

Dyadic Coping as Predictor of Psychological Wellbeing in the Times of Social Isolation

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ABSTRACT

Incidence of social isolation i.e., the state of being disconnected from social relationships, has increased significantly in the aftermath of Covid-19. In turn, the emerging phenomenon of social isolation across the world has impacted the interpersonal relations among married couples, among other consequences. This research studies dyadic coping and psychological wellbeing among married individuals in India and also explores whether dyadic coping strategies can predict psychological wellbeing of people afflicted by social isolation in the post-Covid-19 scenario. Results of the study indicate that dyadic coping predicts psychological wellbeing to a great extent. Among males, supportive dyadic coping impacts the psychological wellbeing while among females, common dyadic coping prominently predicts psychological wellbeing. All dimensions of dyadic coping have a significant correlation with psychological wellbeing except Negative Dyadic Coping by Oneself and Negative Dyadic Coping of the Partner, which do not seem to have any association with the latter.

KEYWORDS: Dyadic Coping, Psychological Well-being, Social Isolation, India

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INTRODUCTION

High incidence of social isolation in the aftermath of Covid-19 across the world has affected the interpersonal relations among married couples, among other consequences. In the Indian context, it is likely to be more pronounced because of unique cultural settings characterized by masculinity and power distance. Generally speaking, Indian couples communicate in a manner that both the partners are expected to absorb and truthfully understand the messages which have been transferred with few utterances (Sabharwal, 2020). Such a bizarre communication pattern where open, free and heart to heart conversations seldom take place among the partners in many families (though it is changing somewhat with generation Y, at least in the larger towns/cities), often makes it difficult for either of them to cope with crisis scenarios.

On the other hand, a free and fair conversation, without any inhibitions, is undoubtedly a hallmark of dyadic coping strategy especially in times of crisis like the one induced by Covid19. It can help both the partners achieve psychological wellbeing and survive the worst of the times. Interestingly, lockdown clamped to contain the spread of Covid-19 pandemic has enabled several people in dyadic relationships to rediscover themselves and learn to accept as well as adapt (Sabharwal, 2020)

Indeed, coping strategies are responses to a stress in an individual's life. It refers to the reaction or efforts which individuals make to "master, reduce or tolerate demands arising out of stress" (Dunn et al., 2011). Talking, caring and sharing, joint problem solving, delegating or assuming responsibilities, sulking and concealment are some of the responses that people exhibit during crises. In marital relationships, the spouses exchange similar responses while facing any crisis situation. Dyadic Coping (DC) comprises the anxiety gestures of one spouse, the stated or unstated coping reactions of the other spouse, and shared coping efforts, and includes both constructive and adverse elements (Bodenmann, 2005). DC strategies entail the coping patterns of each dyad in the relationship aimed at increasing well-being of individuals and his/her marital relationship (Coyne & Smith, 1991, Bryan, et al., 2008). Further, dyadic stress affecting both the partners may trigger DC which could either be positive, i.e. common, delegated or positive supportive or negative, i.e. hostile, ambivalent, or superficial (Revenson, Kayser, Bodenmann, 2005).

Coping strategies have been linked to increased Psychological Well-Being (PWB) while avoidance of coping has often resulted in higher degree of psychological distress (Gustems-Carnicer, Calder'on, 2013). Moreover, DC is imperative for the well-being of individuals staying in close relationships (Bodenmann, Meuwly, Kayser, 2011). Several other studies have also indicated a relationship between DC and upper level of marital quality, lower level of stress experience and better physical and psychological well-being (Bodenmann, 2005; Berg et al., 2008; Wunderer & Schneewind, 2008). Often, DC strategies augment an individual's satisfaction with quality of conjugal bond, which in turn can result in PWB. A number of scholars have explored the link between DC strategy and quality of marital relationship as well as satisfaction with the marital relationship (see Bodenmann, Meuwly, Kayser, 2011; Merz, et al., 2014, Naruse and Moss, 2019; Martos et al., 2021).

It is true that not many researches are available on impact of dyadic coping on psychological wellbeing as such. Dyadic coping itself has emerged as an area of research in the last three decades. Earlier, the scholars viewed the coping as an 'individual response' to an 'individual stressor'. However, in early 1990s, when the economies opened up all over the world, females started joining the workforce in a big way, thereby creating new kinds of stressors which afflicted both the partners due to work-life imbalance and role conflicts issues. The scenario has worsened further over the period due to gradual disintegration of the joint family system. Thus 'individual stressors' not only torments one person in the marital relationship but also affected the other partner. Simultaneously, individual responses to other partner's woes also result in either improvement or deterioration of the quality of marital relationships and concomitant life satisfaction. Lazarus and Folkman (1984) advanced the concept of relational context to explain the significance of reciprocal influential processes in coping with stressful situations affecting two individuals in marital relationship. This triggered a series of researches to explore dyadic coping strategies and their impact on quality of marital relationships and other direct or indirect consequences.

PREVIOUS RESEARCH

Dyadic Coping

Dyadic Coping Routine traumata and afflictions trigger conflicts in the marital dyads. It is even more pronounced during crisis situations like job losses and serious illnesses in particular or

economic slowdown and pandemic in general. It is possible that one or both the partners experience a low feeling of intimacy and diminution of emotion sharing and upturn in withdrawal behaviour which may adversely affect the quality of communication between the marital dyads. At the same time, such depressing situations may alternately trigger positive responses wherein the partners exhibit striking intimacy and initiative towards joint problem solving as well as taking up part of the responsibility of each other.

A few DC models have evolved over time. According to Coyne & Smith (1991), each partner of the marital dyad gets involved in single and joint coping practices to defend and handle the relationship during stressful or crisis situations. On the other hand, Revenson's (1994) model is based on the congruence or discrepancy of couples' coping strategies. This is considered a weak model because partners are treated as individual units of analysis thereby ignoring the dyadic pulls and pushes in any marital relationship (Falconier, et al., 2015).

Systemic Transactional Model propounded by Bodenmann (1995) revolves around mutual communication of stress, support provided by each member of the marital dyad, and joint strategies used to cope with common stressors. Further, DC can be positive by way of stress communication and negative in terms of hostility triggered by stressful situations (Bodenmann, 1995). Falconier, et al. (2015) have observed that positive DC results in homeostasis for the partners while negative DC leads to drop in judicious adaptation to a stressor (Falconier et al., 2015). In the Developmental-Contextual Coping Model, DC is the preliminary coping conduit used by partners while handling a lingering stressor (Berg & Upchurch, 2007).

Bodenmann (1997, 2005) has classified different forms of DC as common dyadic coping (CDC) (efforts by the spouses during crisis), supportive coping (care from one spouse toward the other when only one of them is affected during crisis situation), delegated coping (one spouse deliberately handles problem-solving so that the other spouse can be comforted during crisis). Furthermore, diverse forms of dyadic coping can be characterized as feeling-oriented or issue-oriented and constructive or damaging in nature. Negative dyadic coping (NDC) can be exhibited in terms of hostility towards each other, i.e. being offensive, impertinent,

contemptuous; indecisive reactions e.g. tentative, regretful or superficial reactions such as being slender and perfidious (Bodenmann, 1997, 2005).

Psychological Wellbeing

On a macro level, well-being is related to happiness, life satisfaction, and self-growth. In his classical research, Bradburn, (1969) used the concept of positive and negative affect to explain wellbeing. Shin and Johnson (1978) defined wellbeing as a 'global assessment of a person's quality of life according to his/her own chosen criteria'. Ryff (1989) advanced six factor model of wellbeing viz. autonomy, environmental mastery, personal growth, purpose in life, positive relations with others and self-acceptance. Further, Diener & Suh (1997) defined subjective wellbeing as consisting of three interrelated components: life satisfaction, pleasant affect, and unpleasant affect. They referred affect to pleasant and unpleasant moods and emotions, and life satisfaction to a cognitive sense of satisfaction with life. Further, Shah and Marks (2004) viewed wellbeing to be more than just happiness, as was earlier defined by many scholars and psychologists. They described wellbeing as 'means developing as a person, being fulfilled, and making a contribution to the community.' Going a step further Dodge et al. (2012), postulated that wellbeing might be characterized by the equilibrium point between an individual's resource pool and the challenges faced. So far, six-factor model propounded by Ryff (1989) remains the most comprehensive and widely used tool for the study of psychological wellbeing.

Marriage, Dyadic Coping and Psychological Wellbeing

Disintegration of the joint family system and rise of nuclear families in India has put tremendous pressures on Indian couples. Recent spread of Covid-19 pandemic has further strained the families. Thus, PWB of both the partners in marital dyads is at risk in the emerging scenario. Such a distressful situation can be mitigated or further aggravated by DC strategies adopted by one or the other partner. In fact, DC in couples was found to be clearly and meaningfully connected with improved conjugal bonding; a more sympathetic bond and a lesser hazard of separation (Bodenmann, Pihet, & Kayser, 2006).

Studies reveal that although PWB refers to an internal state of an individual, it is aggravated by outlying factors like economic stability, interactive and intimate conjugal bonding, and

apparent community backing (Bolarfinwa, 2011). Thus, how the partners act, react and interact with each other in marital dyad certainly has a bearing on their PWB. Marital relations can also augment sentiments triggering a sense of belonging, which may help in improving mental health (House et al., 1988). Kim and McKenry (2002) have observed strong effects of marital status on PWB. On the other hand, absence of a cordial dyadic relationship may invariably affect PWB of both the partners. Even Dush, Taylor, & Kroeger (2008) observed that the level of PWB was stumpy in case of truncated marital happiness.

Dyadic Coping Strategy and Psychological Wellbeing

Even as several scholars have examined the impact of DC on management of internal or external stress, improvement in quality of relationship, mutual influence on the partners, relational resilience, psychological adjustment to chronic stress, relationship functioning, relationship stability, relationship satisfaction, life satisfaction, and individual well-being of the partners (Bodenmann and Cina, 2006; Bodenmann, et al. 2011; Herzberg, 2011; Levesque et al., 2014; Merz, et al., 2014; Falconier et al. 2015; Gasbarrini, et al. 2015; Rusu et al. 2015; Staff, et al., 2017; Aydogan and Ozbay, 2018), researches on the impact of DC on PWB are scarce.

OBJECTIVES OF THE STUDY

Considering the need to determine the impact of Dyadic Coping on wellbeing, as also, the fact that no researches are available in the context of the Indian society, the present study has been carried out. The subject becomes even more interesting in times of Covid19 when families are not only faced by a common external threat but are also trying to cope with other stressors in terms of pay reductions or even job losses besides being restricted to the boundaries of their four walls, with nowhere to go and having only each other to find ways to deal with the unique situation.

Stressors are referred to being dyadic only when both the partners have been exposed to the same stress (Bodenmann, 1995). Thus, dyadic coping not only helps to reduce stress of partners but also helps maintain good quality of relationship (Lameiras et al. 2018). It was also observed that “adequate dyadic coping may improve relationship functioning, while dysfunctional dyadic coping may impede relationship functioning” (Traa et al., 2014). Dyadic

relationship functioning has been found to further affect well-being of the partners in a few studies (Shipova, 2019; Martos, 2019). Hence, it is proposed:

H1: Dyadic coping strategy enhances psychological well-being among the partners in marital dyads.

While, as indicated above, dyadic coping has been found to raise wellbeing perceptions, scant research is available on how various factors of the latter are affected individually (Falconier et.al 2016). Autonomy is an important dimension of psychological wellbeing. Self-Determination theory defines autonomy as “actions which are volitional, for which people feel a full sense of choice and endorsement of an activity” (Deci & Ryan, 2008). A study on young adults revealed that presence of high degree of autonomy in individuals resulted in seeking more emotional support from one’s partner (Lynch M.F., 2013). Interestingly, in one of the researches, autonomy was observed to be related significantly yet indirectly via dyadic coping, with relationship satisfaction (Lefthand M, 2019). However, enough research on how much does dyadic coping impact autonomy as an individual factor, is not available. Thus,

H2a: Dyadic coping affects autonomy in partners in marital dyads.

Positive relation is another critical dimension of psychological wellbeing. A correlation has been observed in many studies between the level and quality of dyadic coping of couples and their degree of psychological well-being and quality of their relationship, for instance marital quality, psychological disorders, etc. (Meier, 2011). Further a study on heterosexual couples reflected that the individual’s own relationship satisfaction increased with increase in his/her own dyadic coping strategies (Levesque, 2014). It is thus proposed that

H2 b: High dyadic coping results in higher positive relations

Dyadic coping basically deals with two dimensions: (a) an effort by an individual to minimize stress of his/her partner, (b) both partners working together as equals to handle stress caused by external environment that affects their relationship. High dyadic coping may enable the individuals to become aware of their own strengths and limitations during stress communication and mutual support opportunities. Furthermore, working together to tackle externally induced stress may boost the self-acceptance of individuals due to enhanced self-awareness as they might look for out of the box solutions to issues affecting them during crisis

by invoking skills and abilities hitherto unknown to them. It is not unusual for people to demonstrate unique skills and abilities during crisis. Successful mitigation of crisis situation through dyadic coping can thus result in high degree of self-acceptance. Hence it is proposed that

H2c: Dyadic coping impacts self-acceptance

Environmental mastery is the ability of the individuals to manage her/his life and surroundings (Ryff and Keyes, 1995). It is an important dimension of psychological wellbeing. Environmental mastery enhances life satisfaction during crises (Windle and Woods, 2004). Further, accommodative coping has been associated with environmental mastery (Seltzer et al. 2004). As such, dyadic coping is likely to enhance the environmental mastery because each partner in the marital dyad generally takes initiatives to reduce the stress of the other by way of stress communication and mutual support. Ability to take charge and mitigate the challenging scenarios faced by the couples invariably help augment their environmental mastery. Hence, it is proposed that

H2d: Dyadic coping affects environmental mastery

Purpose in life motivates the individuals to contribute towards augmenting happiness in the family and community through charitable gestures. It also enables the individuals to take critical decisions in life, set life goals and determine quality of inter-personal relations within and outside the family. In turn, dyadic coping is likely to help the individuals seek and develop purpose in life as a result of intense interpersonal relations, initiative by one of the partners to share workload, and mutual support in times of crisis. Thus, it is proposed that

H2e: Dyadic coping impacts purpose of life

It has been observed that both dyadic coping and personal growth may see an upward trend especially if the couple is facing or has faced a life-threatening crisis situation or disease like cancer (Künzler et al., 2014). Dyadic coping enables the partners to help each other through caring and sharing, stress communication, and mutual support, especially during crisis. These attributes may have a bearing on the personal growth of both the partners. Hence, it is proposed that

H2f: Dyadic coping results in higher personal growth

METHOD

In order to collect necessary data, a Dyadic Coping Inventory and a Well Being Scale (described below) were sent to several groups of people in social media (Facebook, messenger, & WhatsApp) of whom a total of 183 married Indians submitted the same, duly filled. A filter question was added in the questionnaire to ensure that only married individuals answered the questions. Purpose of the study and confidentiality of data was mentioned.

Research Instrument

Dyadic Coping Inventory (Bodenmann, 2008) and Ryff's Psychological Well-Being Scales (PWB) were used to measure Dyadic Coping & Well Being of the respondents. Besides, Demographic data were also collected, hence the questionnaire sought information regarding age, number of years of marriage, gender, level of education, place of work, and place of residence (Metro/ Non-Metro city).

Ryff's Psychological Well-Being Scales (PWB): A 42-item version of Ryff's Psychological well-being scale was used for measuring psychological well-being of participants. It is a six-point Likert scale ranging from 1= strongly disagree to 6= strongly agree. Psychological well-being is measured across six dimensions namely (a) autonomy, which measures the extent to which an individual is dependent or independent in making decisions and living his life; (b) environmental mastery, which measures the individual's ability to manage his own life; (c) personal growth which measures how well an individual is open to learning new things and realizes his potential; (d) positive relations with others, a dimension which measures the extent and quality of relationship an individual has with others; (e) purpose in life, a dimension which measures the extent to which an individual finds his life meaningful; and (f) self-acceptance, which measures the level to which an individual feels happy and good with his life and also has a positive attitude towards his past life.

Dyadic Coping Inventory (Bodenmann, 2008): This scale measures dyadic coping in two dimensions i.e. how people work towards reducing stress of their partner, and how couples work together to cope with stress caused by external factors, which affect their relationship. This 37-item scale measures the construct of dyadic coping in four parts: supportive, delegated, negative, and joint (common) dyadic coping. Supportive dyadic coping refers to

the partner providing problem and/or emotion-focussed assistance to his/her partner in coping. Negative dyadic coping refers to the hostile, ambivalent, and superficial activities/ words that have a toxic purpose. Joint (common) dyadic coping refers to both the partners working together to deal with stressful situation. This scale also measures stress communication and helps assess the quality of self-perceived dyadic coping. These dimensions are measured in a 5-point scale where 1= very rarely and 2= very often.

The number of people participating from non-metro cities (n=39) were higher than those participating from metro cities (n=144). Number of male and female participants were almost equal (males 93 and females being 90) in number. The average age of female participants was 38.7 years (SD= 8.92, range 21-59), whereas the mean age of male participants was 42.49 years (SD= 8.94, range 25-65). The average age of participants in metro cities was 40.56 years (SD= 9.14, rang 21-65), whereas the mean age of participants in non-metro cities was 40.92 years (SD = 9.07, range 26-57). The average years of marriage of male participants were 13.91 years (SD= 8.80) while that of females was 13.79 (SD= 11.07).

Educational qualification of participants varied from being doctorate to acquiring some professional degree. 28 % of male participants have Doctoral degree as compared to 32.2 % of females. 58% of males had completed their Master's or Post Graduation degree, 9.7 % were just graduates, and 4.3 % of males had some professional degree. On the other hand, 54% of females completed their Master's or Post Graduation degree, 6.7 % were Graduates and 6.7% of females had completed some professional degree.

Profession of both males and females were captured in the date. Majority of the participants served in private organizations (male 67.7%, female 61.1%) as compared to 13.3 % of females, 17.2 % of males in government organizations. 9.7 % of males had their own business, 3.2 % of them were freelancers, while 2.2 % of them were as of now, without a job. 11.1% of females had their own business, 2.2 were freelancers, 11.1 % of them were homemakers, while 1.1 % of them were looking for job.

FINDINGS

Dyadic Coping of Male and Female

Females (mean= 136.37, SD= 24.60) reported higher dyadic coping than males (mean= 125.86, SD= 22.44 (p= 0.003, t= 3.013, df= 180).

Table 1: Mean difference Between Dyadic Coping of Males and Females

Sample size	Mean Dyadic Coping Score for Males	Mean Dyadic Coping Score for Females	t value	P value (sig)
182	125.86	136.37	3.013	.003*

Dyadic Coping and Psychological Well-being

Correlation analyses between different dimensions of dyadic coping and the psychological well-being were carried out (Table 2). All dimensions of dyadic coping have a significant correlation ($p < .0$) with psychological well-being except negative dyadic coping by oneself (NDCO) and negative dyadic coping of the partner (NDCP), which do not seem to have any association with the latter.

Table 2: Correlation of Dyadic Coping Factors with Well being

Results	Supportive Dyadic Coping by Oneself (SDC)	Delegated Dyadic Coping by Oneself (DDCO)	Negative Dyadic Coping by Oneself (NDCO)	Stress Communication of the Partner (SCP)	Supportive Dyadic Coping of the Partner (SDCP)	Delegated Dyadic Coping of the Partner (DDCP)	Negative Dyadic Coping of the Partner (NDCP)	Common Dyadic Coping (CDC)
r co-efficient	.59	.45	.06	.46	.52	.37	-.05	.54
P value (sig)	.01	.01	-	.01	.01	.01	-	.01

Determinants of Well Being

Multiple backward regression was performed to ascertain the predictors of psychological wellbeing (among the various dimensions of dyadic coping). Supportive Dyadic Coping by oneself ($\beta = .362, p < .05$), Negative Dyadic Coping of the partner ($\beta = -.166, p < .05$), and Common Dyadic Coping ($\beta = .319, p < .05$) explained 39.4 % variance of variance in psychological wellbeing in the two genders taken together. The other dimensions of dyadic

coping did not predict psychological well-being significantly and hence were removed from this analysis.

Table 3: Dyadic Coping as Predictor of Well Being

	B	Std. Error	Beta
DV: PWB	.672	.079**	.534
R Square	.285		

**p < .01

Dyadic Coping and Well-being (Male & Female respondents)

Correlation analyses were also carried out between Dyadic coping and psychological wellbeing yielding a significant, moderate correlation coefficient of 0.53 (Table 4). The data was further split into the two genders to see if Dyadic Coping affects psychological well-being differently among males and females. A relatively stronger correlation was observed in males (r= .609, p < .01) as compared to females (r= .488, p < .01).

Table 4: Correlation between Dyadic Coping & Well Being

Sample	Independent variable	Dependent variable	r coefficient	P value (sig)
Entire sample	Dyadic coping	Psychological Wellbeing	.53	.01*
Male	Dyadic coping	Psychological Wellbeing	.61	.01*
Female	Dyadic coping	Psychological Wellbeing	.49	.01*

Multiple backward regression was further worked out to further understand whether predictors of wellbeing differed across male and female respondents. Among males, Supportive Dyadic Coping by oneself ($\beta=.528, p < .000$) and Common Dyadic Coping ($\beta=.216, p < .05$) explained 48.8 % of variance in psychological well-being. On the other hand, only Common Dyadic coping ($\beta=.480, p < .000$) in females could significantly predict 23.1 % variance in Psychological Well-being.

Table 5: Dyadic Coping Dimensions as A Predictor of Well Being (Multiple Regression Analyses)

	<u>Unstandardized Coefficients</u>		<u>Standardized Coefficients</u>	t	Sig.
	B	Std. Error	Beta		
DV: PWB					
Supportive Dyadic Coping by Oneself (SDC)	2.551	.632	.362**	4.035	.000
Negative Dyadic Coping of the Partner (NDCP)	-1.444	.538	-.166*	-2.684	.008
Common Dyadic Coping (CDC)	1.887	.549	.319*	3.435	.001
R Square	.394				

**Table 6a
Dyadic Coping Dimensions as A Predictor of Well Being (Male)**

	B	Std. Error	Beta
DV: Male's Total Psychological Well-being			
SDC	3.919	.799	.528**
CDC	1.456	.725	.216*
R Square	.488		

**Table 6b
Dyadic Coping Dimensions as A Predictor of Well Being (Female)**

	B	Std. Error	Beta
DV: Female's Total Psychological Well-being			
CDC	2.457	.481	.480**
R Square	.231		

Effects of Various Dimensions of Dyadic Coping on Individual Dimensions of Well Being

Data were further analysed to see how various dimensions of Well Being were affected by those of Dyadic Coping. It is interesting to note that only 4 among the 8 factors of Dyadic Coping affect the various dimensions of Well Being. Autonomy is impacted by SDC, NDCP & CDC (Table 7) with CDC having the greatest effect followed by SDC and NDCP. Among these,

NDCP has a negative influence on Autonomy. Similarly other dimensions of Well Being are also affected by either of these dimensions of Dyadic Coping except SDCP which seems to be impacted only by SDCP.

Further investigation was carried out to understand whether predictors of each of the dimension of differed among males and females. Results (Table 8a) showed that various dimensions of psychological well-being were affected by different dimensions of dyadic coping among males and females. Supportive dyadic coping in all dimensions of psychological well-being emerged as the most powerful predictor in case of males; for example, 46.9% variance in personal relations, in case of male, was predicted together by supportive dyadic coping ($\beta = .416, p < .000$) and common dyadic coping ($\beta = .324, p < .05$).

However, common dyadic coping was observed to be a stronger predictor of psychological well-being in case of females (Table 8b). This could predict variance in most of the dimensions of psychological well-being, especially personal relations. 25% of variance in personal relations was explained by common dyadic coping alone ($\beta = .500, p < .000$).

However, Supportive dyadic coping ($\beta = .438, p < .000$) was observed to explain 19.2 % variance in case of environmental mastery. Interestingly, in case of females, negative dyadic coping of partner ($\beta = -.320, p < .05$) was also observed to influence autonomy, whereas in case of males it impacted purpose in life significantly ($\beta = -.195, p < .05$). Common dyadic coping although having a significant impact on personal growth ($\beta = .305, p < .05$), could explain only 9.3 % variance in psychological well-being.

As represented in Table 9, age ($\beta = .229, p < .05$), number of years of marriage ($\beta = -.291, p < .05$) and dyadic coping ($\beta = .5-7, p < .05$) together could explain 32 % variance in psychological well-being.

Table 7: Dyadic Coping Dimensions as A Predictor of Well Being Dimensions (Multiple Regression Analyses)

DV: Dimensions of Psychological Well-being

	Autonomy			Environmental Mastery			Personal Growth			Personal Relations			Purpose of Life			Self Acceptance		
	B	Std. Error	β	B	Std. Error	β	B	Std. Error	β	B	Std. Error	β	B	Std. Error	β	B	Std. Error	β
SDC	0.378	0.132	0.271**	0.532	0.112	0.413**	0.373	0.119	0.313**	0.513	0.127	0.356**	0.398	0.109	0.348**	0.454	0.13	0.325**
SDCP				0.221	0.102	0.192*												
NDCP	-0.346	0.112	-0.201**	-0.276	0.1	-0.174**	-0.229	0.101	-0.156*				-0.288	0.093	-0.204**			
CDC	0.402	0.115	0.344**				0.225	0.103	0.225*	0.371	0.107	0.307**	0.244	0.095	0.255*	0.32	0.109	0.273**
R Square	0.325			0.325			0.251			0.377			0.32			0.313		

*p < .05, **p < .01

Table 8 (a): Dyadic Coping Dimensions as A Predictor of Well Being Dimensions (Male) (Multiple Regression Analyses)

DV: Dimensions of Psychological Well-being

	Autonomy			Environmental Mastery			Personal Growth			Personal Relations			Purpose of Life			Self Acceptance		
	B	Std. Error	β	B	Std. Error	β	B	Std. Error	β	B	Std. Error	β	B	Std. Error	β	B	Std. Error	β
SDC	.569	.166	.389*	.755	.112	.567**	.761	.099	.626**	.609	.161	.416**	.473	.147	.392*	.696	.165	.479**
SDCP	-	-	-	-	-	-	-	-	-	-	-	-	.234	.134	.212	.299	.152	.224
NDCP	-.255	.145	-.140	-.262	.140	-.159	-	-	-	-	-	-	-.292	.128	-.195*	-	-	-
CDC	.439	.149	.331*	-	-	-	-	-	-	.430	.146	.324*	-	-	-	-	-	-
R Square	.477			.374			.392			.469			.380			.433		

*p < .05, **p < .01

**Table 8 (b): Dyadic Coping Dimensions as A Predictor of Well Being Dimensions (Female)
(Multiple Regression Analyses)**

DV: Dimensions of Psychological Well-being

	Autonomy			Environmental Mastery			Personal Growth			Personal Relations			Purpose of Life			Self Acceptance		
	B	Std. Error	β	B	Std. Error	β	B	Std. Error	β	B	Std. Error	β	B	Std. Error	β	B	Std. Error	β
SDC	-	-	-	.551	.121	.438**	-	-	-	-	-	-	-	-	-	-	-	-
NDCO	.389	.220	.235	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SDCP																		
NDCP	-.508	.217	-.320*	-	-	-	-	-	-	-	-	-	-.248	.142	-.191	-	-	-
CDC	.418	.120	.408*	-	-	-	.279	.093	.305*	.543	.101	.500**	.470	.092	.560*	.486	.099	.467**
R Square	.182			.192			.093			.250			.240			.218		

*p < .05, **p < .01

**Table 9: Age, Number of Years of Marriage and Dyadic Coping as Predictor of Psychological Well-being
(Multiple Regression Analyses)**

	B	Std. Error	Beta
DV: Psychological Well-Being			
Age	.758	.318	.229*
Number of Years of Marriage	-.882	.294	-.291*
Dyadic Coping	.637	.079	.507*
R Square	0.320		

*p < .05

DISCUSSION AND CONCLUSION

This study was conducted with an aim to find out the extent to which dyadic coping impacts psychological well-being of Indian married people. The intention of this research was to understand how married individuals are coping with Covid19 challenge in India as also to determine whether Dyadic Coping could predict wellbeing. Another objective was to find out whether dyadic coping in male and female predicted psychological well-being differently.

Dyadic coping was observed to explain 28.5% of variance in psychological well-being. Interestingly, number of years of marriage was found to have a negative impact on psychological well-being ($\beta = -.291$, $p < .05$). This contradicts the logic and previous research where it was noticed that wellbeing increased as the years after marriage passed by (Dush, 2008). It thus leaves scope for further research- to find out the reasons for the inverse relationship.

Supportive dyadic component ($\beta = .528$, $p < .01$) and common dyadic coping ($\beta = .216$, $p < .05$) predicted 48.8 % variance in psychological well-being. On the other hand, common dyadic coping ($\beta = .480$, $p < .01$) predicted 23.1 % variance in psychological well-being among females. Both common dyadic coping and supportive dyadic coping include emotion focused as well as problem focused coping (Bodenmann, 2005). When both partners work together, either by engaging in relaxing activities or solving a problem to reduce a common stress caused by external environment, common dyadic coping occurs. When one partner works, by empathizing or advising, to reduce stress of the other partner, supportive dyadic coping is said to be activated (Ogolsky, 2020). It is obvious from the research that both the partners score high on positive dyadic coping to reduce the stress caused by the pandemic Covid-19, however with a different approach. While the male works to reduce the stress of his partner more by either understanding, advising, or being empathetic, and in turn reducing his own stress; a female, on the other hand, believes in jointly analysing the problem and reducing stress. This result agrees with previous research which says that both male and female express a different style of dyadic coping. For a male, his personal dyadic coping predicts marital quality and for females both their personal as well as her partner's dyadic coping predict marital quality (Papp, 2010).

Coping strategies such as planning, cognitive restructuring, emotional calmness and seeking of social support was observed to increase autonomy in males in previous research (Carrasco, 2013). The result obtained from this study is in sync with the aforesaid research. Supportive dyadic coping and common dyadic coping together explain 47.7% variance in autonomy.

REFERENCE

- Aydogan, D., & Ozbay, Y. (2018). Mediation role of dyadic coping on parenting stress and relational resilience in couples. *Marriage & Family Review, 54*(2), 128-147.
- Berg, C. A., & Upchurch, R. (2007). A developmental-contextual model of couples coping with chronic illness across the adult life span. *Psychological bulletin, 133*(6), 920-954.
- Berg, C. A., Wiebe, D. J., Butner, J., Bloor, L., Bradstreet, C., Upchurch, R., ... & Patton, G. (2008). Collaborative coping and daily mood in couples dealing with prostate cancer. *Psychology and aging, 23*(3), 505-516.
- Bhandari P. (2020). The coronavirus lockdown is putting urban Indian couples to the test. Scroll.in: <https://scroll.in/article/958253/the-coronavirus-lockdown-is-putting-urban-indian-couples-to-the-test>
- Bodenmann G. (2005). Dyadic coping and its significance for marital functioning. In: Revenson TA, Kayser K, Bodenmann G, editors. *Couples coping with stress: Emerging perspectives on dyadic coping*. Washington, DC: American Psychological Association; 2005. pp. 33–49.
- Bodenmann, G. (1995). A systemic-transactional conceptualization of stress and coping in couples. *Swiss Journal of Psychology/Schweizerische Zeitschrift für Psychologie/Revue Suisse de Psychologie*.
- Bodenmann, G., & Cina, A. (2006). Stress and coping among stable-satisfied, stable-distressed and separated/divorced Swiss couples: A 5-year prospective longitudinal study. *Journal of Divorce & Remarriage, 44*(1-2), 71-89.
- Bodenmann, G., Meuwly, N., & Kayser, K. (2011). Two conceptualizations of dyadic coping and their potential for predicting relationship quality and individual well-being. *European psychologist, 16*(4), 255-266.
- Bryan, L., Engblom, M. L., Peters, C. L., Schwerdtfeger, K. L., & Warren, S. E. (2008). Couples coping with stress: Emerging perspectives on dyadic coping. In: Revenson, TA, Kayser, K., & Bodenmann, G.(Eds.). Washington, DC: American Psychological Association, 369-374.

- Carrasco, A. E. R., Campbell, R. Z., López, A. L., Poblete, I. L., & García-Mas, A. (2013). Autonomy, coping strategies and psychological well-being in young professional tennis players. *The Spanish Journal of Psychology*, *16*, E75.
- Coyne, J. C., & Smith, D. A. (1991). Couples coping with a myocardial infarction: a contextual perspective on wives' distress. *Journal of personality and social psychology*, *61*(3), 404.
- Dunn, D. S., Hammer, E. Y., & Weiten, W. (2011). Teaching the Psychology of Adjustment. *Promoting Student Engagement*, 187.
- Falconier, M. K., Jackson, J. B., Hilpert, P., & Bodenmann, G. (2015). Dyadic coping and relationship satisfaction: A meta-analysis. *Clinical psychology review*, *42*, 28-46.
- Folkman, S. (2020). Stress: appraisal and coping. In *Encyclopedia of behavioral medicine* (pp. 2177-2179). Cham: Springer International Publishing.
- Gasbarrini, M. F., Snyder, D. K., Iafate, R., Bertoni, A., Donato, S., & Margola, D. (2015). Investigating the relation between shared stressors and marital satisfaction: the moderating effects of dyadic coping and communication. *Family Science*, *6*(1), 143-149.
- Herzberg, P. Y. (2013). Coping in relationships: The interplay between individual and dyadic coping and their effects on relationship satisfaction. *Anxiety, Stress & Coping*, *26*(2), 136-153.
- House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science*, *241*(4865), 540-545.
- Joseph, S., & Inbanathan, A. (2016). *Marital disharmony among working couples in urban India: A sociological inquiry*. Institute for Social and Economic Change.
- Kamp Dush, C. M., Taylor, M. G., & Kroeger, R. A. (2008). Marital happiness and psychological well-being across the life course. *Family relations*, *57*(2), 211-226.
- Ketchell, M. (2020). Your coping and resilience strategies might need to shift as the COVID-19 crisis continues. The Conversation, <https://theconversation.com/your-coping-and-resilience-strategies-might-need-to-shift-as-the-covid-19-crisis-continues-140507>
- Kim, H. K., & McKenry, P. C. (2002). The relationship between marriage and psychological well-being: A longitudinal analysis. *Journal of family Issues*, *23*(8), 885-911.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer publishing company.

- Martos, T., Szabó, E., Koren, R., & Sallay, V. (2021). Dyadic coping in personal projects of romantic partners: Assessment and associations with relationship satisfaction. *Current Psychology, 40*, 2956-2969.
- Meier, D. E. (2011). Increased access to palliative care and hospice services: opportunities to improve value in health care. *The Milbank Quarterly, 89*(3), 343-380.
- Merz, C. A., Meuwly, N., Randall, A. K., & Bodenmann, G. (2014). Engaging in dyadic coping: Buffering the impact of everyday stress on prospective relationship satisfaction. *Family Science, 5*(1), 30-37.
- Naruse, S. M., & Moss, M. (2019). Effects of couples positive massage programme on wellbeing, perceived stress and coping, and relation satisfaction. *Health Psychology and Behavioral Medicine, 7*(1), 328-347.
- Ogolsky, B. G., & Monk, J. K. (Eds.). (2020). *Relationship maintenance: Theory, process, and context*. Cambridge University Press.
- Papp, L. M., & Witt, N. L. (2010). Romantic partners' individual coping strategies and dyadic coping: implications for relationship functioning. *Journal of family psychology, 24*(5), 551.
- Reed, R. G., O'Connor, M. F., Pace, T. W., Raison, C. L., & Butler, E. A. (2017). Dyadic coping and salivary interleukin-6 responses to interpersonal stress. *Journal of Family Psychology, 31*(3), 367.
- Revenson, T. A. (1994). Social support and marital coping with chronic illness. *Annals of Behavioral Medicine, 16*(2), 122-130.
- Rusu, P. P., Hilpert, P., Beach, S. R., Turliuc, M. N., & Bodenmann, G. (2015). Dyadic coping mediates the association of sanctification with marital satisfaction and well-being. *Journal of Family Psychology, 29*(6), 843.
- Sabharwal, S. (2020). Matters of the mind: Impact of lockdown and Covid-19 on marriages. The Indian Express, <https://indianexpress.com/article/lifestyle/feelings/matters-of-the-mind-covid19-lockdown-impact-on-marriages-pandemic-6460248/>
- Shek, D. T. (1995). Marital quality and psychological well-being of married adults in a Chinese context. *The Journal of Genetic Psychology, 156*(1), 45-56.
- Shipova, N., & Sevastyanova, U. (2019). Dyadic relations of persons with disabilities: coping and psychological well-being. *Social welfare: Interdisciplinary approach, 9*(2), 116-126.

Staff, H. R., Didymus, F. F., & Backhouse, S. H. (2017). The antecedents and outcomes of dyadic coping in close personal relationships: A systematic review and narrative synthesis. *Anxiety, Stress, & Coping, 30*(5), 498-520.

Wunderer, E., & Schneewind, K. A. (2008). The relationship between marital standards, dyadic coping and marital satisfaction. *European Journal of Social Psychology, 38*(3), 462-476.