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# **The role of dyadic coping in married/cohabiting adults' well-being and relationship quality during COVID-19 pandemic lockdown in Malaysia**

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**Abstract**--Rising numbers of COVID-19 cases are leading to increased anxiety, fear, stress and depression among Malaysians. The lockdown in the country due to the pandemic also forced the people to adapt to “new norms”. Coping strategies are important in alleviating stress due to the pandemic and promoting better well-being and relationship. The purpose of this study was to assess the well-being and relationship quality of Malaysian adults during the COVID-19 pandemic and to test the predictive role of dyadic coping on participants' well-being and relationship quality. Data were collected from September to December 2020. A total of 534 married/cohabiting adults residing in Malaysia completed the Perceived Relationship Quality Component Inventory, the Warwick–Edinburgh Mental Well-

being Scale, and the Dyadic Coping Scale. The measures were distributed to the participants via an online survey (Google form) using the snowballing technique. The results indicated that the well-being status of the participants was at an average level. The participants reported having significantly better relationship quality during the COVID-19 pandemic compared to before the pandemic. The results also showed that all three common dyadic coping strategies—the evaluation of dyadic coping emotional-focused, and problem-focused—were associated with better relationship quality among married/cohabiting individuals, and two of the strategies significantly predicted positive well-being. The results of our analysis of the dyadic coping used by self and partner revealed that delegated dyadic coping, negative dyadic coping, stress communication, and emotion-focused coping significantly predicted the participants' well-being and relationship quality. However, negative dyadic coping predicted poorer relationship quality and poorer well-being. These findings suggest that there was no significant negative impact on adults living in Malaysia during the initial phase of the national lockdown, and also support most dyadic coping strategies as adaptive coping strategies, with the exception of negative dyadic coping. These coping strategies should be promoted for the most vulnerable populations in Malaysia.

**Keywords**—well-being, relationship quality, dyadic coping, COVID-19 lockdown.

## **Introduction**

In response to the pandemic COVID -19 and to minimise the spread of the disease, the WHO (2020) recommended isolation, quarantine, avoidance of close contact, good communication with others and transmission of trusted and reliable information. Like most countries, Malaysia has also implemented a Movement Control Order (MCO) or lockdown to prevent the transmission of infectious diseases by individuals and communities. As the implementation of MCO is about protecting physical health, the impact on psychological aspects such as individuals' well-being and relationship quality should also be taken seriously. Recent studies have identified several psychological problems in people with dysfunctional anxiety during the pandemic COVID -19 (Lee, 2020; Lai et al., 2019; Xiang et al., 2020; Goyal et al., 2020). Chua et al.'s (2021) study of 124 Malaysian couples also reported negative mental health outcomes for couples during the COVID -19 pandemic. Couples experienced significantly higher levels of depression, anxiety and stress during the MCO than before the MCO. Suzana et al. (2022) claimed in their study of 543 Malaysian citizens that one in five Malaysians surveyed suffered from severe anxiety. Marital problems (i.e. divorced/separated/widowed) can exacerbate existing tensions within the family system. Working-age adults (between 25 and 44 years) are more likely to suffer from anxiety. In addition, boredom increases the likelihood of anxiety compared to loneliness, well-being and coping.

Lockdown due to the COVID -19 pandemic brings multiple stressors; we are forced to stay at home while coordinating increased demands to manage daily tasks. Parents and adults have to work and care for their children at the same time (Spinelli et al., 2020). The pandemic lockdown has also resulted in the disconnection of key caregivers (family, friends, colleagues) and support networks (childcare, health care), resulting in countless losses (employment, finances, time and health). The situation not only poses challenges to health and well-being, but can also threaten the quality and stability of relationships and family functioning (Neff, 2004; Neff, 2017; Prime, 2020). The disruption caused by the pandemic also makes it more difficult for married/cohabiting members to maintain their independence while remaining close and connected to their partners (Feeney, 2021). Coping has been identified as an important factor that may mediate the relationship between stressors and mental morbidity (e.g. Sharif & Khanekharaf, 2017).

According to Krishna et al. (2018), people with higher coping abilities may be able to cope with disasters and other challenges more effectively than people with lower coping abilities. Guo et al. (2020) found better mental health in Chinese participants who used cognitive coping and prosocial strategies during the COVID-19 pandemic. According to a study conducted in Spain among 5545 subjects, people who follow routines, exercise, and follow a healthy diet report feeling less depressed and anxious (Fullana et al., 2020). In their serial mediation study on Italian couples (2021), Donato et al. found that perceptions of the partner's coping skills were protective of mental health. Having examined previous research on the direct and indirect impact of the COVID -19 pandemic on couples, it is important to identify dyadic coping strategies to improve the quality of relationships between couples.

We have applied perspective from Bodenmann's Systemic-Transactional Model (1995), the pioneer of the construct of dyadic coping. In this model, Bodenman described patterns of interaction involving one partner or couple and the efforts of one or both partners to cope with stressful events. For example, stress signals from one partner, verbal or non-verbal coping responses from the other partner, and joint coping efforts. The dyadic coping process is presented as a cycle in which the experience of stress becomes a dyadic problem when one partner talks about stress verbally or non-verbally. Hence, the first step in the dyadic coping process is concentrating on stress communication (Donato et al. 2021). When the communication takes place, one partner's communication will be recorded, interpreted, and evaluated by the other partner, in order to respond to the stress signal. More specifically, when there is a communication barrier between the man and the woman, the relationship becomes insecure, the stress could be higher, especially for women (Ogan et al., 2021), who is having multiple roles in the household during the pandemic.

Despite these studies, information about the psychological impact of how married/cohabiting adults are coping with the COVID-19 pandemic is still lacking. It is of paramount importance for, psychologists, counselors, and relevant agencies to understand how to effectively support the population, especially married/cohabiting adults, in managing the COVID-19 pandemic and future outbreaks. Given these considerations. Given these considerations, this

study aims to assess the well-being and relationship quality of Malaysian adults during the COVID-19 pandemic and to test the predictive effect of dyadic coping on participants' well-being and relationship quality. Even though we had applied Bodenmann's Systemic-Transactional Model (1995) as an underlying framework, our study focussed on married/cohabiting individuals' perceptions of their self- and partner's coping and did not examine the coping strategies of dyadic partners within the married/cohabiting relationship.

## **Methods**

### **Research Design**

This study was a cross-sectional study with only one administration of the questionnaire. A self-administered online survey was distributed to potential participants via WhatsApp, Facebook, Telegram, email, etc. In some parts of the questionnaire (e.g., The Perceived Relationship Quality Component Inventory - PRQC), participants were asked to respond to the same questions measuring the time difference - before and during the COVID -19 pandemic lockdown.

### **Participants**

Participants were 534 adults aged 18 years and older who were married or cohabiting and residing in Malaysia during the pandemic period COVID -19 from September to December 2020. The sample was drawn using the snowball method. The sample comprised 239 (or 44.8%) males and 295 (55.2%) females aged between 21 and 67 years (mean = 40.38 years, SD = 11.43). Most of them were married (91.6%), with a mean year of marriage of 14.64 years (SD = 10.98). Of the participants, 5.2% were in a committed relationship and living together, and 3.0% were engaged and living with a partner. In terms of monthly income, 29% had a monthly income between RM1,001 and RM3,000, 24.2% had an income between RM3,001 and RM5,000, 14% had a monthly income below RM1,000 and only 3.6% of participants had a monthly income above RM11,000.

### **Instruments**

One set of questionnaires consisted of four parts. The demographic part contained questions on age, gender, monthly income, current relationship status, and length of relationship. Part 2, the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), consisted of 14 items measuring positive aspects of mental health (both hedonic and eudaimonic) over a two-week period. The items were scored on a 5-point Likert scale (1 = never, 5 = always). The total number of points is the sum of all items. Higher scores indicate better mental health. The WEMWBS showed very good reliability in the study conducted by Chua et al. (2021) with a Cronbach's alpha = .96; the Cronbach's alpha in the current study was .89.

The Perceived Relationship Quality Component (PRQC) inventory developed by Fletcher et al. (2000) was used to assess relationship quality. The PRQC inventory contained 18 items measuring six components - commitment, intimacy, relationship satisfaction, trust, passion and love. Each component consisted of three items and was rated on a 7-point scale (1 = not at all to 7 = extremely). A

high score for relationship quality is considered good. The Cronbach's alpha of the total PRQC scale in the study by Chua et al. (2021) was .97; the current study found a Cronbach's alpha = .92.

The Dyadic Coping Inventory (DCI) consists of 37 items developed on the basis of the systemic-transactional model (STM) of dyadic coping (Bodenmann, 1995), which divides dyadic coping into three types of coping: common dyadic coping, dyadic coping by self, and dyadic coping by a partner. The DCI measures the individual's and partner's perceptions of stress communication in intimate relationships, as well as a supportive and negative alternative coping when one or both partners are stressed. The DCI includes four main scales: Stress Communication, Supportive Dyadic Coping, Delegated Dyadic Coping, and Negative Dyadic Coping. The items were rated on a 5-point Likert scale (1 = rarely, 2 = rarely, 3 = sometimes, 4 = often, 5 = very often). In the current study, the DCI and its subscales showed good reliability with Cronbach's alpha = .81 (for self-administration) and Cronbach's alpha = .75 (for partner administration).

### **Data Analysis**

The IBM SPSS Statistics version 25.0 was used to analyze the data. Descriptive statistics such as frequencies and percentages were performed to collect demographic information of the participants. Paired-samples t-tests were used to analyze differences in relationship quality between participants during and before the lockdown in Malaysia. A multiple regression analysis was performed to determine the impact of participants' dyadic coping strategies on their well-being and relationship quality during the lockdown.

### **Ethical Considerations**

This study was approved by the UCSI University Institutional Ethics Committee (approval number: IEC-2020-FOSSLA-009).

### **Results**

#### **Well-being and Relationship Quality of Married/cohabiting Adults During COVID-19 Pandemic Lockdown in Malaysia**

The total well-being score of the participants during pandemic lockdown was calculated ( $n = 526$ ;  $M = 55.76$ ;  $SD = 7.50$ ; range score = 36–70; percentile 33.33% = 52 and percentile 66.67% = 59). A median score of 56.0 and a mean of 55.76 was found. For relationship quality, the sum scores of total relationship quality ( $n = 533$ ;  $M = 111.73$ ;  $SD = 14.53$ ; median = 115.00; range = 64–126; percentile 33.33% = 110 and percentile 66.67% = 121) was reported (refer to Table 1).

**Table 1.** Mean, median, standard deviation, range of values and percentile range of well-being and relationship quality among married/cohabiting adults during COVID -19 pandemic

	Well-being	Relationship quality	The subscale of relationship quality					
			Satisfaction	Commitment	Intimacy	Trust	Passion	Love
N	526	533	534	534	533	533	534	534
Mean	55.76	111.73	18.31	19.03	18.93	18.84	17.29	19.35
Median	56.00	115.00	19.00	20.00	20.00	20.00	18.00	21.00
Std. deviation	7.501	14.53	3.09	2.59	2.72	2.66	3.52	2.56
Range score	34.00	62.00	17.00	9.00	12.00	10.00	15.00	12.00
Minimum	36.00	64.00	4.00	12.00	9.00	11.00	6.00	9.00
Maximum	70.00	126.00	21.00	21.00	21.00	21.00	21.00	21.00
Percentile 3	33.3	52.00	110.00	18.00	19.00	19.00	18.00	20.00
Percentile 66.6	59.00	121.00	21.00	21.00	21.00	21.00	20.00	21.00
Percentile 7								

### Relationship Quality Before and During Among Married/cohabiting Adults

#### During COVID-19 Pandemic Lockdown in Malaysia

A paired-samples t-test was used to analyze relationship quality among married/cohabiting adults before and during the COVID-19 pandemic lockdown in Malaysia. The participants reported having significantly better relationship quality (and in all subscales) during the COVID-19 pandemic compared to before the pandemic (Table 2).

Table 2. The paired samples t-test on relationship quality among married/cohabiting adults during lockdown in Malaysia

Variables	N	Mean	Std. deviation	t	Sig.
Relationship quality before lockdown	533	111.11	14.84	-2.15	.032
Relationship quality during lockdown	533	111.73	14.53		
Satisfaction before lockdown	534	18.31	3.09	3.02	.003
Satisfaction during lockdown	534	18.57	2.94		
Commitment before lockdown	534	18.82	2.71	-4.02	<.001
Commitment during lockdown	534	19.04	2.59		
Intimacy before lockdown	533	18.80	2.80	-2.02	.044
Intimacy during lockdown	533	18.93	2.72		
Trust before lockdown	533	18.64	2.73	-3.72	<.001
Trust during lockdown	533	18.84	2.66		
Passion before lockdown	534	17.13	3.43	-1.92	.050
Passion during lockdown	534	17.29	3.52		
Love before lockdown	534	19.18	2.67	-3.56	<.001
Love during lockdown	534	19.35	2.56		

### The Role of Dyadic Coping in The Well-Being of Married/Cohabiting Adults During The COVID -19 Pandemic Shutdown In Malaysia

Multiple regression analysis was used to analyze the impact of dyadic coping on the relationship quality and well-being of married/cohabiting adults during the pandemic lockdown. The first model consisted of three subscales: emotion-focused, problem-focused and evaluation of dyadic coping. Notably, common dyadic coping significantly explained a total of 17.7% of the variance in participants' well-being ( $F(3, 519) = 37.18, p < .05$ ). The result also showed that only the evaluation of the dyadic coping scale score ( $Beta = .33$ ) played a positive role in significantly increasing the well-being of married/cohabiting adults during the COVID -19 pandemic lock-in, suggesting that participants who used this coping strategy increased their own well-being and vice versa.

The second model consisted of five subscales of dyadic coping by self (stress communication, supportive dyadic coping, emotion-focused, problem-focused, delegated dyadic coping, and negative dyadic coping), which significantly explained a total of 13.6% variance in participants' well-being ( $F(5, 511) = 16.62, p < .05$ ). Results showed that delegated dyadic coping and stress communication predicted significantly better well-being, while negative dyadic coping negatively affected participants' well-being. The same partner coping strategies significantly predicted participants' well-being. The model, which consisted of five subscales of partner dyadic coping by partner explained a total of 13.6% variance in participants' well-being ( $F(5, 509) = 18.70, p < .05$ ) (Table 3).

Table 3. Multiple regression analysis of the role of dyadic coping on well-being among married/cohabiting adults during COVID-19 pandemic lockdown in Malaysia

Predictors	R <sup>2</sup>	F	Sig. F	Beta	t	Sig. t
<b>Common Dyadic Coping</b>	.177	37.18	<.001			
Emotion-focused				.10	1.90	.058
Problem-focused				.05	.93	.353
Evaluation of dyadic coping				.33	6.50	<.001
<b>Dyadic Coping by Self</b>	.140	16.62	<.001			
Stress communication				.10	1.90	.047
Emotion-focused				.07	1.30	.194
Problem-focused				.02	.37	.710
Delegated dyadic coping				.20	3.90	<.001
Negative dyadic coping				-.14	-3.40	.001
<b>Dyadic Coping by Partner</b>	.156	18.70	<.001			
Stress Communication				.11	2.22	.027
<i>Supportive dyadic coping</i>				.05	.88	.381
Emotion-focused				.08	1.45	.147
Problem-focused				.17	3.43	.001
Delegated dyadic coping				-.18	-4.31	<.001

### The Role of Dyadic Coping on Relationship Quality Among Married/cohabiting Adults During COVID-19 Pandemic Lockdown in Malaysia

The first model of common dyadic coping significantly explained a total of 19.1% variance in relationship quality among the participants ( $F_{(3, 526)} = 41.49, p < .05$ ). The results showed that all three common coping strategies—emotion-focused, problem-focused, and evaluation of dyadic coping—played a significant positive role in increasing the married/cohabiting adults' relationship quality during the COVID-19 pandemic lockdown, indicating that the participants who used these coping strategies had better quality relationships with partners and vice-versa.

The second model, which consisted of five subscales of dyadic coping by self, significantly explained a total of 15.3% variance in relationship quality among the participants ( $F_{(3, 516)} = 18.68, p < .05$ ). As a result of well-being, delegated dyadic coping and stress communication predicted significantly better relationship quality, while negative dyadic coping negatively affected participants' relationship quality. The same coping strategies by the partner significantly predicted the participants' relationship quality, except that delegated dyadic coping, did not play a significant role. The model that consisted of five subscales of the dyadic coping by partner explained a total of 12.9% variance in relationship quality among the participants ( $F_{(5, 514)} = 18.76, p < .05$ ) (refer to Table 4).

Table 4. Multiple regression analysis on the role of dyadic coping on relationship quality among married/cohabiting adults during COVID-19 pandemic lockdown in Malaysia

Predictors	R <sup>2</sup>	F	Sig. F	Beta	t	Sig. t
<b>Common Dyadic Coping</b>	.191	41.49	<.001			
Emotion-focused				.231	4.447	<.001
Problem-focused				.124	2.546	.011
Evaluation of dyadic coping				.165	3.375	.001
<b>Dyadic Coping by Self</b>	.153	18.68	<.001			
Stress communication				.172	3.481	.001
Emotion-focused				.049	.901	.368
Problem-focused				.009	.143	.886
Delegated dyadic coping				.163	3.241	.001
Negative dyadic coping				-.178	-4.231	<.001
<b>Dyadic Coping by Partner</b>	.129	15.29	<.001			
Stress communication				.177	3.526	<.001
<i>Supportive dyadic coping</i>				.096	1.871	.062
Emotion-focused				.031	.629	.530
Problem-focused				.071	1.475	.141
Delegated dyadic coping				-.158	-3.751	<.001



## Discussion and Conclusion

This study investigated an interesting aspect of how married and cohabiting Malaysian individuals coped during the COVID-19 pandemic. The COVID-19 pandemic has affected everyone's lifestyle, including relationships, in a way that no one has ever imagined. Therefore, the perceived support one gives or receives to and from one's partner is pivotal. Individuals who are married/cohabiting may employ coping strategies to face this unprecedented event. The results of this study revealed that intimacy and love toward a partner were lower than other relationship quality subscales, such as satisfaction, commitment, trust, and passion during the lockdown. This could be because both or either partner had to work from home and were simultaneously occupied with taking care of their children, since all schools were closed, and immediate social support networks, such as friends or relatives, were not able to extend their assistance physically. This sudden situation required adjustments and may have disrupted the individuals' and family's daily routines. Their primary focus may have shifted more toward coping with and adjusting to the new routine during the pandemic. The study participants reported on average 14.6 years ( $SD = 10.0$ ) of marriage or cohabitation, and only a small percentage (6%) of the participants were married and/or cohabited for less than a year. However, the overall analysis showed that the relationship quality (of all subscales) of the study participants was better during the lockdown compared to before the lockdown. Since couples only had each other during this unprecedented crisis, the lockdown may have 'forced' them to spend a lot of time together and depend on each other for support while experiencing challenges or stress in managing the situation. Individuals who were already in vulnerable relationships before the lockdown may have a high risk for lower-quality relationships during the pandemic compared to those who had relationships that were stable and existed long before the pandemic (Pietromonaco & Overall, 2021). However, a study by Eder et al. (2021) on the quality of intimate relationships during the COVID-19 pandemic involving samples from Austria, Poland, Spain, Czech Republic, Germany, Netherlands, Italy, and Pakistan reported no difference in relationship quality before and during the lockdown. Only one-third of the samples reported changes in the quality of their relationship. Since our data were collected from September to December 2020, six months after the first MCO, the individuals were no longer in the exploratory phase of adjusting to the pandemic. They may have been able to adjust and cope better with the uncertainties of the pandemic, thereby significantly improving their perceived relationship quality.

The role of dyadic coping in the well-being of married and cohabiting individuals was also investigated in this study. The dyadic coping evaluated in this study was based on the systemic-transactional dyadic coping introduced by Bodenmann et al. (2017), which classified dyadic coping into three types of coping: common dyadic coping, dyadic coping by self, and dyadic coping by partner. The current study showed that emotion-focused and problem-focused, either in the common dyadic coping, dyadic coping by self, or dyadic coping, were not the favorable coping strategies utilized by Malaysian individuals. In fact, participants in this study showed that evaluation of dyadic coping subscale under the common

dyadic coping was an important predictor of well-being during the lockdown. Malaysian individuals (married and cohabiting) felt that the support they received from their partners was important in facing the challenges during the COVID-19 pandemic together as a couple. Bodenmann et al. (2017) explained this scenario as a “we-event” and “we-experience” where both partners coped and faced the challenges together. A study conducted in China during the pandemic reported that married individuals had higher emotional well-being than unmarried individuals; however, married individuals reported a significant decline in their emotional well-being during the pandemic (Yang & Ma, 2020). However, stress communication, delegated dyadic coping, and negative dyadic coping, which are the subscales under perceived dyadic coping of self and partner, also contributed to the well-being of married/cohabiting individuals in this study. Participants in this study communicated their stress to their partners and offered their assistance or take over tasks if they perceived that their partner needed help during the lockdown. Other studies have also pointed out that dyadic communication, or specifically engaging in resilience communication, plays a significant role in coping with events such as the COVID-19 pandemic (Lillie, Chernichky-Karcher, & Venetis, 2021; Venetis, Chernichky-Karcher, & Lillie, 2020). This study further showed that negative dyadic coping (e.g., blaming the other partner for not coping well with stress) negatively affected the individual’s well-being. This spillover effect of negative dyadic coping may affect the overall psychological well-being of the individual. However, we should take note that this study examined the dyadic coping during the COVID-19 pandemic. Therefore, this finding implies that negative dyadic coping by self to partner had negative link with self’s wellbeing. For instance, he/she provides support to his/her partner unwillingly and in an unmotivated manner because he/she thinks that her/his partner should cope with the COVID-19 related stress on his/her own. This kind of ambivalent act towards the other partner may affect negatively their overall well-being and relationship quality. Working at home during the lockdown can be more challenging, especially when one partner has to juggle with work, at the same time has to do house chores such as preparing meals for the family and assisting younger children with online classes. This can be very overwhelming if done by one partner only especially by the wife because in typical Asian families the house chores and taking care of children’s academic affair is usually done by the female partner. Therefore, how the other partner provides support is critical in determining their well-being and relationship quality.

We also investigated the role of dyadic coping on participants’ relationship quality during the COVID-19 pandemic. Our findings suggest that individuals’ (married and cohabiting) perceived dyadic coping (emotion-focused, problem-focused, and evaluation of dyadic coping) was very important in increasing their relationship quality. The COVID-19 pandemic caused couples to share the responsibility in handling the stressors by applying strategies such as finding solutions together, helping the other partner to reduce emotional arousal, and receiving and giving support in dealing with stress caused by the pandemic together. Both perceived dyadic coping of self and of partner showed a similar pattern in which stress communication and negative dyadic coping strategies significantly predicted relationship quality. Using a stress communication coping strategy showed that the individual openly communicated with his/her partner when he/she felt overwhelmed. Being open about how they felt and asking for help from the other

partner were important in Malaysian couples' relationship quality. For example, the partners let each other know that they appreciated the other partner's support or asked for help when overwhelmed (e.g., asking help to do house chores while the other partner was in a meeting the whole day). This implies that communication is important in dyadic coping between married couples, as suggested by Lillie et al. (2021), to enhance their relationship quality during hard times. Further, negative dyadic coping usually happens when either one partner is stressed and not motivated to support the other partner. This could be because of several factors that have to do with commitment, satisfaction, mood, or personality (Bodenmann et al., 2017).

Negative coping strategies negatively affected the quality of the relationships in this study. This finding is similar to a study among Japanese married couples in which negative couples coping has negative effect on their marital satisfaction (Yokotani & Kurosawa, 2015). A recent study in the United States on the early effects of the COVID-19 pandemic on relationship satisfaction reported that couples (married, engaged, and dating) became more forgiving and blamed their partners less, although there was no difference in their relationship satisfaction prior to and during the lockdown (Williamson, 2020). Previous studies related to negative dyadic coping are mostly on medical related condition such as cancer and other chronic illness (Langer, Brown, & Syrjala, 2009; Manne, Badr, & Kashy, 2012). Spousal overprotectiveness or protective buffering has a direct negative relationship with either one or both couples' wellbeing and lower relationship quality. In the case of our study, COVID-19 related stress was perceived for the self and the partner, and this may contribute to the negative dyadic coping since both partners are affected by the pandemic. One example of the statement in negative dyadic coping is "when I am stressed, my partner tends to withdraw". In the COVID-19 situation, if both partners are overwhelmed, employing negative dyadic coping either by self or by partner may lead to lower well-being and relationship quality.

Overall, the current study revealed that Malaysian married/cohabiting individuals' main coping strategies to enhance their relationship quality are common dyadic coping (emotion-focused, problem-focused, and evaluation of dyadic coping). Perceived dyadic coping used by self and partner revealed that stress communication, delegated dyadic coping, and negative dyadic coping significantly predicted the participants' relationship quality and well-being. However, the negative dyadic coping predicted poorer relationship quality and poorer well-being. These findings suggest that there was no significant negative impact during the early stage of the Malaysian national lockdown on the adults living in Malaysia. The findings support most dyadic coping as adaptive coping strategies, except for negative dyadic coping. These coping strategies should be encouraged among married and cohabiting individuals in Malaysia.

This study captured only the early phase of the pandemic; longitudinal data should also be considered in the future so that changes in dyadic coping strategies across different time points may be explored. The regression analyses in this study did not yield impressive findings as the variance are low, further research may also needs to be conducted to better understand other related coping strategies uniquely contributed by other factors in the Malaysian context,

such as culture and spirituality, and other unique coping strategies that may affect an individual's well-being and relationship quality. Since the current study involved only one partner, future research may involve both partners, as it will be important to further understand the impact on their well-being and quality of relationship.

### **A List of Abbreviations**

COVID-19 - Coronavirus disease

MCO - Movement Control Order

PRQC - Perceived Relationship Quality Component Inventory

SD – Standard Deviation

WEMWBS - Warwick–Edinburgh Mental Well-being Scale

DCI - Dyadic Coping Inventory

STM - Systemic-transactional model

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