Published in final edited form as:

Couple Family Psychol. 2013 March ; 2(1): . doi:10.1037/a0031465.

Let's Talk About Sex: A Diary Investigation of Couples' Intimacy Conflicts in the Home

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Abstract

Although intimacy plays a central role in our closest relationships, we know surprisingly little about how couples handle intimacy conflicts in their daily lives. We utilized 100 married couples' diary reports of 748 instances of naturalistic marital conflict to test whether intimacy as a topic was associated with other conflict topics; conflict characteristics, such as recurrence and significance; and spouses' constructive, angry, and depressive conflict expressions. Results from dyadic hierarchical linear modeling revealed that intimacy issues were not likely to be discussed along with other topics (e.g., children, finances). Results also indicated that intimacy conflicts were likely to be recurrent and held relatively high levels of current and long-term importance to the relationship. Husbands and wives generally handled intimacy conflicts in constructive ways (e.g., expressed problem solving and positive emotions). However, husbands' depression symptoms emerged as a potent moderator of how intimacy conflicts were handled: Among couples that included a husband with higher levels of depression symptoms, discussing intimacy in conflict in the home was associated with greater use of angry expressions and depressive expressions by both husbands and wives. The current findings enhance understanding of intimacy conflicts in naturalistic contexts and offer clinical treatment implications and future research directions.

Keywords

conflict; diary methodology; dyadic data analysis; hierarchical linear modeling; intimacy

By definition, intimate relationships are distinguished from other close interpersonal connections on the basis of potential, desired, or actual physical closeness and sex (Bradbury & Karney, 2010). Relationship theorists argue that intimacy—conceptualized broadly as a process involving emotional and physical affection, closeness, cohesion, and sexuality (Cancian, 1994; Russell & Russell, 1992; Waring, 1981, 1984)—is at the heart of our closest ties, making intimate relationships the paradoxical source of our greatest pleasures and pains (Bradbury & Karney, 2010). However, despite the integral role held by intimacy processes in close relationships, we know surprisingly little about them. For example, in day-to-day life, how often do couples discuss intimacy-related issues? Are these issues co-discussed with other conflict topics, and do intimacy problems tend to recur? Also, questions remain

concerning how couples work to resolve their differences related to intimacy, which is critical to understand in light of the documented connections between conflict resolution styles and partner and relationship well-being (Birditt, Brown, Orbach, & McIlvane, 2010; Whisman & Uebelacker, 2006). To address these gaps, the current study examined the occurrence of intimacy-related marital conflict in the home, considered broadly as those disagreements dealing with sex, verbal and physical displays of affection, and closeness. Employing a spousal-reported diary method facilitated examination of intimacy processes as they unfold in couples' marriages in naturalistic contexts (Reis, 2012). We also adopted a broad perspective on marital conflict, defined here as all disagreements and differences of opinions whether handled in a mostly positive or negative way, thereby capturing a fuller understanding of how couples manage intimacy-related conflict in their daily lives.

Strong theoretical and empirical foundations exist for elucidating the role of intimacy conflicts in couples' relationships, particularly as expressed in marital conflict in the home. Broadly, intimacy is generally studied in the close relationships field as a positive aspect of couples' lives, reflecting partner closeness, friendship, and desire to share physical and emotional connections (Peven & Shulman, 1999). Indeed, both men and women endorse intimacy and sexual gratification as among the most significant rewards garnered from romantic partnerships (Sedikides, Oliver, & Campbell, 1994). In addition, Reis and colleagues' (Reis & Shaver, 1988) intimacy model posits that self-disclosing and responsive behaviors facilitate intimacy, which, in turn, promotes relationship development and satisfaction. Longitudinal examination of intimacy models has confirmed that demonstrations of affection and love are needed to sustain high-quality relationship functioning, and that relationships lacking such demonstrations face greater dissolution risk (Huston, Caughlin, Houts, Smith, & George, 2001). Together, these empirical findings underscore intimacy as a process that is central to the development and maintenance of highly satisfying partnerships.

Contrary to this facilitative role of intimacy identified in previous studies, evidence from the clinical literature suggests that intimacy conflicts, particularly when stemming from dysfunctional sexual behaviors and desires, are difficult and potentially divisive for couples' relationships (McCarthy & Thestrup, 2008; Russell & Russell, 1992). Relationship therapists note the frequency of couples seeking treatment for sexual desire problems and the high likelihood for sexual conflicts to be intertwined with other serious difficulties (Russell & Russell, 1992; Schnarch, 2010). Moreover, for troubled couples, intimacy conflict may be particularly problematic and recurrent: It is one of the issues that cannot be settled by partners agreeing to disagree, and the difficult work of reaching a solution can negatively affect the desire of one or both partners (Schnarch, 2010). Also, clinical case studies have documented men's elevated anger during intimacy-related conflict (Gehring, 2003). Whereas overall intimacy may reflect a positive component of relationships, intimacy conflicts or disagreements may be particularly difficult to handle. Recognizing both the theoretical and applied traditions in the study of intimacy, the current study's definition of intimacy conflict encompasses any difference or disagreement concerning emotional and physical closeness as well as conflicts related to sexual desires and behaviors.

The existing literature also suggests that the likelihood of mishandling intimacy conflicts is relatively greater for some couples, particularly those challenged by a spouse's elevated depression. Partners with higher levels of depression symptoms have more difficulty working through relationship differences in general (Papp, Goeke-Morey, & Cummings, 2007). Intimacy conflicts are expected to pose particular challenges for affected couples, given that depressive symptomatology is associated with reduced interest and energy for sex (Schweiger et al., 1999) as well as with lower capacity for emotional intimacy (Basco, Prager, Pita, Tamir, & Stephens, 1992; Beach, Dreifuss, Franklin, Kamen, & Gabriel, 2008;

Culp & Beach, 1998). Extending these findings to the current diary study, associations between intimacy as a topic of conflict in the home and negative conflict expressions (e.g., hostility, sadness, withdrawal) are expected to be particularly robust among spouses with higher levels of depression symptoms.

Although the question of whether particular topics affect the handling of marital conflict remains relatively understudied, recent work has shed light on intimacy-related issues. Rehman and colleagues (2011) tested differential associations between affect expressed during laboratory-based sexual (e.g., disagreements over desired frequency of sexual activity, desire for greater communication about sex) versus nonsexual (e.g., finances) conflict discussions and marital functioning in a sample of 15 newlywed couples. Wives' negative behaviors (e.g., defensiveness, anger) during the sexual disagreement were more closely linked to relationship distress than negativity expressed during the nonsexual disagreement. Wives (but not husbands) also rated sexual topics as more difficult and more important compared to nonsexual topics. Despite the study's small sample size, Rehman et al.'s (2011) results support the notion of intimacy topics as decisive issues requiring continued investigation. Another study focused on men's views of marriage and conflict in general, and reported that most men are generally satisfied with their sex life, and one-third of the men were very satisfied (Chethik, 2006). Indeed, only 5% of this particular sample of married men indicated intimacy conflicts as the top problem in their marriage (Chethik, 2006). Together, these earlier findings encourage investigating intimacy as a distinct conflict topic. The current diary method further allows direct tests of whether intimacy conflicts are distinct from, or co-occur with, other conflict topics discussed in the home.

The Current Study and Hypotheses

In the current study, we utilized husbands' and wives' diary reports to examine whether intimacy as a topic was systematically related to how marital conflict in the home is handled, including other conflict topics (e.g., children, finances), conflict characteristics (e.g., recurrence, significance), and conflict expressions (i.e., constructive, angry, and depressive styles). Our broad conceptualization is consistent with theoretical and empirical accounts that have described marital conflict as a multi-dimensional construct that underpins partner, relationship, and family functioning (e.g., Low & Stocker, 2005; see Cummings, 1998; Fincham, 2003). Relationship researchers have highlighted the advantages of using diary methods to capture detailed experiences in natural contexts near the time of occurrence (Laurenceau & Bolger, 2005; Reis, 2012). The diary approach employed here was particularly well-suited to investigating the private nature of couples' intimacy processes: It was designed to encompass the duality of intimacy described above (i.e., positive and negative functions), while invoking minimal biases (due to reliance on memory or presence of laboratory contexts) inherent in previous work.

Our design also allowed us to control for spouses' overall marital satisfaction levels to ensure that results of tests of how intimacy-related conflicts were handled were not confounded with general feelings about the relationship (Weiss, 1980). Moreover, previous findings show marital satisfaction to differentially correlate in expected directions with positive and negative specific conflict expressions (Du Rocher Schudlich, Papp, & Cummings, 2004) and to reliably co-vary with expressed conflict levels (e.g., Papp, Cummings, & Schermerhorn, 2004). Thus, accounting for overall relationship satisfaction has the potential to increase confidence that resultant findings are directly associated with the predictor of intimacy as a topic of marital conflict in the home rather than global relationship processes.

In the current study, we examined intimacy as a topic in relation to other topics, conflict characteristics, and conflict expressions. As described above, intimacy processes (e.g., sexual behaviors and desires) are defining features of romantic partnerships (Bradbury & Karney, 2010), including the marital relationships under investigation here. Accordingly, we expected intimacy-related conflict to be discussed relatively separate from other conflict topics discussed in the home (e.g., children, finances), but more likely to be discussed when handling other marital issues, such as commitment and communication. In addition, conflicts concerning intimacy were predicted to be recurrent rather than new for couples in these established partnerships. We also predicted that conflicts concerning intimacy topics compared to other topics would be rated as particularly meaningful and holding greater current and long-term importance to the relationship (Rehman et al., 2011).

Consistent with the facilitative role of intimacy in committed partnerships (Bradbury & Karney, 2010), we expected husbands and wives, on the whole, to express constructive conflict styles when working through intimacy issues. Following clinical findings that elevated depression symptoms may challenge couples' abilities to resolve intimacy differences (e.g. Culp & Beach, 1998), we hypothesized that husbands' and wives' depressive symptoms would be linked to their own and their partner's greater displays of angry and depressive conflict expressions (and to lower use of constructive expressions) when handling intimacy conflicts in the home. That is, couples in which one or both partners evidence higher levels of depressive symptoms were expected to be particularly challenged when handling intimacy conflicts in the home. In accord with previous work that has demonstrated the centrality of intimacy to partnerships for both men and women (e.g., Chethik, 2006, Merves-Okin, Amidon, & Bernt, 1991; Sedikides et al., 1994), we did not posit differential predictions for husbands versus wives.

Method

Sample and Procedures

The data for this study were drawn from a larger longitudinal investigation concerning family relationships and child development (see also Cummings, Goeke-Morey, & Papp, 2003; Papp, Cummings, & Goeke-Morey, 2005). Although couples in 116 families from the larger study completed the home diary procedure (described below), only husband-wife pairs who completed one or more rating of the same, or "matched," conflict (as determined by comparing the date and time of the husbands' and wives' independent reports) could be included in the present study's dyadic analyses. The current sample consists of 100 husbands and 100 wives as dyads who completed diary ratings of matched instances of marital conflict occurring at home during their first wave of study participation in 1999-2000 (see also Papp, Cummings, & Goeke-Morey, 2009). Husbands' ages ranged from 25 to 50 years ($M = 39$ years, $SD = 6$ years) and wives' ages ranged from 25 to 50 years ($M = 37$ years, $SD = 5$ years). Of the husbands, 94 were Caucasian and 6 were African American. Of the wives, 93 were Caucasian, 6 were African American, and 1 was biracial. Husbands and wives had a median of 14.5 and 15.5 years of education, respectively. On the basis of wives' reports, one couple earned less than \$10,000 per year, 1 between \$10,001 and \$25,000, 23 between \$25,001 and \$40,000, 45 between \$40,001 and \$65,000, 18 between \$65,001 and \$80,000, and 12 more than \$80,001. Couples had been married for an average of 12 years ($SD = 5.5$ years). All couples were parents and had an average of 2 to 3 children (range = 1-6).

Families were recruited through letters sent home with children from local schools; postcards mailed to community residents; referrals from other participating families; flyers distributed at churches and community events; and newspaper, television, and radio advertisements. The study was approved by the university's committee for the protection of human subjects, and informed consent or assent was obtained from participating family

members. Families attended two private laboratory sessions that lasted 2 to 2.5 hours each and were scheduled approximately 3 weeks apart. Procedures relevant to the present study are described below. During the first laboratory session, husbands and wives received training on how to complete a home diary describing instances of marital conflict. Spouses then completed these diaries following each instance of marital conflict over a period of 15 days and returned the completed diaries to the second laboratory session. During the first laboratory visit, spouses also self-reported demographic characteristics, depression symptoms, and marital adjustment. Couples were paid \$100 for participation, and children received their choice of a \$5 gift card or toy.

Measures

Diary reports of marital conflict in the home—During a 15-day period that covered both weekdays and weekends, husbands and wives separately completed diary reports at home following each naturally-occurring instance of marital conflict. Marital conflict was defined “as any major or minor interparental interaction that involved a difference of opinion, whether it was mostly negative or even mostly positive.” Thus, every diary reflected a conflict of some sort between the spouses. Complete description of the diary contents and training protocol is provided in Cummings et al. (2003) and Papp, Cummings, and Goeke-Morey (2002).

For each conflict instance, spouses indicated whether the problem was *new* or *recurrent*, and rated how much current and long-term importance to the relationship it held from 0 (*none*) to 3 (*high*). Spouses also indicated the topic(s) of the conflict (0 = *not discussed*, 1 = *discussed*), including habits, relatives, leisure, money, friends, work, chores, children, personality, intimacy, commitment, and communication. Following Cummings, Goeke-Morey, and Papp (2004), we created composites of conflict topics that reflected child (children), social (relatives, leisure, friends, chores), finance (money, work), and marital (habits, personality, commitment, communication) issues. Intimacy was treated as a distinct topic of conflict, given the current study's central hypothesis that discussing intimacy in marital conflict in the home (i.e., dealing with actual, desired, or intended sexual behaviors; feelings of closeness; or displays of verbal and physical affection) would be associated with how conflict was expressed and handled.

The diaries also captured spouses' ratings of a range of expressions (i.e., emotions, tactics, and perceived conflict resolution) that occurred throughout marital conflict in the home. Specifically, spouses were asked to rate their own and their partners' emotions of positivity, anger, sadness, and fear, during and at the end of conflict on scales ranging from 0 (*none*) to 9 (*high*). Spouses also indicated tactics used by themselves and their partners during and at the end of marital conflict in the home, including calm discussion, withdrawal, defensiveness, support, humor, physical distress, physical affection, verbal affection, verbal hostility, nonverbal hostility, pursuit, personal insult, and problem solving. We have previously confirmed that spouses were able to reliably identify and distinguish the tactics of interest (Papp et al., 2002). Finally, spouses reported perceived resolution by rating “How much was the problem solved at the end for you?” and “How much was the problem solved at the end for your partner?” on a scale ranging from 0 (*not at all*) to 9 (*completely*).

For the present study, ratings of during and ending expressions were combined for analytic efficiency. We also summed standardized variables to create composites of expressions that intersect theoretically (Cummings, 1998) and empirically (Du Rocher Schudlich, Papp, & Cummings, 2011). Specifically, constructive conflict included positivity, calm discussion, support, humor, physical affection, verbal affection, problem solving, and perceived resolution (husbands' reports: husband = .75; wife = .77; wives' reports: husband = .76; wife = .77). Angry conflict included anger, defensiveness, verbal hostility, nonverbal

hostility, pursuit, and personal insult (husbands' reports: husband = .74; wife = .69; wives' reports: husband = .73; wife = .71). Depressive conflict included sadness, fear, withdrawal, and physical distress (husbands' reports: husband = .71; wife = .73; wives' reports: husband = .72; wife = .70). Both husbands and wives contributed 748 diaries to the current analyses; however, some of the diary variables had missing data (descriptive statistics provided in Table 1).

Depression symptoms—We assessed symptoms of depression using the 20-item Center for Epidemiological Studies Depression Scale (CES-D; Radloff, 1977). The CES-D was designed to measure depression in the general population, emphasizing affective and somatic symptoms (Shafer, 2006). Husbands and wives indicated how frequently the listed depressive symptoms bothered them during the past week from 0 (*less than one day*) to 4 (*5 days*). Higher resulting scores reflect higher levels of depressive symptoms, with scores of 16 and above indicating potentially diagnosable depression (e.g., Pandya, Metz, & Patten, 2005). The CES-D has good psychometric properties, including high internal consistency, test-retest reliability, and convergent validity (Radloff, 1977). In the current study, indices of internal consistency (i.e., Cronbach's α) were .88 for husbands and .91 for wives.

Marital adjustment—Spouses provided ratings of marital adjustment on the widely-adopted Marital Adjustment Test (MAT; Locke & Wallace, 1959). Spouses answered questions concerning areas of disagreement, relationship compatibility, and overall satisfaction with the relationship. Higher scores indicate greater global marital satisfaction or adjustment. The MAT has demonstrated good content and concurrent validity (Locke & Wallace, 1959) and high reliability ($\alpha = .88$; Funk & Rogge, 2007).

Analytic Plan: Dyadic Hierarchical Linear Modeling of Diary Reports

Dyadic hierarchical linear modeling (HLM) was used to efficiently model husbands' and wives' diary reports; models included the within-couple diaries (i.e., repeated measurements) in Level 1 and the between-couple variables in Level 2. Dyadic HLM extends traditional multilevel modeling by incorporating indicator variables to simultaneously create intercept and slope parameters for paired individuals, here husbands and wives (Raudenbush, Brennan, & Barnett, 1995). The central analyses examine the associations between intimacy as a topic of marital conflict in the home and other topics discussed, conflict characteristics, and conflict expressions. Preliminary analyses revealed that MAT scores were generally associated in the expected directions with the conflict expressions, but more consistently for within-reporter than cross-reporter relations. Accordingly, all analyses included MAT scores as covariates of the same reporters' conflict variable intercepts. The Level 1 model included dummy variables as indicators of husbands' and wives' intercepts and intimacy topic ratings (0 = *intimacy not discussed*, 1 = *intimacy discussed*) in relation to each outcome for each couple (Laurenceau & Bolger, 2005). Analyses were conducted using HLM6 (Raudenbush, Bryk, & Congdon, 2004) and investigated variants of the following exemplar (testing relations between husband and wife ratings of intimacy as a topic of marital conflict in the home and the conflict's current importance).

Level-1 Model:

$$\begin{aligned} \text{Current importance} = & \beta_1 (\text{H Indicator}) \\ & + \beta_2 (\text{W Indicator}) \\ & + \beta_3 (\text{H Report of Intimacy Topic}) \\ & + \beta_4 (\text{W Report of Intimacy Topic}) + r, \end{aligned}$$

where γ_{10} and γ_{20} , respectively, are husband (H) and wife (W) intercepts, or average ratings of the conflict's current importance; γ_{30} and γ_{40} , respectively, are H and W associations between intimacy as a topic of marital conflict and current importance; and r is the residual component. These Level 1 parameters are simultaneously modeled in Level 2 to provide estimates for the entire sample of spouses. Level 2 also accommodates between-couple variables (e.g., moderator variable of depression symptoms, covariate of marital adjustment).

Level-2 Model:

$$\begin{aligned}\beta_1 &= \gamma_{10} + \gamma_{11} (\text{H MAT}) + U_1 \\ \beta_2 &= \gamma_{20} + \gamma_{21} (\text{W MAT}) + U_2 \\ \beta_3 &= \gamma_{30} + U_3 \\ \beta_4 &= \gamma_{40} + U_4,\end{aligned}$$

where γ_{10} and γ_{20} are sample-level intercepts of husbands' and wives' respective ratings of current importance; γ_{11} , γ_{21} , represent covariate parameters that account for the effect of husbands' and wives' marital adjustment on their respective ratings of current importance; γ_{30} and γ_{40} are the parameters of primary interest, and reflect husbands' and wives' respective associations between intimacy as a topic of marital conflict and current importance, accounting for all other model estimates; and, finally, U_1 , U_2 , U_3 , and U_4 indicate random person effects.

As described above, previous research suggests that depressive symptoms would be expected to moderate spouses' conflict expressions in marital conflicts concerning intimacy. Accordingly, when dyadic HLMs considered conflict expressions as outcomes, husband and wife depression symptoms were included as potential moderators of the relations, allowing us to test whether associations between intimacy-related conflict in the home and conflict expressions varied as a function of husband or wife depression symptoms.

Level-2 Model:

$$\begin{aligned}\beta_1 &= \gamma_{10} + \gamma_{11} (\text{H MAT}) + \gamma_{12} (\text{H CES- D}) + \gamma_{13} (\text{W CESD}) + U_1 \\ \beta_2 &= \gamma_{20} + \gamma_{21} (\text{W MAT}) + \gamma_{22} (\text{H CES- D}) + \gamma_{23} (\text{W CES- D}) + U_2 \\ \beta_3 &= \gamma_{30} + \gamma_{31} (\text{H CES- D}) + \gamma_{32} (\text{W CES- D}) + U_3 \\ \beta_4 &= \gamma_{40} + \gamma_{41} (\text{H CES- D}) + \gamma_{42} (\text{W CES- D}) + U_4,\end{aligned}$$

where the parameters of central interest now are γ_{30} and γ_{40} , which reflect husbands' and wives' respective associations between intimacy as a topic of marital conflict in the home and the conflict expression, accounting for all other model estimates; and γ_{31} , γ_{32} , γ_{41} , and γ_{42} , which indicate moderating effects of husbands' and wives' depressive symptoms on relations between intimacy as a marital conflict topic and current importance, controlling for all other model estimates.

Results

Preliminary Results: Descriptive Statistics

Restricting analysis to matched conflict instances (described in Sample and Procedures) resulted in a sample of 100 husbands' and 100 wives' descriptions of 748 conflicts ($M = 7.48$, $SD = 6.84$, range = 1-32) during the 15-day reporting period. Husbands and wives, respectively, reported 7.9% ($n = 59$) and 8.4% ($n = 63$) of these conflicts to include intimacy

issues, and were highly likely to endorse intimacy as a topic of a particular conflict instance if their spouse also did, $\chi^2 (df = 1, N = 748) = 527.68, p < .001$. Of the 100 couples included in this study, most (71% of husbands and 69% of wives) did not report having any intimacy conflicts in the home. Of the 29 husbands reporting intimacy conflicts, 14 had one conflict concerning intimacy, 8 had two, and the remaining 7 had three, four, or five. Similarly, of the 31 wives reporting intimacy conflicts, 14 had one, 9 had two, and the remaining 8 had three, four, or five. In sum, most couples in our community sample did not report having intimacy conflicts occur during their 15-day reporting period, but husbands and wives strongly agreed when they did occur.

Average depression symptom scores on the CES-D were 8.42 ($SD = 7.41$) and 9.64 ($SD = 8.82$) for husbands and wives, respectively. Using the criterion described above, 15% of husbands and 17% of wives in the present sample reported potentially diagnosable levels of depression. In addition, husbands' and wives' respective average marital adjustment scores on the MAT were 110.48 ($SD = 22.52$) and 111.81 ($SD = 24.00$). In support of the diary reports' construct validity, the MAT item concerning level of disagreement over "sex relations" was positively associated with the likelihood of husbands ($\beta_{11} = 0.263, t = 3.07, p = .003$) and wives ($\beta_{21} = 0.208, t = 2.73, p = .008$) reporting naturalistic conflicts concerning intimacy.

Central Results: Dyadic Hierarchical Linear Modeling of Diary Reports

Associations between intimacy as a topic of marital conflict in the home and other conflict topics—Results from dyadic hierarchical linear models revealed that, overall and consistent with predictions, intimacy issues were kept relatively separate from other conflict topics discussed in the home. According to both husbands' and wives' reports, discussing intimacy in conflicts in the home was linked to lower likelihoods of discussing child (e.g., childrearing and parenting) ($\beta_{30} = -0.196, t = -3.60, p = .001$; $\beta_{40} = -0.296, t = -5.82, p < .001$), social (e.g., time spent with family and friends) ($\beta_{30} = -0.358, t = -3.63, p = .001$; $\beta_{40} = -0.300, t = -3.36, p = .001$), and financial (e.g., spending and career) ($\beta_{30} = -0.174, t = -1.69, p = .094$; $\beta_{40} = -0.215, t = -2.23, p = .028$) issues. We had predicted positive linkages between intimacy conflicts and a discussing other maritally-focused topics in conflict in the home (e.g., habits, commitment, communication); however, these associations were not observed ($\beta_{30} = 0.307, t = 1.53$; $\beta_{40} = 0.270, t = 1.51, ps > .05$).

Associations between intimacy as a topic of marital conflict in the home and conflict characteristics—As hypothesized, results from dyadic HLMs indicated that husbands' and wives' reports of intimacy conflicts in the home were associated with conflict characteristics. Husbands (marginally) and wives indicated that conflicts concerning intimacy were more likely than other topics to be recurrent (i.e., raised repeatedly) ($\beta_{30} = 0.614, t = 1.95, p = .053$; $\beta_{40} = 0.754, t = 2.34, p = .021$). Both husbands' and wives' reported links between intimacy as a topic of marital conflict in the home and higher levels of current importance ($\beta_{30} = 0.488, t = 4.16$; $\beta_{40} = 0.332, t = 3.17, ps < .01$) and long-term importance ($\beta_{30} = 0.523, t = 3.08$; $\beta_{40} = 0.522, t = 3.32, ps < .01$).

Intimacy as a topic of marital conflict in the home and conflict expressions:

Direct associations and moderation by depression—Consistent with predictions, dyadic HLMs indicated that husbands and wives both reported higher levels of their own and their spouse's constructive conflict (e.g., problem solving, positivity, perceived resolution) in intimacy-related conflicts compared to non-intimacy conflicts (results shown in Table 2); all direct estimates are significant at the $p < .01$ level, except the link between wives' reports of intimacy conflicts in the home and their own constructive conflict ($p = .052$). Results in Table 3 indicate that both spouses' depression symptoms moderated these

associations, with wives and husbands (marginally) with higher depressive symptoms reporting fewer displays of constructive expressions by husbands in intimacy conflicts. Also, husbands with higher depressive symptoms reported less use of constructive expressions by wives in intimacy conflicts in the home (Table 3).

As shown in Table 2, intimacy as a topic of marital conflict in the home was not directly associated with spouses' expressions of angry expressions (e.g., anger, personal insult, defensiveness) or depressive expressions (e.g., sadness, withdrawal). However, depression symptoms emerged as a moderator of these relations, with husbands with higher depression consistently reporting greater displays of angry expressions and depressive expressions by themselves and their partners in intimacy conflicts in the home (see Table 3). Wives did not report linkages between discussing intimacy in marital conflict in the home and their own or their partners' angry expressions or depressive expressions, either directly (Table 2) or as moderated by depression symptoms (Table 3).

Discussion

Findings from the current study underscore the need for research to continue investigating intimacy as a unique issue in marriage, with its role as a source of differences holding important implications for how couples handle and evaluate conflict (see also Rehman et al., 2011). Although the spouses in our community sample did not report intimacy conflicts as occurring very frequently, when they did occur, both spouses reliably recognized them. Using a diary method to capture husbands' and wives' descriptions of naturalistic marital conflict in the home, the current investigation revealed intimacy issues to be discrete; that is, they were less likely to be discussed along with child, social, or financial conflicts. In addition, intimacy conflicts in the home were evaluated by both husbands and wives to hold high levels of relationship significance, and to be handled relatively constructively. Notably, the finding that intimacy conflicts were generally handled well by these couples in established relationships aligns with the conceptualization of intimacy as a core issue in our closest relationships (Bradbury & Karney, 2010); further, the findings indicate that couples can disagree about (or not be perfectly aligned around) intimacy and still work through differences in a relatively positive way. However, the finding that intimacy conflicts were likely to recur suggests that these are perhaps complex issues and discussions that require repeated attention and effort. Importantly, our findings are likely to reflect conservative estimates of the associations between intimacy as a topic of conflict in the home and conflict characteristics and expressions, given that the models accounted for spouses' general relationship evaluations (i.e., MAT scores). Together, the diary findings reveal intimacy conflicts to be salient, important, and generally positive in nature, at least among couples who did not include a husband with elevated depression (discussed below).

The current findings support observations from the clinical literature that intimacy concerns may be particularly challenging for some couples. Indeed, among couples with husbands with elevated depression symptoms, intimacy conflicts in the home included greater angry expressions and depressive expressions by both husbands and wives. Thus, both partners seemed more likely to mishandle intimacy-themed conflict in contexts of husbands' higher depression. Although this sex difference was not anticipated, it may indicate that depression and other affective disorders pose particular intimacy difficulties for men, which, in turn, lead to more frequent, negative, or unresolved conflicts over intimacy for both partners. Additional research is needed to replicate these findings and extend these tests to other populations, including samples of couples with clinical levels of depression and/or more pervasive marital distress.

When considered with Rehman et al.'s (2011) findings from a lab setting, the current naturalistic study suggests that intimacy conflicts, broadly conceptualized, hold high importance to partners and their relationships. As a next step, future research is needed to understand the factors associated with the unique role of intimacy. Initial findings along these lines indicate that day-to-day increases in intimacy predict positive changes in both relationship passion and partner positive affect (Rubin & Campbell, 2012). Among more distressed partners and couples, however, intimacy may be more likely than other topics of disagreements to be tied to self-esteem or feelings of shame and adequacy, thereby increasing the personal stake of handling related conflict in the home. Likewise, intimacy disagreements may also hold particular weight for the relationship if they touch on themes such as jealousy, commitment, or fidelity, and partners may evaluate intimacy conflicts as overall indicators of the quality and success of the relationship. Future work, perhaps based on open-ended assessments of intimacy expressions to capture these highly personal and sensitive characteristics, is needed to explore the processes through which intimacy is linked to partner and relationship functioning.

To date, much of our knowledge of intimacy processes in relationships derives from clinical observations (McCarthy & Thestrup, 2008), and may not represent normative ways of how couples manage daily differences and decisions concerning intimacy. The diary methodology utilized in the current study allowed unique investigation of the dual positive and negative functions of intimacy, while further explicating how intimacy conflicts unfold in daily life and the resulting implications for how naturalistic conflict is managed. Although the current study highlights the particular role of intimacy processes in couples' conflict in the home, it is limited for its reliance on a single assessment of the constructs. The present findings should serve as a foundation for future work to examine the longitudinal interplay between partners' handling of intimacy differences, psychological distress, and marital quality in order to detect the pathways linking the constructs over time. In addition, the current study relied on spouses as reporters of the constructs; thus, steps should be taken to minimize potential reporter bias in future work. Future investigations should also more specifically assess the nature of the intimacy conflicts as they unfold in couples' daily lives to disentangle whether emotional (e.g., related to commitment, affection) versus physical (e.g., concerning sexuality) aspects of intimacy are relatively more prevalent, distressing, or mishandled.

Extending the findings of this study to treatment implications suggests that individual or couple therapies focused on reducing depressive symptoms may result in partners showing better ways of handling intimacy-related conflicts in the home. Although the current study based on concurrent measurement of depression symptoms and home diary reports cannot tease out the directionality of effects linking psychological distress and negative ways of handling conflict in the home, elevated depressive symptoms among husbands were consistently linked with husbands' and wives' angry expressions and depressive symptoms in intimacy-focused marital conflict and thus warrant future continued consideration as a risk factor for couples' communication and conflict resolution patterns. Future studies that track couples' psychological symptoms and intimacy processes over time would be able to appropriately test whether elevated depression predicts conflict styles, or, alternatively, whether negative conflict resolution patterns lead to more symptoms.

The current findings based on a community sample of married couples indicate that intimacy conflicts are handled relatively well, at least for couples who are not challenged by a spouse's elevated psychological distress. This should provide encouragement to clinicians working with couples to address relationship-focused concerns. However, the results may not generalize to other types of couples. For example, it is possible that couples with the most challenging differences or disagreements over intimacy had already divorced by this

point (Huston et al., 2001). Additional work is needed to examine how intimacy conflicts occurring in naturalistic contexts are handled by more distressed couples and by couples across the life course. The current sample included partnerships described by Chethik (2006) as the “second phase of marriage” (i.e., years 4-20), in which sex occurs less frequently than earlier and later years due to work demands, busy schedules, and child rearing. Thus, handling of intimacy issues may vary during the newlywed years or empty nest period, or any other time of household or family transitions.

In sum, results from the current study indicate that conflicts concerning intimacy are relatively discrete and generally handled well by established married couples. However, for couples challenged by husbands’ elevated psychological distress, extra attention to handling intimacy differences may be needed. Given the central role of intimacy processes in our closest relationships, working through decisions and differences related to affection, closeness, and sex will be unavoidable. Clinical lore holds that positive intimate functioning contributes approximately 15-20% to a marriage, while problematic intimacy holds much more weight, approximately 50-75% (McCarthy & Thestrup, 2008). Thus, it remains critical to our ability to prevent and treat relationship distress that we continue to improve understanding of the intimacy-related conflicts couples face in their daily lives.

Acknowledgments

This research was supported by Grant HD036261 from the National Institute of Child Health and Human Development awarded to E. Mark Cummings.

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Table 1

Descriptive Statistics of Marital Conflict in the Home With and Without Intimacy as a Topic

	Husband Report				Wife Report			
	Intimacy = 0 ^a		Intimacy = 1 ^b		Intimacy = 0 ^c		Intimacy = 1 ^d	
	Descriptive Statistics				Descriptive Statistics			
Conflict Topics								
Children	0.38	0.49	0.14	0.35	0.42	0.49	0.10	0.30
Social	0.64	0.68	0.44	0.82	0.66	0.71	0.43	0.76
Finances	0.39	0.59	0.22	0.56	0.40	0.60	0.17	0.52
Marital	0.49	0.72	0.90	1.09	0.54	0.81	0.89	1.08
Conflict Characteristics								
Recurrent problem	48.9		66.1		54.5		65.1	
Current importance	1.63	0.87	1.91	0.88	1.71	0.93	1.95	0.92
Long-term importance	1.34	0.96	1.72	0.98	1.33	1.03	1.67	1.11
Conflict Expressions								
Husband Constructive	−0.19	4.86	2.37	6.69	−0.17	5.13	1.68	7.10
Wife Constructive	−0.28	5.00	2.37	6.80	−0.09	5.08	1.85	7.40
Husband Angry	0.05	4.52	0.69	7.18	−0.13	4.56	0.21	5.63
Wife Angry	−0.21	4.16	0.62	6.35	0.13	4.57	0.31	6.11
Husband Depressive	0.04	4.03	1.41	6.25	−0.15	4.21	−0.14	3.95
Wife Depressive	−0.27	3.85	1.48	5.88	0.01	4.22	1.51	6.02

Note. Information compiled from 100 husbands' and 100 wives' reports of 748 marital conflicts in the home. Descriptive statistics include *M* and *SD* for continuous variables and percentage of occurrence for the binary variable.

^aDescriptive statistics compiled from 588 to 689 MDRs.

^bDescriptive statistics compiled from 48 to 59 MDRs.

^cDescriptive statistics compiled from 620 to 685 MDRs.

^dDescriptive statistics compiled from 49 to 63 MDRs.

Table 2

Intimacy as a Topic of Marital Conflict in the Home and Conflict Expressions: Direct Associations

Fixed effect	Husband Report			Wife Report		
	Coefficient	SE	<i>t</i>	Coefficient	SE	<i>t</i>
Conflict Expressions						
Husband constructive intercept	2.148	0.700	3.07**	2.536	0.911	2.78**
Wife constructive intercept	2.015	0.766	2.63**	2.062	1.051	1.96 [†]
Husband angry intercept	−0.211	0.879	−0.24	−0.469	0.854	−0.55
Wife angry intercept	0.106	1.000	0.11	−0.793	1.072	−0.74
Husband depressive intercept	0.033	0.546	0.61	−0.595	0.515	−1.16
Wife depressive intercept	0.394	0.789	0.44	0.457	1.032	0.66

Note. Information compiled from 100 husbands' and 100 wives' reports of 748 marital conflicts in the home. Husband and wife marital adjustment scores on the MAT (Locke & Wallace, 1959) were included as covariates of their respective intercept terms. Degrees of freedom for *t*-tests = 99.

[†]
p .10.

**
p .01.

Table 3

Intimacy as a Topic of Marital Conflict in the Home and Conflict Expressions: Moderation by Depression Symptoms

Fixed effect	Husband Report			Wife Report		
	Coefficient	SE	t	Coefficient	SE	t
Conflict Expressions						
Husband constructive intercept	2.693	0.921	2.93 [*]	3.138	1.043	3.01 ^{**}
x Husband CES-D	-0.144	0.080	-1.80 [†]	0.016	0.086	0.86
x Wife CES-D	-0.143	0.088	-1.63	-0.183	0.091	-2.01 [*]
Wife constructive intercept	2.706	0.889	3.04 ^{**}	2.294	1.099	2.09 [†]
x Husband CES-D	-0.192	0.069	-2.80 ^{**}	0.085	0.104	0.82
x Wife CES-D	-0.158	0.096	-1.65	-0.128	0.105	-1.22
Husband angry intercept	0.350	1.003	0.35	-0.441	0.945	-0.47
x Husband CES-D	0.456	0.116	3.93 ^{**}	0.045	0.070	0.64
x Wife CES-D	-0.116	0.122	-0.95	0.027	0.094	0.29
Wife angry intercept	0.495	1.283	0.39	-0.171	1.216	-0.14
x Husband CES-D	0.291	0.110	2.65 ^{**}	-0.061	0.094	-0.65
x Wife CES-D	-0.163	-0.163	-1.03	-0.173	0.146	-1.18
Husband depressive intercept	0.348	0.574	0.61	-0.248	0.554	-0.45
x Husband CES-D	0.145	0.054	2.67 ^{**}	0.064	0.038	1.69 [†]
x Wife CES-D	-0.034	0.061	-0.56	-0.027	0.053	-0.52
Wife depressive intercept	1.453	0.819	0.28	0.332	1.166	0.28
x Husband CES-D	0.149	0.076	1.99 [*]	-0.042	0.131	-0.32
x Wife CES-D	-0.178	0.123	-1.45	-0.122	0.158	-0.77

Note. Information compiled from 100 husbands' and 100 wives' reports of 748 marital conflicts in the home. Husband and wife marital adjustment scores on the MAT (Locke & Wallace, 1959) were included as covariates of their respective intercept terms. CES-D = Center for Epidemiological Studies Depression Scale (Radloff, 1977). Degrees of freedom for *t*-tests = 97.

[†]
p .10.

^{*}
p .05.

^{**}
p .01.