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Dyadic Coping and Attachment Dimensions in Young Adult Romantic Relationships

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ABSTRACT: Dyadic coping conceives coping as a response in which partners support each other and cope with stress as a couple rather than individuals, but little is known of the factors that lead to dyadic coping. The present study aims to explore the relationship between dyadic coping and adult attachment. That is, to examine whether an individual's attachment style is a predictor of their own dyadic coping style and their partner's dyadic coping style. Online, survey data was collected from 74 childless couples, between the ages of 18 and 31, who had been in their relationships for over 6 months. Overall, analysis showed stronger associations between dyadic coping and attachment for females, with minimal associations for males. The results of the present study are supportive of the existing literature, though provide opportunities for further research.

KEYWORDS: dyadic coping, coping, attachment, romantic relationships, APIM

I. INTRODUCTION

Over the past two decades research on coping and stress has been extended to consider interpersonal methods of coping. This shift has seen the emergence of dyadic coping as a conception of coping in which partners support each other and cope with stress as a couple rather than as individuals (Bodenmann, 1997, 2005). Dyadic coping has two main purposes: the reduction of stress for each partner, and enhancing relationship quality (Bodenmann, 2005). Attachment styles have been proposed as a potential influence on dyadic coping (Feunfhausen& Cashwell, 2013), although these relationships have not been examined extensively in dyads. The present study aims to explore how individual differences attachment orientations are related to dyadic coping in young adult couples.

1. Dvadic Coping

Bodenmann (1997) proposed the Systematic Transactional Model (STM) of stress and coping. He proposed that dyadic stress incorporates both indirect dyadic stress (unresolved individual stress which may affect the partner), and genuine dyadic stress (stress which directly affects the couple as a unit). The STM sets out two distinct strategies of dyadic coping: positive and negative. There are three forms of positive dyadic coping (common, supportive, delegated), and three forms of negative dyadic coping (ambivalent, hostile, superficial). Common dyadic coping includes both partners participating in the coping process to handle problem focused or emotion focused dyadic stress (e.g., joint problem solving, joint relaxation exercises). Supportive dyadic coping is when one partner is less equipped to cope with stress, so the other partner provides support and coping in order to assist them (e.g., empathy, practical advice). Delegated dyadic coping occurs when one partner is explicitly asked to provide support to relieve the other partners stress (e.g., take over responsibilities and duties). Ambivalent dyadic coping occurs when one partner provides support for the other, though does so unwillingly, with no motivation, and no interest. Hostile dyadic coping occurs when the stress signals of one partner elicit hostile responses from the other, support is accompanied by mocking, sarcasm, minimizing etc. Superficial dyadic coping is when support appears to be helpful, though is insincere (e.g., listening without empathy).

Dyadic coping is a predictor of relationship satisfaction (Herzberg, 2013). A meta-analysis which examined the association between dyadic coping and relationship satisfaction (Falconier et al., 2015) found that positive dyadic coping styles were a stronger predictor of relationship satisfaction compared to negative dyadic coping styles, although there was variance amongst the individual forms of positive and negative dyadic coping.

There is also evidence that suggests that negative dyadic coping styles are associated with relationship dissatisfaction (Falconier et al., 2015; Papp & Witt, 2010).

There are similar findings when looking at dyadic coping in the context of health-related stressors. A study on coping with chronic intrusive pulmonary disease (Meier et al., 2011) found that higher levels of negative dyadic coping and lower levels of positive dyadic coping were associated with higher psychological distress and lower quality of life. Positive dyadic coping has been associated with better psychological health and better adjustment when looking at cancer related distress (Badr et al., 2010) as well as better emotional regulation (Zeidner, Kloda, & Matthews, 2013). Negative dyadic coping strategies have been associated with poor mental health in dyads where one is suffering from a physical disease (Regan et al., 2014; Rottmann et al., 2015).

While there is substantial research on the effects of dyadic coping, there is limited research on the factors that motivate, influence, and predict dyadic coping. Falconier et al. (2015) suggests that relationship satisfaction is an outcome of positive dyadic coping, rather than a predictor. It was suggested that a partner's efforts to engage in dyadic coping in a positive way has a positive effect on relationship satisfaction. Bodenmann (2005) suggests that the differing stressors such as major and minor life stressors may influence dyadic coping. The stressor being indirect dyadic stress or genuine dyadic stress may further influence dyadic coping (Bodenmann, 1997). There is also evidence that relationship commitment may influence dyadic coping (Bodenmann&Cina, 2006) as well as individual coping styles (Papp & Witt, 2010).

Within the literature on individual coping, differences between male and female individual responses have been reported. Women have been found to use more emotion-focused coping strategies while men have been found to use more problem-solving coping strategies (Matud, 2004; Ptacek, Smith, & Dodge, 1994). Papp and Witt (2010) found evidence that one's own individual coping strategy had a positive link to one's own dyadic coping strategy. This research was suggestive of a link between individual coping and dyadic coping, though there is limited evidence confirming this association(Falconier& Kuhn, 2019). Papp and Witt (2010) found gender differences which were notable in terms of dyadic coping and its relationship to satisfaction and individual coping.

2. Attachment

Individual's attachment styles may influence the development of dyadic coping (Fuenfhausen& Cashwell, 2013; Meuwly et al., 2012). Feunfhausen and Cashwell (2013) examined the factors which effect marriage satisfaction and found that 67% of the variance in marriage satisfaction was due to dyadic coping, anxious attachment dimensions, and avoidant attachment dimensions. Dyadic coping was found to be a mediator between attachment dimensions and marriage satisfaction. This suggests that attachment dimensions may influence dyadic coping.

Attachment theory has become a key approach in understanding individual functioning within relationships (Mikulincer& Shaver, 2007). Bowlby (1988) suggests that attachment is a system which is both universal (i.e., it occurs in everyone), and is present across the lifespan, moving from primary caregivers during infancy to romantic partners in early adulthood. Ainsworth and colleagues (Ainsworth, 1979; Ainsworth & Bell, 1970) identified individual differences in attachment behaviour using the 'strange situation' paradigm when observing young children and their mothers in a controlled environment. From this experiment three attachment styles emerged: secure, anxious-avoidant, and anxious-ambivalent. Children with a secure attachment style were happy to explore the room in the absence of their mother, and engaged in proximity seeking upon her return. Those with an anxious-avoidant attachment style became distressed upon the absence of their mother, and became avoidant upon her return. Children with an anxious-ambivalent attachment style became distressed upon the absence of their mother and demonstrated ambivalence towards her upon her return.

These three attachment styles can be seen in adults in the context of romantic relationships, and it is suggested that the attachment style developed in infancy can influence attachment behaviours in romantic relationships later in life (Hazan & Shaver, 1987). Brenan, Clark, and Shaver (1998) reviewed the previous measurements and models of attachment and found that two overarching dimensions emerged, avoidance and anxiety. These two main dimensions allow the model of attachment to be simplified and be analysed in terms of continuous dimensions. Hazan and Shaver (1987) suggest that an anxious attachment is characterised by a worry of being abandoned and a desire to be close. They suggest that an avoidant attachment is characterised by a pattern of avoiding others and a fear of becoming too close to someone. Shaver and Mikulincer (2002) argued that the difference between anxious and avoidant attachment is the degree of activation of the attachment system. For anxious attachment, there is hyperactivation of the attachment system. That is, people with an anxious attachment may be highly sensitive to cues and possible threats to the attachment, they work very hard to remain proximally and emotionally close to their attachment figure and may have exaggerated responses if this is not possible. In contrast, for people with avoidant attachment, they habitually deactivate the attachment system. That is, they try to keep their independence, and keep distance from their attachment figure. They may minimise the importance of intimacy, their emotions, and their feelings in relation to their attachment figure.

Attachment influences an individual's experience and perceptions of romantic relationships. It has also been found to impact on relationship satisfaction, sexual satisfaction, and conflict resolution within romantic relationships (Butzer& Campbell, 2008; Pistole, 1989). That is, individuals who were either anxious or avoidant showed significantly lower levels of relationship satisfaction than those who demonstrated a secure attachment style (Freeny, 2002). When looking at individual stress within romantic relationships, Powers, Pietromonaco, Gunlicks, and Sayer (2006) found that individuals with insecure attachments showed higher levels of stress responses when compared to individuals with secure attachments. In a meta-analysis on the literature on insecure attachment and relationship quality, Li and Chan (2012) found there was evidence that insecure attachment (both anxious and avoidant) is detrimental to cognitive, behavioural, and emotional aspects of romantic relationship quality. Avoidance was negatively correlated with feelings of connection and support in relationships and anxiety was positively correlated to relationship conflict. There has been evidence to suggest gender differences in attachment in romantic relationships across cultures (Schmitt, 2003).

Research also suggests a link between attachment and individual coping styles. People who have a secure attachment have been found to use more positive coping strategies such as seeking social support, whereas people with an insecure attachment tend to use avoidance strategies and are less likely to seek social support (Ognibene & Collins, 1998). Anxious attachment has been linked to denial and disengagement coping strategies (Jerome &Liss, 2005), more emotion-focused coping strategies (Mikulincer& Florian, 1995), and higher levels of psychological distress following a stressful situation (Kemp &Neimeyer, 1999). Avoidant attachment has been linked to higher levels of distancing and lower levels of support seeking when compared to securely attached people (Mikulincer& Florian, 1995) and higher expressions of distress (Kemp &Neimeyer, 1999). Overall, the literature shows that insecure attachment is linked with negative coping strategies (Howard & Medway, 2004).

3. The Current Study

The previous literature has identified a relationship between dyadic coping and attachment, though this relationship was observed in specific experimental scenarios (Meuwly et al., 2012). Feunfhausen and Cashwell (2013) also found support for the relationship, though they only analysed data from one member of each dyad. The present study aims to further explore the relationship between dyadic coping and adult attachment. Using Actor Partner Interdependence Modelling (APIM), the current study looks to investigate the extent to which an individual's attachment expectancies are related to their own dyadic coping and to both the attachment styles and dyadic coping styles of their partner. This research will help further our understanding of factors that determine dyadic coping and positive relationship functioning. It is predicted that anxious and avoidant attachment will be negatively related to positive dyadic coping styles and positively related to negative dyadic coping styles. It is also hypothesised that an individual's own anxious or avoidant attachment style is a predictor of both their own dyadic coping as well as that of their partner.

II. METHOD

1. Participants

The participants consisted of 74 heterosexual couples in a romantic relationship. Using the program APIMPower (Ackerman & Kenny, 2016), the sample was found to have power of 85% to detect a small to medium effect size of .25 and above. This sample size is similar to other dyadic studies that have found significant effects (Lenger, Gordon, & Nguyen, 2017).

Participants were subject to inclusion criteria to manage confounding factors and were restricted to childless couples between the ages of 18 and 31 with a relationship length of more than 6 months. Mean age was 23.92 years of age (SD = 3.31). Of the 74 couples, 60.8% of the participants were dating, 18.9% were in de facto relationships, 10.8% were married, and 9.5% were engaged. 31.1% of participants had been in their relationships for between 2 and 5 years, 25.7% had been in their relationships for between 1 and 2 years, 34.3% had been in their relationships for over 5 years, and 18.9% had been in their relationships for between 6 months and 1 year. The majority of participants indicated they were of European-Australian ethnicity (78%).

2.Procedure

Participants were recruited from the community by advertising through the university and social media. They completed an online questionnaire which took approximately 20 minutes. Both members of a dyad (romantic couple) completed the survey, and their data was linked through the use of a code which each partner entered when completing the questionnaire. The study used distinguishable dyads and participants were differentiated by gender.

The questionnaire was hosted on the Qualtricsplatform and began with some demographic questions. Following this were questions from five domains: dyadic coping, attachment, mindfulness, relationship satisfaction, and psychological symptoms. The current study is part of a larger program of research on dyadic coping and focuses on the questions relating to dyadic coping and attachment.

3. Measures

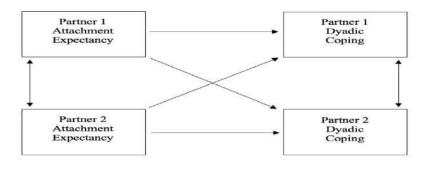
The Dyadic Coping Inventory (DCI) (Gmelch, Bodenmann, Muewly, & Ledermann, 2008) is a 37 item self-report scale, using a 5-point Likert scale format, which measures couples dyadic coping perceptions (Randal, Hilpert, Jimenez-Arista, Walsh, &Bodenmann, 2015). The participants are asked a series of questions on how they and their partner engage in communication and coping behaviour that surround dyadic coping. The DCI has been shown to have strong reliability and validity across cultures (Ledermann et al., 2010) and internal reliability (Levesque et al., 2014). The DCI can be scored in terms of Positive Dyadic Coping (27 items) and Negative Dyadic Coping (8 items). An example of a positive coping item is 'I show empathy and understanding to my partner'. An example of a positive coping item is 'When my partner is stressed, I tend to withdraw'. In the current study, both scales showed high levels of internal consistency (Cronbach's alphas .852 to .931)

Attachment expectancies were assessed with the Experiences in Close Relationships – Revised – General Short Form Questionnaire (ECR-R-GSF; Wilkinson, 2011). The ECR-R-GSF is a self-report short form of the Experiences in Close Relationships – Revised (Fraley, Waller, & Brennan, 2000) and consists of 20 items which measures attachment in terms of the two dimensions of Anxiety and Avoidance. Ten items assess anxious attachment and ten items assess avoidant attachment. Responses are recorded on a 5-point Likert scale for each item. The ECR-R-GSF was found to have adequate internal consistency, reliable alphas were found for both the Avoidant and Anxious scales and validity (Wilkinson, 2011). In the current study, both scales produced high levels of internal consistency (Cronbach's alphas Anxiety = .861, Avoidance = .872).

3. Design and Analysis

Due to the dyadic nature of the data, the Actor Partner Interdependence Model (APIM) was employed for the analysis. APIM allows us to analyse both the actor effect (the effect of one's own predictor score on one's own outcome) as well as the partner effect (the effect of one's own predictor score on the outcome of their partner), depicted in Figure 1 below. Stas, Kenny, Mayer, and Loeys (2018) have created an online application for analysing dyadic data called APIM_SEM that uses structural equation modelling to analyse the APIM. The analyses use maximum likelihood estimation via the lavaanprogram (Rosseel, 2012). The tests of coefficients are Z tests. Effect sizes for actor and partner effects are partial correlations.

Figure 1
The Actor Partner Interdependence Model



III. RESULTS

1. Preliminary Analysis

Data screening revealed no univariate and multivariate outliers. Data was screened so that there were no violations of the inclusion criteria. Means and standard deviations for the main variables are presented in Table 1. Table 2 show partner correlations for the main variables. Overall, Dyadic coping scores were moderately correlated between partners. That is, the DCI total scores, the DCI Positive scores, and the DCI negative scores. Female DCI Positive scores were strongly negatively correlated with male DCI Negative scores, though Female DCI Negative scores only showed a small negative correlation to male DCI Positive scores. There was a small correlation between anxious attachment in men and avoidant attachment in females, though there were no other significant correlations between attachment dimensions between partners.

2. Positive Dyadic Coping and Attachment

When looking at anxious attachment and positive dyadic coping (Figure 2), APIM analysis showed that there was a small to moderate, significant negative actor effect for females (β = -0.35; p < .01) but not for males. There was a small negative partner effect from female anxious attachment to male positive dyadic coping (β = -0.24; p < .05). There was a correlation between male and female positive dyadic coping scores (β = 0.35; p < .01) but there was no correlation between male and female anxious attachment scores.

The APIM looking at avoidant attachment and positive dyadic coping (Figure 3), showed results congruent with the previous analysis. There was a significant negative actor effect for females (β = -0.41; p < .001) but not for males. There was a small negative partner effect from female avoidant attachment to male positive dyadic coping (β = -0.22; p < .05). Positive dyadic coping scores were correlated between males and females (β = 0.34; p < .01). There was a small, though non-significant, correlation between avoidant attachment scores for males and females.

Table 1 *Means and Standard Deviations for Main Variables*

| Scale | Males Mean (SD) | Females Mean (SD) | - |
|-------------------|-----------------|-------------------|---|
| Anxious | 29.22 (6.15) | 28.42 (7.00) | |
| Avoidant | 26.01 (7.39) | 27.73 (7.68) | |
| +ve Dyadic Coping | 88.08 (11.71) | 88.74 (11.53) | |
| -ve Dyadic Coping | 15.26 (5.74) | 14.09 (5.05) | |

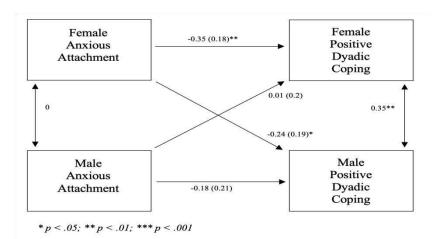
 Table 2

 Between Partner Correlations of the Main Variables

| Scale | Female Anxious | Female Avoidant. | Female +ve DC | Female-ve DC |
|---------------|----------------|------------------|---------------|--------------|
| Male Anxious | .002 | .288* | .012 | 085 |
| Male Avoidant | .145 | .122 | 106 | .010 |
| Male +ve DC | 242* | 233* | .397*** | 283* |
| Male -ve DC | .133 | .053 | 426*** | .504*** |

^{*} p < .05, ** p < .01, *** p < .001

Figure 2
Actor-Partner Interdependence Model - Anxious Attachment and Positive Dyadic Coping



3. Negative Dyadic Coping and Attachment

The next APIM analysis looked at the links between anxious attachment and negative dyadic coping (Figure 4). There were no significant actor or partner effects found. The correlation of negative dyadic coping scores between males and females is strong ($\beta = 0.5$; p < .001).

The final APIM analysis looked at the links between avoidant attachment and negative dyadic coping (Figure 5). There was a significant, and moderate to strong, positive actor effect for females ($\beta = 0.38$; p < .001), and a smaller positive actor effect for males ($\beta = 0.28$; p < .05). This is the first actor effect found for males in the present study. There were no significant partner effects found. There was a strong correlation of negative dyadic coping scores between males and females ($\beta = 0.56$; p < .001).

Figure 3Actor-Partner Interdependence Model- Avoidant Attachment and Positive Dyadic Coping

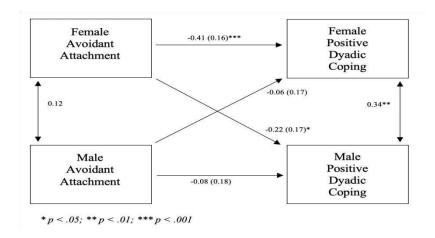


Figure 4
Actor-Partner Interdependence Model - Anxious Attachment and Negative Dyadic Coping

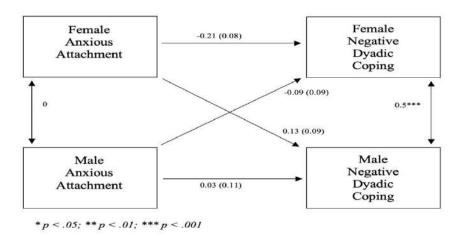
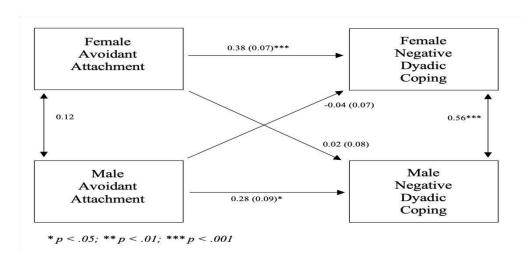


Figure 5Actor-Partner Interdependence Model - Avoidant Attachment and Negative Dyadic Coping



IV. DISCUSSION

The current study aimed to examine the associations between attachment expectancies and dyadic coping in young, childless couples. Specifically, it was hypothesised that higher levels of insecure attachment (both anxious and avoidant) would predict lower levels of positive dyadic coping and higher levels of negative dyadic coping within individuals. Further, it was predicted that higher levels of insecure attachment expectancies would be predictive of higher levels of dysfunctional (negative) dyadic coping and lower levels of positive dyadic coping between partners.

The results provided some support for the hypothesis that higher levels of insecure attachment would predict lower levels of positive dyadic coping and higher levels of negative dyadic coping in individuals. Overall, the results revealed a gender effect, with the correlation results showing that the relationship between attachment and dyadic coping was stronger in women than in men. The APIM analysis showed stronger actor effects for females than males. There was minimal support for the hypothesis that higher levels of insecure attachment would predict lower levels of positive dyadic coping and higher levels of negative coping in their partners. The APIM analysis showed only a small partner effect when looking at female insecure attachment and males dyadic coping styles. Previous research has noted that when using the APIM analysis, it is more common to detect actor effects rather than partner effects (Zeidner, Kloda, & Matthews, 2013). It has been suggested that this pattern could be due to shared method variance when conducting APIM analysis (Orth, 2013).

1. Attachment and Dyadic Coping

The results of the APIM looking at positive dyadic coping showed that there was an actor effect for females for both anxious and avoidant attachment and a small negative partner effect for female anxious and avoidant attachment and male positive dyadic coping, that is, insecure attachment was a predictor for low positive dyadic coping scores. The correlations between attachment and positive dyadic coping were congruent with these results for women. There was no correlational relationship found between male attachment and female dyadic coping. These findings are supportive of Fuenfhausen and Cashwell (2013) for women only. However, those authors did not use gender as a variable in their study.

The results of the APIM looking at negative dyadic coping revealed no actor or partner effects for anxious attachment. There was an actor effect for avoidance in males and females, with the effect being stronger in females, that is, avoidant attachment was a predictor for one's own negative dyadic coping style. This result is somewhat novel, particularly in the case of anxious attachment. Based on research on individual coping styles, it is suggested that insecure attachment is linked with negative coping strategies (Howard & Medway, 2004). This difference between anxious and avoidant attachment could be due to the different individual coping styles each attachment style has been linked to (Mikulincer& Florian, 1995). Anxious attachment is linked to emotion-focused coping strategies and avoidant attachment is linked to high levels of disengaging, distancing, and low levels of support seeking, which is congruent with negative dyadic coping.

2. Gender Differences in Attachment and Dyadic Coping

Overall, analysis showed stronger associations between dyadic coping and attachment for females, with minimal associations for males. Previous studies which have examined the link between attachment and dyadic coping have not used gender as a variable (Fuenfhausen& Cashwell, 2013), so this finding was somewhat novel. However, literature in the broader topics of attachment and individual coping provides evidence for gender differences (Mikulincer& Shaver, 2007).

There has been evidence to suggest gender differences in attachment in romantic relationships across cultures (Schmitt, 2003). Stereotypically, women take on a more emotion focused role in relationships whereas men take on a more distanced role in relationships. This is supportive of the evidence from the current study which showed a correlation between female anxious attachment and male avoidant attachment.

In terms of individual coping, there is evidence to suggest gender differences in that women use more emotion-focused coping strategies and men use more problem-solving strategies (Matud, 2004; Ptacek, Smith, & Dodge, 1994). However, the present study found that males and females had convergent dyadic coping styles. Papp and Witt (2010) found gender effects when looking at the link between individual coping, dyadic coping, and relationship satisfaction, this suggests that the link between individual coping and dyadic coping needs to be explored further, and other factors potentially leading to these differences such as personality traits and gender roles should be further examined.

The gender difference in the link between dyadic coping and attachment suggests that there may be other factors involved in this relationship. One possible link to be further explored is gender roles in relationships. Stereotypically, females are the custodians of relationships whereas men are not (Vogel, Wester, Heesacker, &Madon, 2003). Males and females have different roles and responsibilities within relationships and this difference could be one of the factors that influences dyadic coping. Further research should further investigate this facet of relationships. This could be done by looking at same sex couples and their attachment, dyadic

coping, and relationship roles. This research could provide us information on the nature of relationships which could inform research on both dyadic coping and attachment in romantic relationships.

3. Strengths and Limitations

The present study had some limitations and strengths. Firstly, participants were not randomly recruited and this may have led to a limited cross-section of participants. The strict exclusion criteria excluded large populations of people as relationships had to be longer than six months. This criterion was included to ensure that participants' relationships were committed and well established. The criterion of no children was included to ensure that the dyadic coping dimensions were not influenced by the effect children have on a relationship. These strict exclusion criteria and recruitment methods meant that the sample of participants was from a small population and so the generalisability of the study needs to be considered. This was also a strength of the study in that it allowed us to look at a more specific group of people than some previous studies (Badr et al., 2010; Meier et al., 2011; Rottman et al., 2015). Our sample allowed us to examine young adults who are facing everyday stressors (rather than specific stressors) which is a population that is not well represented within previous research. Future research should consider different recruitment avenues to recruit people from other populations including different socio-economic groups, cultural groups, age groups, sexual orientations and gender groups.

The scales used in the current study are self-report measures which is both a strength and a weakness. Self-report data is easily obtained, can be anonymous, and cost-effective. Self-report data can also be subject to various biases, such as participants wanting to provide socially acceptable answers, variability in interpretation of questions, response biases, and restricted rating scales.

Another limitation that was identified was the power of the study. While we had 79 dyads, which was suggested as sufficient to reveal moderate effect sizes (Ackerman &Kenny, 2016), the study could have had larger power if there were more dyads recruited, which would in turn increase the validity of the study. There were some cases where statistics were approaching significance and having a larger sample size may have allowed significance to be reached in more instances. Future research should look to recruit larger sample sizes.

4. Implications

The results of the current study have extended the existing knowledge on dyadic coping and attachment, and have suggested further research areas to continue this extension of knowledge. Understanding the factors that influence and lead to dyadic coping have theoretical implications in that it is an emerging area of research and there are interesting facets of dyadic coping to be further explored and examined. This research area may have the capacity to affect change and influence clinical practices regarding relationship functioning. Understanding dyadic coping leads to a better understanding of relationships and different coping responses and dynamics. Therapeutic interventions and programs such as the Couples Coping Enhancement Training (Bodenmann & Shantinath, 2004) could be modified and improved by further research in the area of dyadic coping.

V. CONCLUSION

The results of the present study are partially supportive of the existing literature (Fuenfhausen& Cashwell, 2013; Meuwly et al., 2012). Overall, the analysis showed moderate to strong associations between dyadic coping and attachment for females, though minimal associations for males. Further research examining dyadic coping and attachment is needed in order to understand gender differences in dyadic coping and attachment, as well as explore the factors that inform and influence dyadic coping. The reasons for this discrepancy in results between males and females were mostly unexpected, though it creates an opportunity for future research. Understanding the differences between males and females, in the domains of attachment and dyadic coping has implications for psychological research as well as clinical practice. Further exploration of the factors which lead to dyadic coping is critical to better understand dyadic coping, and hence help enhance the functioning of couples.

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