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DYADIC COPING AND RELATIONSHIP QUALITY: POLISH VERSION OF THE DYADIC COPING INVENTORY IN ACTOR–PARTNER INTERDEPENDENCE MODEL ANALYSES

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Dyadic coping (DC) is a key mechanism that supports relationship functioning; however, in Poland, there are no studies using comprehensive tools to assess these processes from a couple-level perspective. The aim of the present study was to examine the associations between DC strategies and romantic relationship quality, as well as to introduce the Polish version of the Dyadic Coping Inventory (DCI). We studied 275 heterosexual couples ($N = 550$) who completed the Polish DCI and the Partnership Functioning Scale (PFB). We applied the Actor-Partner Interdependence Model (APIM) within a structural equation modelling (SEM) framework, controlling for relationship duration, financial situation, number of children, and relationship status. The models demonstrated excellent fit (RMSEA = 0.043–0.050; CFI = 0.981–0.987; TLI = 0.969–0.978). Actor effects were stronger than partner effects, particularly for positive strategies (supportive and common), which most strongly predicted relationship quality (R^2 up to 37%). Women more frequently reported stress communication, whereas men reported higher use of delegated and negative DC strategies. Men's relationship quality was significantly associated with their perception of their partner's stress communication and delegated support. In contrast, women were more sensitive to their own strategies and their perception of their partner's engagement in common coping. The Polish adaptation of the DCI is a valuable tool for studying coping mechanisms in couples and may be useful in clinical practice. The findings highlight the crucial role of constructive DC strategies in fostering relationship quality, with an asymmetrical importance of self versus partner behaviours for women and men.

Keywords: dyadic coping with stress; relationship quality; Actor–Partner Interdependence Model (APIM); dyadic analyses

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Romantic relationships are among the most important social contexts for adults, and their quality plays a critical role in both partners' psychological and physical well-being (Robles et al., 2014). Contemporary research consistently demonstrates that it is the quality, not merely the existence, of a relationship that predicts mental health outcomes (Yöyen et al., 2025), life satisfaction, and broader social functioning (Hudson et al., 2020). A key determinant of this quality is how partners cope with stress, both individually and jointly (Cutrona & Russell, 2017). Partner communication in stressful situations can be a resource that strengthens emotional bonds, but it can also become a source of tension and conflict when perceived as unsupportive (Rusu et al., 2020).

To address the need for a relational perspective on coping, Bodenmann (2005) developed the systemic-transactional model of dyadic coping (STM), which extends classical stress and coping frameworks (Lazarus & Folkman, 1984) by incorporating the interactive components of partners' responses. Dyadic coping (DC) includes an individual's own behaviours toward their partner (e.g., emotional support, taking over responsibilities), their perception of the partner's behaviours, and strategies jointly enacted by both partners (Bodenmann et al., 2016). Positive dyadic coping strategies include: (1) *supportive coping*—offering advice, comfort, and empathy; (2) *delegated coping*—asking the partner to take over certain responsibilities to reduce one's own burden; and (3) *common coping*—jointly engaging in problem-solving efforts. Negative strategies include: (1) *ambivalent coping*—providing help combined with criticism; (2) *hostile coping*—mockery or overt criticism; and (3) *superficial coping*—pretend or insincere forms of assistance (Bodenmann, 2005).

Empirical evidence indicates that positive dyadic coping strategies foster constructive communication, reduce stress, strengthen a sense of togetherness, and enhance relationship satisfaction (Falconier et al., 2015). In contrast, negative strategies are consistently linked to poorer relationship quality and increased conflict (Herzberg, 2013).

From a broader perspective, dyadic coping can be situated within comprehensive models of relationship functioning, such as the Vulnerability-Stress-Adaptation Model, which emphasizes the interplay between enduring vulnerabilities, stress exposure, and adaptive relational processes (Karney & Bradbury, 1995). Within this framework, dyadic coping represents a key adaptive mechanism through which couples regulate stress and protect relationship quality over time (Bodenmann & Randall, 2012; Arican-Dinc & Gable, 2025). Similarly, contemporary models of emotion regulation in close relationships underscore the importance of interpersonal regulation processes, further sup-

porting the relevance of actor and partner effects observed in dyadic analyses (Ruan et al., 2024). Bodenmann's STM can be viewed as a relational extension of contemporary models of interpersonal emotion regulation (Gross, 2015; Reis & Gable, 2015; Revenson et al., 2016). It conceptualizes stress and coping as interdependent processes within couple interactions, emphasizing stress communication, partner responses, and the appraisal of support. Consistent with process-oriented frameworks, the STM distinguishes between problem-focused and emotion-focused strategies and highlights the context-dependent effectiveness of coping behaviors, translating individual regulation processes into the dyadic domain.

Responding to growing research interest in this area, the Dyadic Coping Inventory (DCI; Bodenmann, 2005) was developed as a comprehensive tool grounded in the systemic–transactional model, enabling a detailed assessment of these processes. The DCI is a valuable tool for research on relationship functioning and the analysis of relational processes. It can be applied to either couples or individuals in relationships. Importantly, the DCI has wide applicability not only in research but also in clinical practice, including the diagnosis of communication patterns in couples, monitoring of therapeutic outcomes, and design of interventions to strengthen coping competencies (Falconier et al., 2015). In recent years, it has also been used to evaluate the effectiveness of psychoeducational programs and couple-based training interventions aimed at improving cooperation under stress and enhancing relationship satisfaction (Falconier et al., 2016).

The primary aim of the present study was to examine associations between multiple forms of dyadic coping and romantic relationship quality using the Actor–Partner Interdependence Model. The Polish adaptation of the Dyadic Coping Inventory is presented as methodological background supporting the assessment of dyadic coping processes.

Analyses were conducted using the Actor–Partner Interdependence Model (APIM; Kenny, 2015), which allows for the simultaneous estimation of the influence of one's own coping strategies (*actor effects*) and the partner's strategies (*partner effects*) on relationship quality, while accounting for the inherent interdependence of dyadic data. Both positive (supportive, common, delegated) and negative strategies were included in the analyses. Based on previous literature, we formulated the following hypotheses:

H1. In both women and men, higher levels of one's own positive dyadic coping strategies will be positively associated with relationship quality,

whereas higher levels of one's own negative strategies will be negatively associated with relationship quality.

H2. In both women and men, higher levels of dyadic coping strategies used by the partner will be positively associated with relationship quality in the case of positive strategies and negatively associated in the case of negative strategies.

Expected gender differences in dyadic coping can be further understood in light of gendered models of coping and relational schemas, which suggest that women are more likely to engage in emotionally expressive and relationally attuned coping strategies, whereas men more often adopt instrumental or task-focused approaches to stress regulation within intimate relationships (Helgeson et al., 2018; Roth et al., 2024). These differences may translate into distinct patterns of actor and partner effects in dyadic analyses, as well as differential sensitivity to one's own versus a partner's coping behaviours, a pattern that has been repeatedly observed in dyadic studies of stress and relationship functioning (Falconier & Kuhn, 2019; Vedelago et al., 2023).

METHOD

Participants

The present analyses were conducted on the same empirical sample that was previously used for the Polish validation of the Dyadic Coping Inventory (Wendołowska et al., 2022). While the earlier publication focused exclusively on the psychometric properties and measurement invariance of the DCI, the current study addresses distinct research questions by examining associations between dyadic coping strategies and relationship quality using dyadic analytical models. The study involved 275 heteronormative couples (N = 550 individuals). Most participants were aged 41–60 years (43.8%) or 26–40 years (37.64%). The largest proportion reported being married for 6–10 years (24.19%) or 1–5 years (23.81%). Nearly 72% of couples had at least one child. The majority had completed higher education (71%), were employed (83.82%), and 64.72% rated their financial situation as good or very good.

Procedure

Participants were recruited in several districts in Poland using traditional recruitment methods. Eligibility criteria included being in a formal or informal heteronormative relationship for at least 12 months. Both partners provided informed consent before participation. Each partner completed a questionnaire packet individually and returned it upon completion. As a token of appreciation, randomly selected couples received cinema tickets. All study procedures adhered to ethical standards and the principles of the Declaration of Helsinki, and were approved by the Ethics Committee of the Institute of Psychology at Jagiellonian University (KE/01/102018).

Participants completed a demographic questionnaire assessing age, gender, relationship duration, relationship type, number of children, education level, and perceived financial situation, as well as self-report measures of dyadic coping and relationship quality.

Measures

Dyadic Coping Inventory (DCI)

Dyadic coping was assessed with the Dyadic Coping Inventory (DCI; Bodenmann, 2005; Polish validation by Wendołowska et al., 2022). The instrument consists of 37 items measuring how partners cope with stress within their relationship. It covers five subscales assessing dyadic coping (DC) in relation to oneself and one's partner: stress communication, supportive DC (problem-focused and emotion-focused), delegated DC, and negative DC. Additionally, it includes two scales measuring common DC (problem-focused and emotion-focused). Responses are given on a 5-point Likert scale. In the present study, the DCI demonstrated high internal consistency (Cronbach's $\alpha = .84$). The Polish version of the DCI is provided in Supplement S1.

Partnership Questionnaire (PFB)

Relationship quality was measured using the Partnership Questionnaire (PFB; Hahlweg, 1979) in its Polish validation (Janicka, 2008). The PFB consists of 30 items across three subscales (10 items each): mutual communica-

tion, intimacy, and conflict behaviour. In the present study, internal consistency was high (Cronbach's α = .82).

Control Variables

Four control variables were included in the dyadic analyses. Two were between-dyad covariates—shared by both partners in a couple: (1) relationship duration (in years) and (2) relationship status (1 = cohabiting, 2 = civil or religious marriage). Two were within-dyad covariates—which could differ between partners: (1) self-rated financial situation (1 = *poor* to 4 = *very good*) and (2) number of children. This distinction between between- and within-dyad covariates is important in APIM analyses because it allows simultaneous control for both shared couple-level characteristics and individual partner characteristics (Kenny, 2015).

Statistical Strategy

Preliminary analyses were conducted in IBM SPSS Statistics 29 (PS IMAGO PRO 9.0). Means and standard deviations were calculated for all variables. Paired-sample *t* tests were used to examine gender differences in dyadic coping strategies and relationship quality. Pearson's correlations were computed separately for self-reported strategies and strategies attributed to the partner.

The primary analyses used the Actor–Partner Interdependence Model (APIM; Kenny, 2015) within a structural equation modelling (SEM) framework, implemented in the lavaan package for R (Rosseel, 2012). The APIM allowed simultaneous estimation of actor effects (the association between one's own coping strategies and one's own relationship quality) and partner effects (the association between a partner's coping strategies and the individual's relationship quality). All predictors and control variables were grand-mean centred to improve interpretability and reduce multicollinearity.

Missing data were handled using Full Information Maximum Likelihood (FIML) estimation, which yields unbiased parameter estimates under the assumption of data missing at random and retains all partially complete dyads. The *k* parameter (partner-effect to actor-effect ratio) was computed for each model, with 95% confidence intervals estimated using the Monte Carlo method with 5,000 replications (MacKinnon et al., 2004). This approach was chosen because the sampling distribution of regression coefficient ratios is

often skewed and violates the assumptions of standard inferential methods, making Monte Carlo simulation a more robust method for estimating accurate confidence intervals.

Model fit was evaluated using the Root Mean Square Error of Approximation (RMSEA), the Comparative Fit Index (CFI), the Tucker–Lewis Index (TLI), and the proportion of explained variance (R^2) for the dependent variables (Hu & Bentler, 1999). All statistical tests were two-tailed with $\alpha = .05$.

RESULTS

Descriptive Statistics and Gender Differences

Table 1 presents descriptive statistics and results of paired *t* tests comparing women and men in various forms of dyadic coping and relationship quality. Both self-reported strategies and strategies attributed to the partner were analysed. Partner-attributed strategies refer to behaviours participants ascribe to their partner in response to stress, based on their own perception.

Table 1
Descriptive Statistics and Gender Differences (N = 275 Couples)

	Men		Women		*t*	*p*
	M	*SD*	*M*	*SD*		
Self-reported DC strategies						
Stress communication	12.49	3.18	13.84	2.68	7.96	<.001
Supportive DC	19.31	3.07	19.60	2.88	1.42	.157
Delegated DC	7.16	1.52	6.56	1.66	−4.55	<.001
Negative DC	7.13	2.89	6.61	2.52	−2.83	.005
Partner-attributed strategies						
Stress communication	14.14	2.70	12.10	3.18	−9.49	<.001
Supportive DC	18.48	3.67	17.96	4.25	−2.51	.013
Delegated DC	6.10	1.78	6.75	1.91	5.05	<.001
Negative DC	8.03	2.54	8.80	2.88	4.83	<.001
Common DC	18.77	3.79	18.49	4.12	−1.18	.237
Dyadic coping (DC)	129.29	17.35	127.88	16.35	−1.63	.109
Relationship quality (PFB)	34.12	13.59	34.44	14.14	0.41	.001

Regarding self-reported coping strategies, women reported engaging in stress communication significantly more often than men. Conversely, men rated themselves higher in delegated coping and negative coping compared to women. No significant gender differences emerged in self-reported supportive coping. When evaluating partner strategies, women rated their partners higher in stress communication, supportive coping, and delegated coping than men did. Men, in turn, rated their partners as more likely to use negative coping strategies. No significant gender differences were found in common dyadic coping. Regarding relationship quality, women scored higher than men, indicating they evaluated their relationships more positively than their partners did.

Dyadic Coping and Relationship Quality: Correlational Analyses

Correlation analyses (see Supplement S2) examined associations between different dyadic coping strategies and relationship quality, considering both self-reports and partner-reports for women and men. Results revealed a clear pattern: positive coping strategies were consistently and positively related to relationship quality, whereas negative strategies showed few and weak associations. For women, all self-reported positive strategies were positively intercorrelated. The strongest correlations were found between stress communication and supportive coping ($r = .31$, $p < .01$) and between stress communication and partner common coping ($r = .40$, $p < .01$). Self-reported stress communication was also associated with partner stress communication ($r = .45$, $p < .01$), indicating reciprocity in this behaviour within couples. Supportive coping (self-reported) was positively associated with both delegated coping ($r = .35$, $p < .01$) and partner common coping ($r = .43$, $p < .01$). The overall dyadic coping score correlated strongly with stress communication ($r = .57$, $p < .01$), supportive coping ($r = .66$, $p < .01$), and partner common coping ($r = .55$, $p < .01$). Women's relationship quality correlated positively with all positive strategies, particularly with supportive coping (self; $r = .51$, $p < .01$) and common coping ($r = .47$, $p < .01$). A similar pattern was observed among men. Self-reported stress communication was positively related to partner stress communication ($r = .53$, $p < .01$), and supportive coping (self) correlated with the same behavior in partners ($r = .48$, $p < .01$). The overall dyadic coping score (self) was strongly associated with self-reported stress communication ($r = .50$, $p < .01$), supportive coping ($r = .45$, $p < .01$), and partner DCI scores ($r = .54$, $p < .01$). Men's relationship quality correlated positively

with overall dyadic coping ($r = .49$, $p < .01$) and partner supportive coping ($r = .46$, $p < .01$).

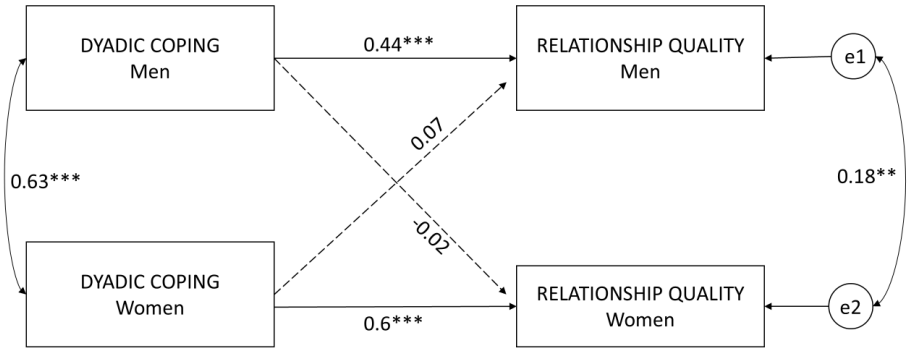
Importantly, significant correlations were also observed between the same strategies reported by both partners, indicating co-occurrence of similar behavioral patterns within couples: stress communication ($r = .53$, $p < .01$), supportive coping ($r = .48$, $p < .01$), and common coping ($r = .42$, $p < .01$). This suggests a tendency for partners to adjust their coping styles to each other.

Dyadic Coping and Relationship Quality: Vulnerability-Stress-Adaptation APIM Analyses

To examine the associations between each dyadic coping subscale and relationship quality, APIM analyses were conducted. Each subscale of the Polish version of the DCI—stress communication, supportive coping, delegated coping, negative coping, and common coping—was analysed separately. Four control variables were included in each model: relationship duration, financial situation, number of children, and relationship status. All predictors were entered simultaneously to estimate the independent effects of each variable.

Figure 1

APIM Model for Total Dyadic Coping and Relationship Quality



Note. Solid lines represent significant actor effects, while dashed lines indicate non-significant partner effects. Double-headed arrows show correlations between partners' coping levels and between residuals of relationship quality (e1, e2). Control variables were included in the analyses but are omitted from the figure for visual clarity. Model fit: $\chi^2(4) = 3.60$, $p = .463$; RMSEA = 0.00; CFI = 1.00; TLI = 1.01.

Significant actor effects (Figure 1) were found for both women ($B = 0.35$, 95% CI [0.28, 0.42], $\beta = .60$, $p < .001$) and men ($B = 0.25$, 95% CI [0.17, 0.32], $\beta = .44$, $p < .001$), indicating that higher self-reported dyadic coping was associated with higher relationship quality. Partner effects were not significant for either women ($B = -0.01$, $p = .677$) or men ($B = 0.04$, $p = .323$). The k parameter (partner–actor effect ratio) indicated negligible partner effects for women ($k = -0.04$, 95% CI [−0.21, 0.13]) and small partner effects for men ($k = 0.16$, 95% CI [−0.07, 0.39]). The model explained 43% of the variance in women's relationship quality and 30% in men's. Control variables showed that longer relationship duration was associated with lower relationship quality for women ($B = -1.20$, $p = .020$) but not for men. Relationship status was unrelated to women's quality ratings, but men in cohabiting relationships rated their quality significantly higher than married men ($B = 3.77$, $p = .009$). Number of children and financial situation were non-significant predictors for both genders.

Self-Reported Dyadic Coping Strategies

In the APIM analyses for Stress Communication (Model 1), significant actor effects emerged for both women and men, indicating that higher levels of one's own stress communication were associated with greater relationship quality. A significant partner effect was found only for men, suggesting that men's relationship quality was also positively related to their partners' stress communication. For Supportive Coping (Model 2), actor effects were significant and relatively strong for both genders, highlighting the importance of one's own supportive coping for relationship quality. The partner effect reached significance only for women, indicating that women's evaluations of the relationship were positively influenced by their perception of partners' supportive coping. In the case of Delegated Coping (Model 3), significant actor effects were again observed for both genders. The partner effect was significant only for women, suggesting that women's relationship quality was linked not only to their own use of delegated coping strategies but also to their perception of their partners' engagement in these behaviours. Finally, for Negative Coping (Model 4), neither actor nor partner effects reached significance for either gender, indicating that in this sample negative coping strategies did not significantly predict relationship quality for men or women.

Highest R^2 values were found for stress communication and supportive coping models, followed by delegated coping, with negative coping showing

the lowest explanatory power. For women, *k* values in stress communication and delegated coping models were ~0.74–0.75, indicating partner effects were about 70–75% of actor effects. For supportive coping, *k* was lower (0.43), while for negative coping it rose to 1.78 (though effects were non-significant). Men generally showed lower *k* values (e.g., 0.14 for supportive coping, 0.23 for delegated coping), suggesting greater reliance on their own coping strategies when evaluating relationship quality.

Table 2

APIM Results for Self-Reported DC Strategies (N = 275 Couples)

Models (predictors)	Women					Men				
	B	95% CI	*p*	β	R^2	*B*	95% CI	*p*	β	R^2
Model 1: Stress communication										
Actor effects	1.02	[0.56, 1.48]	<.001	.31	.22	0.33	[0.19, 0.47]	<.001	0.41	.32
Partner effects	0.28	[–0.09, 0.66]	.142	.07	—	0.41	[0.27, 0.55]	<.001	0.38	
k (partner/actor)	0.75	[0.28, 1.22]	—	—		1.24	[0.69, 1.79]	—	—	
Model 2: Supportive DC										
Actor effects	1.33	[0.97, 1.68]	<.001	.41	.34	1.35	[1.00, 1.70]	<.001	.41	.27
Partner effects	0.57	[0.25, 0.89]	<.001	.17		0.19	[-0.19, 0.57]	.320	.06	
k (partner/actor)	0.43	[0.19, 0.68]	—	—		0.14	[-0.14, 0.43]	—	—	
Model 3: Delegated DC										
Actor effects	1.05	[0.42, 1.68]	.001	.17	.16	1.74	[1.03, 2.45]	<.001	.29	.16
Partner effects	0.78	[0.10, 1.47]	.026	.13		0.40	[–0.25, 1.04]	.227	.07	
k (partner/actor)	0.74	[0.14, 1.34]	—	—		0.23	[–0.15, 0.61]	—	—	
Model 4: Negative DC										
Actor effects	−0.16	[−0.62, 0.30]	.503	−.04	.12	−0.25	[−0.66, 0.16]	.237	−0.07	.09
Partner effects	−0.28	[−0.68, 0.12]	.169	−.08		0.11	[−0.37, 0.58]	.655	0.03	
k (partner/actor)	1.78	[−1.16, 4.73]	—	—		−0.43	[−2.20, 1.34]	—	—	

Note. *DC* = dyadic coping with stress, *B* = unstandardized coefficient, β = standardized coefficient, *k* = ratio of partner effect to actor effect. 95% CI = confidence interval estimated using the Monte Carlo method (5,000 replications). All models were estimated within the SEM framework (lavaan) controlling for covariates (relationship length, financial situation, number of children, relationship status). The models demonstrated very good fit (RMSEA = .043–.050; CFI = .981–.987; TLI = .969–.978).

Partner-Attributed and Common DC Strategies

Table 3 summarizes the APIM results for partner-attributed strategies and common dyadic coping. For partner-attributed stress communication (Model 5), actor effects were significant for both women and men, whereas a significant

partner effect emerged only for men, indicating that men's relationship quality was positively linked to their perception of their partner's stress communication. In the case of partner-attributed supportive coping (Model 6), significant actor effects were observed for both genders, but no significant partner effects were found.

Table 3

APIM Results for Partner-Attributed and Common DC Strategies (N = 275 Couples)

Models (predictors)	Women					Men				
	B	95% CI	*p*	β	R^2	*B*	95% CI	*p*	β	R^2
Model 5: Stress communication										
Actor effects	1.24	[0.92, 1.55]	<.001	.38	.30	1.11	[0.71, 1.51]	<.001	.34	.22
Partner effects	0.23	[−0.14, 0.60]	.216	.07		0.46	[0.12, 0.80]	.008	.14	
k (partner/actor)	0.19	[−0.14, 0.52]	—	—		0.42	[0.10, 0.74]	—	—	
Model 6: Supportive DC										
Actor effects	0.98	[0.69, 1.26]	<.001	.40	.34	0.90	[0.55, 1.25]	<.001	.37	.25
Partner effects	0.21	[−0.11, 0.54]	.199	.09		0.26	[−0.05, 0.57]	.094	0.11	
k (partner/actor)	0.22	[−0.12, 0.55]	—	—		0.29	[−0.06, 0.64]	—	—	
Model 7: Delegated DC										
Actor effects	1.26	[0.69, 1.83]	<.001	.24	.21	1.10	[0.46, 1.73]	<.001	.21	.16
Partner effects	0.71	[0.11, 1.31]	.021	.14		0.77	[0.17, 1.36]	.012	.15	
k (partner/actor)	0.56	[0.09, 1.03]	—	—		0.70	[0.11, 1.29]	—	—	
Model 8: Negative DC										
Actor effects	−0.54	[−0.98, –0.10]	.015	−.15	.15	−0.21	[−0.74, 0.31]	.429	–.06	.09
Partner effects	−.17	[−.67, .33]	.506	−.05		0.19	[−0.27, 0.65]	.420	.05	
k (partner/actor)	.31	[−.44, 1.06]	—	—		−0.89	[−1.67, –0.11]	—	—	
Model 9: Common DR										
Actor effects	1.04	[0.78, 1.30]	<.001	.43	.37	1.31	[1.02, 1.60]	<.001	.54	.35
Partner effects	0.30	[0.02, 0.58]	.033	.12		0.08	[−0.19, 0.35]	.561	.03	
k (partner/actor)	0.29	[0.02, 0.56]	—	—		0.06	[−0.18, 0.30]	—	—	

Note. DC = dyadic coping with stress, *B* = unstandardized coefficient, β = standardized coefficient, *k* = ratio of partner effect to actor effect. 95% CI = confidence interval estimated using the Monte Carlo method (5,000 replications). All models were estimated within the SEM framework (lavaan) controlling for covariates (relationship length, financial situation, number of children, relationship status). The models demonstrated very good fit (RMSEA = .043–.050; CFI = .981–.987; TLI = .969–.978).

For partner-attributed delegated coping (Model 7), both actor and partner effects reached significance for women and men, suggesting that these strategies were consistently linked to higher relationship quality from both perspectives. Partner-attributed negative coping (Model 8) showed a significant actor effect only for women, indicating that women's perceptions of their partner's negative coping were associated with their own relationship evaluations, while other effects were non-significant. Finally, for common dyadic coping (Model 9), significant actor effects were found for both genders, but a significant partner effect appeared only for women, highlighting a potential asymmetry in how joint coping behaviours are linked to relationship quality across genders.

The highest R^2 values (up to 37% for women, 35% for men) were observed in supportive and common coping models, underscoring their importance for relationship quality. k values showed that partner effects were generally weaker than actor effects. The strongest relative partner effects were in delegated coping models (k = 0.56 for women, 0.70 for men). In stress communication and supportive coping, k values ranged from 0.19–0.42, indicating a dominance of actor effects. For common coping, k was moderate (0.29 for women, 0.06 for men), suggesting partner involvement mattered more for women than for men.

DISCUSSION

This study confirms that dyadic coping (DC) is a significant mechanism linked to the quality of romantic relationships, consistent with prior and recent findings (Falconier et al., 2015). In line with earlier evidence (Helgeson et al., 2018), women in our study reported significantly more frequent stress communication than men. While stress communication is important for one's own evaluation of relationship quality, our APIM results demonstrate that the partner's reaction to these stress signals—rather than the disclosure alone—is pivotal for relationship outcomes. Positive partner responses can buffer the relationship against stress, strengthen intimacy, and enhance relational satisfaction (Milek et al., 2015).

Men reported higher self-assessed delegated and negative coping than women. This is consistent with a more task-oriented, problem-solving style and a tendency to avoid emotional aspects of stress (Bodenmann et al., 2016). Elevated self-ratings in delegated coping may reflect men's perception of

themselves as taking over tasks to ease their partner's burden (e.g., "I take on my partner's usual responsibilities to ease their load"), whether or not this is equally perceived by the partner. Cultural norms and gender role expectations may influence these perceptions, with men potentially interpreting even isolated acts of practical help as significant support. Delegated coping's instrumental nature aligns with men's problem-focused approach to partner stress (Falconier & Kuhn, 2019).

Women rated their partners higher in stress communication, supportive, and delegated coping, suggesting different evaluative standards. Cultural expectations that men initiate communication and cooperation in stress contexts may contribute to more positive interpretations of their actions (Falconier et al., 2015). Women's greater sensitivity to subtle emotional or instrumental support signals may enhance their perception of partner engagement. However, differences in interpretation can lead to discrepancies between self- and partner-ratings of DC (Revenson et al., 2016), potentially causing misunderstandings.

Men's higher use of negative coping strategies—distancing, ambivalence, blaming, minimising problems, or offering reluctant support—mirrors prior findings linking male coping styles with less emotional openness (Bodenmann, 2005). Men also perceived their partners as more likely to use negative coping, which may reflect gendered perception biases. Emotional expressions such as intense worry or confrontational communication from women may be interpreted by men as hostile or critical support, even when intended as constructive engagement (Falconier & Kuhn, 2019). This perceptual asymmetry is consistent with evidence that men are more likely to attribute partner behaviours to criticism or problem minimization (Revenson et al., 2016). Such misinterpretations can contribute to relational distancing and conflict escalation, and meta-analytic evidence suggests that discrepancies in coping perceptions predict lower relationship satisfaction (Falconier et al., 2015).

The absence of consistent associations between negative dyadic coping and relationship quality may reflect several factors. First, the non-clinical nature of the sample may have limited variability in overtly hostile or ambivalent behaviours, which are more prevalent in distressed or clinical couples (Fitzgerald & Shuler, 2022; Landolt et al., 2023). Second, mild forms of negative coping may become normalized in long-term relationships and thus exert weaker effects on global relationship evaluations (Heim & Heim, 2025). Finally, prior research suggests that negative dyadic coping may be more strongly predictive of relational outcomes under conditions of chronic or high-

intensity stress, such as illness, parenting stress, or external crises, which were not directly assessed in the present study (Landolt et al., 2023; Schirl et al., 2023).

Across most models, this indicates that an individual's own coping strategies are more influential for their perception of relationship quality. This was especially evident for positive strategies like supportive and common DC, which showed the highest explanatory power (R^2 up to 37%). However, k values revealed important asymmetries: women's relationship quality was more sensitive to partner strategies in stress communication ($k \approx 0.75$) and delegated coping ($k \approx 0.74$), whereas men's satisfaction depended more on their own strategies, with lower k values (e.g., 0.14 for supportive coping). This metric thus provides a valuable relational index, quantifying the balance between self- and partner-contributions to perceived relationship quality. The finding that women's evaluations were more partner-oriented, and men's more self-oriented, aligns with the notion of gendered relational schemas (Ferguson & Karantzas, 2023).

The negative association between relationship duration and women's satisfaction echoes well-documented patterns of declining satisfaction in early years (Bühler et al., 2021; Karney & Bradbury, 1995). In the Vulnerability-Stress-Adaptation model (Karney & Bradbury, 1995), adaptive capacities such as support provision and cooperative problem-solving are critical to long-term stability. Women's steeper declines in satisfaction over time (Bühler et al., 2021) may reflect heightened emotional expectations and cumulative daily stressors. While the number of children was not significant in our models, prior work indicates that parenthood—especially for women—can intensify role strain and reduce satisfaction (Rhoades et al., 2024). Men's satisfaction may be buffered by alternative emotional support sources (Hoan & MacDonald, 2024).

Marital status mattered only to men: those in cohabiting relationships reported higher satisfaction than married men. Although formal unions often correlate with stability and satisfaction (Perelli-Harris et al., 2019), these differences can diminish when controlling for commitment and emotional support (Stanley et al., 2006). Cohabitation may offer men more autonomy and flexibility, potentially enhancing satisfaction. For women, marital status was not predictive, reinforcing the idea that relational quality hinges more on perceived safety, partner engagement, and emotional support than on legal form (Bühler et al., 2021).

Strengths and Limitations of the Study

This study makes an important contribution to the literature on dyadic coping in romantic relationships. The use of the APIM within a SEM framework allowed for the simultaneous estimation of both actor and partner effects, while accounting for the interdependence of dyadic data. This approach provided a more accurate representation of coping mechanisms within couples. Including multiple dyadic coping subscales (stress communication, supportive, delegated, negative, and common DC) enabled a direct comparison of their relative importance for relationship quality, thereby enhancing the applied value of the findings. Controlling for sociodemographic variables (relationship duration, financial situation, number of children, and relationship status) helped to eliminate potential confounding factors. The large sample size (275 couples) increased the reliability of the findings, while the use of Full Information Maximum Likelihood (FIML) minimised data loss due to missing responses.

Despite these strengths, several limitations should be acknowledged. The cross-sectional nature of the study precludes causal inferences—it is not possible to determine whether certain coping strategies influence relationship quality or whether relationship quality affects coping patterns. The reliance on self-report measures introduces the possibility of perception bias and social desirability effects, whereby participants may present themselves and their relationships in an overly favourable light. In addition, the sample predominantly consisted of individuals in formal, long-term relationships, which limits the generalisability of the findings to other relationship types (e.g., short-term, non-heteronormative relationships). Finally, the absence of cultural comparisons constrains the interpretive context of the results.

An additional limitation is that the present study was conducted using a sample previously employed for the psychometric validation of the Polish DCI. Although the research questions and analytical approach differ substantially, future studies should replicate the reported associations using independent samples to further strengthen the generalizability of the findings.

Summary and Practical Implications

The analyses confirmed that positive dyadic coping (DC) strategies, such as stress communication, supportive actions, and common coping, play a key

role in shaping the quality of romantic relationships. Actor effects (self-reported strategies) were significant and stronger than partner effects in most models, indicating that relationship quality is more strongly influenced by an individual's own coping engagement than by their perception of their partner's coping (Zeidner et al., 2013). Partner effects were mainly significant for communicative and delegated strategies, highlighting the importance of perceived partner involvement in specific areas.

The *k* parameter revealed meaningful gender differences: for women, the relative importance of partner strategies was higher, whereas for men, relationship quality was more closely tied to their own strategies. The highest R^2 values were found in models of supportive and common coping, underscoring their special significance for relational well-being (Falconier et al., 2015).

These findings reinforce the protective role of constructive DC—particularly supportive and common strategies—in relationship maintenance. The integration of *k* into APIM provides a novel methodological contribution, offering insight into the relative salience of self- versus partner-driven coping (Kenny, 2015). Our analyses revealed systematic gender differences: for men, relationship quality was more strongly linked to self-initiated coping, while for women, perceived partner engagement—particularly in stress communication and delegated coping—played a greater role (Helgeson et al., 2018).

Clinically, these results suggest the need to tailor interventions to gender-specific needs. For men, strengthening self-initiated supportive and common coping may enhance feelings of agency in managing stress as a couple (Carlson et al., 2020). For women, therapeutic work could focus on fostering partner engagement in stress communication and delegated coping, aligning with expectations for reciprocal involvement in coping processes (Falconier & Kuhn, 2019). Such approaches may enhance the effectiveness of psychoeducational and therapeutic programs for couples, including premarital counselling, crisis interventions, and support in the context of chronic illness (Rusu et al., 2020).

From a research perspective, the findings extend cross-cultural evidence on DC (Falconier et al., 2015; Yöyen et al., 2025), revealing both universal patterns (e.g., the consistent link between supportive/common coping and relationship quality) and culturally specific gender differences in the Polish context. They also align with calls to examine DC in long-term relationships and across diverse cultural settings (Ferguson & Karantzas, 2023).

The Polish adaptation of the DCI demonstrates its value as a research and clinical tool for identifying strengths and weaknesses in couples' coping patterns, monitoring therapeutic progress, and designing personalized interven-

tions. Incorporating strategies that develop common coping and mutual support may help couples adapt more effectively to life's challenges and enhance relationship satisfaction, as supported by research on relational competence development (Falconier et al., 2015) and coping in chronic illness contexts (Aguilar-Raab et al., 2022).

The present findings should be viewed as one stage in the broader validation process of the Polish version of the Dyadic Coping Inventory. Further research employing longitudinal designs, clinical samples, and predictive validity analyses is needed to fully establish the diagnostic and applied utility of the instrument.

CRediT Author Statement

ANNA WENDOŁOWSKA (60%): conceptualization, methodology, software, validation, formal analysis, resources, writing (original draft).

DOROTA CZYŻOWSKA (40%): conceptualization, methodology, software, validation, resources, writing (original draft), supervision, writing (review and editing).

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