand the potential benefits of positive relationship qualities in managing stress and in promoting emotional well-being among individuals and couples receiving methadone.

Treatment-related stress has implications for the well-being of couples receiving methadone; but it is important to acknowledge that treatment-related stress is not equivalent to treatment outcomes. For instance, methadone treatment may be perceived as highly stressful even though it is effective in managing OUD. Future research should consider how partner relationships and other close relationships are associated with specific components of treatment-related stress such as logistical issues (e.g., scheduling conflicts) or interpersonal

difficulties (e.g., poor rapport with treatment staff) that may hinder treatment adherence and increase risk of return to opioid use.

4.1. Limitations and Future Directions

This study has several limitations. First, we cannot determine causal links in a cross-sectional study. For example, women may have more positive relationships with their partners and their closest family members or friends because they experience less treatment-related stress that strains these social ties. Second the sample was self-selected, which could introduce bias in that couples who participated may have better relationships and lower treatment-related stress than couples who did not participate. Third, couples were heterosexual and mostly non-Hispanic White, and so the results are not generalizable to same-sex couples or couples of different race/ethnicities including interracial couples. Finally, the sample size was relatively small but similar to the sample sizes of other studies focused on couples in which one or both partners are in substance use disorder treatment (e.g., Kelley et al., 2016; Flanagan et al., 2018; Schumm et al., 2019) and had sufficient power to detect actor and partner effects (Kenny et al., 2006; Loeys et al., 2014). Despite these limitations, this study has numerous strengths including the examination of data from both dyad members and statistical procedures to explore mutual influences within couples.

Future studies should investigate how social relationships are associated with treatment-related stress over time among couples. For instance, longitudinal research might consider whether positive social relationships are associated with initial levels of and rates of change in perceived stress. Future work should also aim to identify mechanisms that explain the findings in this study. Pinpointing short-term processes (e.g., daily positive social interactions) and their links to both self-reported and objective indicators of stress (e.g., biometrics) would help to determine potentially modifiable targets for intervention. Psychopharmacological interventions targeting stress among people with OUD have shown promise, but there is a dearth of research on behavioral interventions (MacLean et al., 2019). Patients receiving methadone for OUD have been found to report high levels of treatment willingness and perceived efficacy of group stress reduction treatments (Barry et al., 2011), however, suggesting that psychosocial interventions may be feasible and effective. Research is needed to evaluate strategies for stress management in methadone treatment that include partners and other social network members. Bolstering this approach, most patients receiving methadone report having at least one drug-free social network member, and are willing and able to involve these individuals in treatment to support their recovery efforts (Kidorf et al., 2018; Kidorf et al., 2005; Kidorf et al., 2016).

4.2. Conclusions

As a whole, this study suggests that social relationships have important implications for treatment-related stress among couples receiving methadone for OUD. Couples in which both partners receive methadone may be a particularly vulnerable subgroup of patients because they are faced with unique barriers and challenges can erode their emotional well-being (Cavacuiti, 2004; Simmons & McMahon, 2012; Simmons & Singer, 2006). The present findings highlight the clinical value of developing strategies to promote and sustain positive social ties among these couples to support their long-term recovery.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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Table 1

Background Characteristics and Scores on Study Variables Among Couples.

Variable	Women			Men		
	<i>M</i>	<i>SD</i>	<i>Range</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
Age ^a	36.68 ^{***}	10.22	19-59	39.97	9.44	24-60
Positive RQ with partner	3.21	0.68	1.33-4.00	3.27	0.72	1.00-4.00
Negative RQ with partner	2.43 [*]	0.88	1.00-4.00	2.14	0.70	1.00-3.50
Positive RQ with closest family member/friend	2.97	0.90	1.00-4.00	3.13	0.81	1.00-4.00
Negative RQ with closest family member/friend	2.20	0.85	1.00-4.00	2.30	0.91	1.00-4.00
Worries about own substance use ^b	2.45	1.49	1.00-5.00	2.33	1.37	1.00-5.00
Worries about partner substance use ^b	2.64	1.61	1.00-5.00	2.70	1.48	1.00-5.00
SI score: prescription opioids ^c	5.49	7.01	0-35	7.66	10.07	0-37
SI score: street opioids ^d	10.82	11.27	0-38	10.08	11.27	0-39
Treatment-related stress	2.22	1.30	1.00-5.00	2.55	1.42	1.00-5.00
Relationship type (married)		%			%	
Relationship duration (5+ years)		26.7			26.7	
Racial/ethnic minority ^e		56.7			56.7	
Employed full-time or part time ^f		27.5			44.9	
Education level ^a		20.0 [*]			39.0	
Less than high school		27.1			33.3	
Completed high school		33.9			46.7	
Some college		30.5			16.7	
Graduated college		8.5			3.3	
Current living situation ^f						
Living in own home		63.3			64.4	
Living with a friend		21.7			18.6	
Staying in a shelter/sober house		3.3			3.4	
Homeless		11.7			13.6	
Treatment duration (2+ years) ^g		57.6			61.4	

Notes. RQ = relationship quality. M = mean. SD: standard deviation. SI score: substance involvement score.

^aMissing for one woman.

^bMissing for two women.

^cMissing for five women and 10 men.

^dMissing for four women and 10 men.

^eMissing for nine women and 11 men.

^fMissing for one man.

^gMissing for one woman and three men.

$N = 60$ dyads.

* Significant gender difference within couples at $p < .05$.

*** Significant gender difference within couples at $p < .001$.

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Table 2

Actor-Partner Interdependence Model Examining Dyadic Associations Between Positive Relationship Quality and Treatment-Related Stress Among Couples.

Predictor	Women's Treatment-Related Stress			Men's Treatment-Related Stress		
	<i>b</i>	<i>SE</i>	95% <i>CI</i>	<i>b</i>	<i>SE</i>	95% <i>CI</i>
Actor RQ with partner	0.14	0.24	-0.35, 0.62	-0.05	0.29	-0.63, 0.53
Partner RQ with partner	-0.68*	0.25	-1.19, -0.17	0.26	0.28	-0.30, 0.82
Actor RQ with closest family member/friend	-0.72***	0.18	-1.09, -0.36	-0.31	0.25	-0.82, 0.19
Partner RQ with closest family member/friend	0.47*	0.22	0.03, 0.91	-0.53*	0.21	-0.95, -0.11
Relationship type (married)	-0.28	0.18	-0.64, 0.08	0.28	0.21	-0.13, 0.70
Relationship duration (5+ years)	-0.04	0.16	-0.35, 0.27	0.02	0.18	-0.34, 0.38

Notes. CI = confidence interval. RQ = relationship quality. SE = standard error.

N = 60 dyads.

* $p < .05$.

*** $p < .001$.