

Role Of Dyadic Coping, Social Autonomy, And Resilience On Mental Health And Quality Of Life In Married Couples



Zahra Poonawala^{1*}, Dr Anu Raj Singh²

Zahra Poonawala, Research Scholar, Banasthali Vidyapith
Dr Anu Raj Singh, Assistant Professor, Banasthali Vidyapith

Abstract

Marital relationships face increasing pressures in modern society, yet many couples lack evidence-based strategies to sustain wellbeing. This study investigates how dyadic coping, social autonomy, relational resilience, and social connectedness collectively influence mental health and quality of life among married couples. Using a cross-sectional design with 384 participants, we employed validated measures to assess these key constructs and their interrelationships. Results demonstrate that dyadic coping significantly enhances mental, while social autonomy shows a robust correlation with quality of life. Relational resilience emerges as a critical protective factor, mediating the impact of stressors on marital satisfaction. Social connectedness further amplifies these benefits, strengthening the relationship between resilience and quality of life. Gender differences reveal women benefit more from dyadic coping, while men show greater gains from social autonomy. The findings challenge conventional approaches to couples therapy by demonstrating that effective interventions must simultaneously address both individual (autonomy, resilience) and relational (dyadic coping, connectedness) dimensions. This research provides empirically validated results for strengthening marriages, particularly in high-stress environments, offering couples concrete pathways to enhance both personal fulfillment and relationship quality.

Keywords: *Dyadic Coping, Social Autonomy, Relational Resilience, Social Connectedness, Mental health.*

Introduction

Marriage is the foundation through which individuals' emotional, psychological, and social wellbeing are altered. The dynamics, especially the interaction between the partners, have profound effects on both partners' mental health and the general quality of life. As couples encounter life's challenges together, coping, autonomy, resilience, and social support play a significant role (Haghighi et al., 2024). These factors have been found to affect how couples manage stress, preserve mental health, and sustain a satisfying relationship.

Marital satisfaction has traditionally focused on individual aspects. Now, dyadic coping, i.e., the process where partners cope together, has become important. Social autonomy and relational resilience also matter. These factors help individual growth, mental wellbeing, and relationship satisfaction. Research shows they affect how couples handle stress, maintain mental health, and stay happy.

Earlier, studies looked only at individual parts of marital satisfaction. But now, dyadic coping is seen as more significant. Social autonomy and resilience also play key roles. They support personal growth, mental health, and happy relationships. Mental health and quality of life are connected. One affects the other. In marriage, a spouse's mental health impacts their own wellbeing. It also affects the relationship and shared experiences. Stress is a major threat to health. It links to depression, heart disease, HIV/AIDS, and cancer. Physical problems often relate to stress. Stress can trigger bodily diseases. Reducing stress improves health.

Quality of life includes physical, psychological, social, and spiritual factors. More stress means lower quality of life. High stress predicts poor health. It also leads to worse psychological wellbeing. Long-term stress raises the risk of depression. Stress, health, and quality of life are negatively linked. Lower stress (with low cortisol) means better quality of life. Understanding stress's impact is crucial. Mental health issues like anxiety, depression, and stress harm marriage. They impact communication, intimacy, and satisfaction (Valikhani et al., 2019).

Positive mental health and strong relationships boost life satisfaction. They provide emotional support and a sense of purpose. Couples with good mental health handle challenges better. This leads to happier marriages and a better quality of life. Understanding what improves wellbeing in marriage is important.

Mental health affects about one-third of the global population. Poor mental health harms romantic relationships. Studies link bad mental health to lower relationship satisfaction and higher breakups. Relationship quality influences mental health more than the other way around. For example, expressed emotion affects depression relapse (Landolt et al., 2023). Studying couple interactions can help create better interventions.

Dyadic coping (DC)

Dyadic coping (DC) is the process where partners support each other during stress. It includes emotional and practical help. Good communication, teamwork, and problem-solving are key aspects of

DC. Couples who cope together improve their mental health and intimacy.

Dyadic coping involves both partners' stress-management methods. It includes stress communication, support, and shared problem-solving. Negative coping also plays a role. Individuals may cope alone or seek help (Song et al., 2024). Recognizing supportive behaviors helps manage stress. This approach sees stress as a shared challenge in relationships. Partners are the main source of support. Good dyadic coping reduces stress and strengthens bonds (Falconer & Kuhn, 2019). Couples who cope together have less stress, anxiety, and depression. It also deepens intimacy and improves marriage. Dyadic coping is vital for psychological wellbeing. It protects couples from the harmful effects of stress.

Social Autonomy in Marriage

Social autonomy means maintaining independence in decision-making and self-expression within relationships. It also involves negotiating societal expectations. In marriage, social autonomy is important because it creates balance. This balance helps couples achieve shared goals while respecting individual qualities. Independence in marriage supports emotional wellbeing. It reduces unhealthy dependency and improves relationship dynamics. Social autonomy also enhances quality of life by fostering personal growth. At the same time, it allows for harmonious roles within the marriage (Oz-Soysal et al., 2024).

A strong sense of autonomy builds mutual respect between partners. It encourages shared responsibilities and fair decision-making. These factors are key for long-term marital satisfaction. Understanding social autonomy can help improve couples' quality of life. It also guides the development of supportive and adaptive marital environments. Supportive spouses who respect each other's autonomy tend to have higher satisfaction. Autonomy boosts mental wellbeing by reducing dependence. It also promotes self-efficacy and personal fulfilment.

Resilience in Marriage

Resilience is the ability to cope with hardship and adversity. It is negatively linked to depression and anxiety. Resilience also improves mental health indicators like life satisfaction and subjective wellbeing. It reduces symptoms of anxiety and depression. Additionally, resilience moderates the connection between stress, anxiety, and depression. For young adults leaving child welfare, resilience acts as a protective factor against depression. Hope plays a role in how resilience enhances subjective wellbeing. Psychological resilience and perceived stress account for 31% and 49% of life satisfaction

variations, respectively. Resilience may also prevent depression in teenagers (Aydogan & Dincer, 2020).

In couples, relational resilience helps partners overcome challenges. It allows them to adapt to change and recover from stress. Highly resilient couples handle difficulties like financial stress, health issues, and family crises more effectively. This ability is crucial for mental health. Resilience strengthens relationships by improving emotional stability, communication, and problem-solving. As a result, marriages become healthier and happier (Aydogan et al., 2021).

Resilient couples navigate financial struggles, health problems, and conflicts while staying united. They provide consistent emotional support to each other. Resilience fosters emotional stability, benefiting both partners' mental health. Such couples communicate better, resolve conflicts, and adapt to unavoidable changes. These skills ensure mental wellbeing and marital satisfaction.

Social Connectedness in Marriage

Social connectedness refers to the perceived support from one's social network. This network includes spouses, family, friends, and the community. In marriage, social connectedness is crucial because it influences how relational resilience affects quality of life. Couples with strong external bonds experience deeper emotional attachment. They also feel a greater sense of belonging and support.

Social relationships help maintain individual identity within a marriage. They also strengthen the couple's bond. These connections are vital for good mental health. They promote positive feelings toward the relationship (Erg, 2024). Social connectedness also enhances self-awareness and self-acceptance. This helps individuals navigate life with better clarity.

Connectedness can be divided into three types: social, emotional, and relational. Social connectedness means being part of a community. Emotional connectedness involves deep, meaningful bonds based on mutual understanding. Relational connectedness refers to the quality and depth of relationships. These connections provide emotional benefits and increase life satisfaction.

Problem Statement

Married couples face various challenges that affect their mental health and quality of life. Dyadic coping, social autonomy, and relational resilience play crucial roles in managing these challenges. However, the interaction between these factors remains unclear. Although dyadic coping enhances the resilience of couples, social autonomy promotes individual wellbeing in the relationship. Also, social connectedness can be used as a mediator between relational resilience and quality of life. Unless the couples have a clear understanding of these dynamics, they might find it hard to sustain

emotional wellbeing and marital satisfaction. It is necessary to study how these elements combine to enhance mental health and relationship quality. Existing counselling and therapy for relationships may not have specific strategies for incorporating dyadic coping, autonomy, and resilience. This difference reduces the success of interventions aimed at increasing the marital satisfaction and long-term relationship durability. A more in-depth analysis of these factors can be useful in developing superior support systems for couples.

Aim of the Study

This study is aimed at examining the interplay between dyadic coping, social autonomy, and relational resilience in married couples. It aims at identifying how these factors cumulatively affect mental health and quality of life.

Objectives

1. *To analyse the impact of dyadic coping on the mental health of married couples.*
2. *To evaluate the role of social autonomy in improving the quality of life in married couples.*
3. *To investigate how relational resilience enhances the mental health of married couples.*
4. *To explore the mediating role of social Connectedness in the relationship between relational resilience and quality of life in married couples.*

Literature Review

The interplay between dyadic coping, social autonomy, and relational resilience significantly shapes marital quality, yet existing research presents contradictions and gaps that demand critical examination. While studies broadly acknowledge these factors as influential, their mechanisms, interactions, and cultural contingencies remain contested. This review argues that dyadic coping's benefits are neither universal nor uniformly positive, that social autonomy's role is often overstated without considering relational trade-offs, and that resilience research frequently neglects power imbalances within couples.

Dyadic Coping: A Double-Edged Sword?

Dyadic coping—the process of partners jointly managing stress—is widely framed as a cornerstone of marital adjustment (Zhang & Cao, 2024). Research on hemodialysis patients (n=230 couples) suggests dyadic coping enhances post-traumatic growth, mediated by marital adjustment. However, this optimistic portrayal overlooks critical nuances. Tang et al. (2023) found gendered disparities in infertile couples (n=288), where women reported higher anxiety despite shared coping efforts. Negative dyadic coping (e.g., blame, avoidance) exacerbated

distress, particularly for women, challenging the assumption that joint coping is inherently beneficial. Wang & Umberson (2022) studied same-sex marriages (n=838) and found that women in lesbian relationships received more positive support than gay men, suggesting that dyadic coping's effectiveness is mediated by gender norms. If coping strategies are gendered, interventions promoting "shared" stress management may inadvertently reinforce inequities. For instance, cancer research (1,168 studies reviewed) revealed that negative dyadic coping harmed partners' emotional functioning more than patients', implying that mutual coping is not equally empowering for both spouses. These findings contradict the prevailing narrative that dyadic coping is universally adaptive.

Social Autonomy: Independence at What Cost?

Social autonomy—the ability to maintain self-determination within marriage—is frequently linked to wellbeing, but its implementation is fraught with contradictions. Steckermeier's (2021) European survey (n=36,460) found autonomy boosts life satisfaction, yet Ranganathan & Mendonca (2023) demonstrated that educated women's autonomy (20% of sampled wives) correlated with emotional detachment. This paradox suggests autonomy may enhance decision-making but erode intimacy, a trade-off rarely acknowledged in marital therapy literature.

However, autonomy's benefits are culturally contingent. In collectivist societies, too much individualism can upset marital cohesion. According to Wójcik et al. (2021), marital dissolution (divorce, widowhood) disproportionately affected men's mental health, which means that the protective effects of autonomy are gendered. If autonomy protects women but exposes men, interventions should respond to this inequality, not simply promote blanket "independence" as the ideal of marriage..

Relational Resilience: Overlooking Structural Inequities

Resilience research tends to romanticize adaptability and overlook systemic barriers. A study conducted by Cihan & Aydogan (2020) on cancer couples revealed that partner resilience predicted marital adjustment, but their analysis avoided the way illness-related financial strain or caregiving burdens inequitably bestow resilience. On the same note, Shah's (2024) study (n=100 couples) associated resilience with optimism and forgiveness, but did not consider the way in which socioeconomic pressures limit the ability of couples to "bounce back". Mansy et al. (2024) suggested resilience as a mediator of the relationship between perfectionism and marital adjustment in nursing students, but their framework overlooks institutional stressors (e.g., shift work,

burnout) that impair resilience. Atoki & Gautam (2024) advocated mindfulness therapies for couples, yet their review omitted evidence that resilience-building interventions often fail low-income couples facing structural adversity (e.g., housing insecurity). By treating resilience as an individual trait rather than a relational and contextual process, the literature risks blaming struggling couples for systemic challenges.

Social Connectedness: A Mediator or a Privilege?

Social connectedness is framed as a mediator between resilience and quality of life, but its accessibility is unequal. Research on emotional abuse confirmed that isolation exacerbates mental health decline, yet marginalized couples (e.g., LGBTQ+, economically disadvantaged) often lack robust social networks. Wang & Umberson's (2022) same-sex marriage data revealed that collaborative coping buffers stress, but such support presupposes social acceptance—a privilege not all couples enjoy. Without addressing barriers to connectedness (e.g., stigma, geographic isolation), resilience theories remain incomplete.

Rustamov et al. (2023) examined psychological resilience as a mediator between social connectedness and mental health in Azerbaijani adults ($n=519$). Their structural equation modeling confirmed resilience as a partial mediator, with age and gender influencing this pathway. However, the study's broad age range (18–66) obscures life-stage variations—young adults and older individuals may derive mental health benefits from social ties differently. Furthermore, the Azerbaijani sociocultural context, with its strong familial ties, may inflate resilience's mediating role compared to individualistic societies. Without cross-cultural comparisons, these findings risk overgeneralization.

Similarly, Olasupo et al. (2021) linked emotional intelligence to life satisfaction via social connectedness in rural Nigerian older adults ($n=1,053$). While dispositional optimism strengthened this association, the study overlooked how structural barriers—limited healthcare, economic hardship—might constrain resilience's impact. Rural elders often face isolation due to migration of younger generations, yet the research did not address whether emotional intelligence compensates for dwindling social networks. This omission is critical: if social connectedness depends on external factors (e.g., community stability), interventions focusing solely on individual traits like optimism may fall short.

Chen et al. (2023) advanced this discussion by analyzing resilience, social support, and spirituality in advanced cancer survivors ($n=286$). They found resilience directly predicted quality of life, with

social support and spirituality as intermediaries. While compelling, the study's emphasis on resilience-building interventions presumes uniform access to social and spiritual resources. For marginalized patients—those without family caregivers or religious affiliations—resilience alone may be insufficient. The study also conflated spirituality with organized religion, neglecting secular forms of meaning-making that could equally bolster resilience.

Akyl (2024) introduced intolerance of uncertainty and feelings of entrapment as parallel mediators between mindfulness, social connectedness, and resilience. The study's key contribution was highlighting how mindfulness mitigates these negative states. Yet, social connectedness and mindfulness as universally protective, ignoring scenarios where social ties are oppressive (e.g., high-stigma communities) or mindfulness practices culturally inappropriate.

Methodology

Research Design

"The role of dyadic coping, social autonomy, relational resilience, and social Connectedness will be explored in their influence on mental health and quality of life in married couples. It will use a structured survey method with a sample of 384 married couples, where the research would describe the relationships among key variables such as dyadic coping, social autonomy, relational resilience, and their impact on mental health and quality of life. Data will be collected using structured questionnaires, and the structural equation modelling using AMOS statistical software will test the hypotheses and interaction effects between these factors. This quantitative methodology will provide insights into how relational dynamics affect the wellbeing of married couples.

Hypothesis Development

The study examines the relationships between dyadic coping, social autonomy, relational resilience, social Connectedness, mental health, and quality of life in married couples. The following hypotheses have been proposed:

H1: Dyadic coping has a significant positive effect on the mental health of married couples.

H2: Social autonomy significantly improves the quality of life in married couples.

H3: Relational Resilience positively influences the mental health of married couples.

Social Connectedness mediates the association between relational resilience and quality of life in married couples. These hypotheses examine the role of coping mechanisms, social autonomy, and Resilience on the mental health and general

wellbeing of married couples. The study will also test the mediating role of social Connectedness between relational Resilience and quality of life.”

Conceptual Framework

The conceptual framework describes the associations between dyadic coping, social autonomy, relational resilience, and social connectedness in terms of married couples’ mental health and quality of life. Dyadic coping is the way that couples use to cope with stress and challenges as a team, which can be beneficial to mental health.

Social autonomy is related to the person’s feeling of independence in the relationship that is associated with the greater quality of life. Relational resilience is a term that describes how the couple responds to adversity and adapts itself in order to maintain its emotional health. Social connectedness is a mediator which is expected to increase the association between relational resilience and quality of life. This framework offers an integrated model in understanding the dynamic interplay that defines the marital relationship and couples’ mental health and quality of life.”

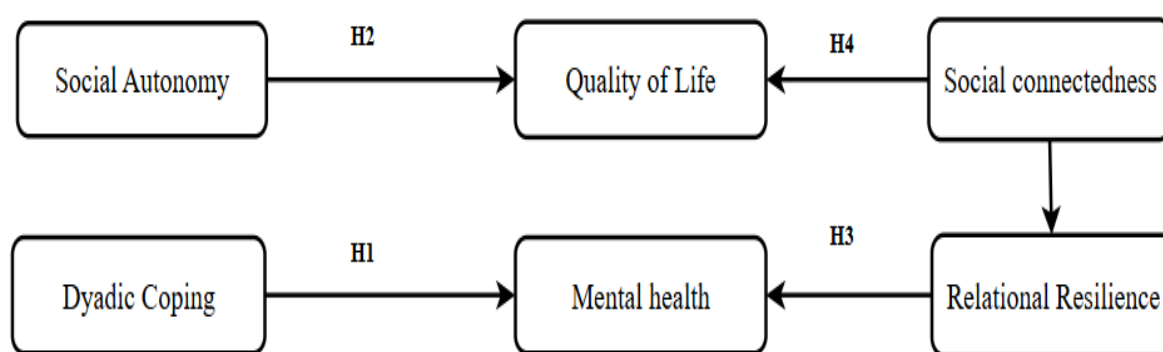


Figure 1 Conceptual Framework

Data Collection, Tools, and Techniques

In this study, data will be collected in a standardized questionnaire that will be used to measure the core constructs of dyadic coping, social autonomy, relational resilience and social connectedness. The sample will consist of 384 married couples to provide a diverse distribution across various parameters, including age, socioeconomic status, and educational background. Participants will be requested to respond to Likert-scale items assessing their perceptions of their relationships, mental health, and quality of life. The data will be analyzed using Structural Equation Modelling through AMOS software to test the nature of direct, indirect, and mediating effects among the variables.”

Measures

Dyadic Coping: Dyadic coping refers to how couples work together to deal with stress by offering each other emotional, informational, and instrumental support. The Dyadic Coping Scale measures how well a couple can cope, assesses their communication quality during stressful events, and determines the level of mutual support(Alves et al., 2020). This scale consists of five questions that assess the level of supportive behaviours and coping strategies shared between couples in difficult times. The scale was measured on a 5-point Likert scale.

Social Autonomy: Social autonomy refers to the capacity to have independent relationships and make decisions which are beneficial for one’s self without too much influence from others. The Social Autonomy Scale measures the extent to which couples in marriage report that they feel that they can act independently and maintain personal social networks while married (Roth, 2021). The scale had five questions that would measure the extent to which the respondents feel that they are in control of their social autonomy in the marriage. It was assessed on a 5 point Likert scale.

Relational Resilience: Relational Resilience refers to the ability of a couple to recover from adversity, change in the face of adversity, and form relationships as they come out of such adversity. Relational Resilience Scale was used to determine how resilient couples are in their recovery from stress, adaptation to relationships, and maintenance of emotional strength. The five questions in this scale were concerned with measuring the ability of the couples to deal with hardships and enhance resilience over time. It was assessed on a 5 point Likert scale.

Social Connectedness: Social Connectedness refers to the number of connections and relationships that an individual has in his/her network. The social connectedness scale measures how marital couples perceive a connection with family, friends, and

community; it also seeks to understand if this Connectedness influences the relationship quality (Parsakia et al., 2024). Five questions were contained in the scale that assessed how much strength their social ties posed and how social Connectedness affected their quality of life. It was scaled on a 5-point Likert scale.

Mental Health: Mental health refers to an individual's overall emotional, psychological, and social wellbeing about how they can think, feel, and act; the Mental Health Scale measures comprehensive mental wellbeing, emotional response, and pressure or anxiety states in married spouses (Farah Qadir, Amna Khalid, Sabahat Haqqani, 2019). This five-question scale assessed the emotional welfare of individuals relative to the marriage situation using a Likert scale measured on 5 points.

Quality of Life: Quality of life refers to how satisfied an individual is with their life and the wellbeing they experience through various domains like physical health, relationships, or personal fulfilment (Ummah, 2019). The Quality of Life Scale attempts to measure how satisfied the respondent feels about life, the satisfaction of individual and marital needs, and the general overall wellbeing one experiences in one's relationship. The scale asked five questions to assess those aspects of life satisfaction. It was measured on a 5-point Likert scale.

Result

This study examines how dyadic coping, social autonomy, and relational resilience interact to affect

married couples' mental health and quality of life. Dyadic coping measures how partners jointly manage stress. Social autonomy assesses individual independence within the relationship. Relational resilience evaluates couples' ability to adapt to challenges. The research also explores how social connectedness mediates these relationships.

A representative sample of 384 married couples participated. Structured questionnaires measured all key variables. Results show these factors significantly influence couples' wellbeing. Dyadic coping directly improves mental health outcomes. Social autonomy enhances quality of life while maintaining relationship harmony. Relational resilience helps couples navigate stressors effectively.

Social connectedness emerges as a crucial mediator. It strengthens the positive effects of dyadic coping on quality of life. The findings demonstrate how these elements work together. They collectively contribute to healthier, more satisfying marriages.

This research provides practical insights for strengthening relationships. It highlights the importance of balanced coping strategies. It shows the value of maintaining individual autonomy. It underscores resilience as a shared relationship skill. These findings can inform couples therapy approaches. They offer evidence-based ways to improve marital wellbeing. The study advances understanding of key relational dynamics in marriage..”

Table 1 Internal Consistency and Convergent Validity

Variables	Cronbach's Alpha	CR	AVE
Dyadic Coping	0.897	0.839	0.707
Social Autonomy	0.879	0.867	0.792
Relational Resilience	0.844	0.826	0.673
Quality of Life	0.858	0.812	0.644
Mental health	0.847	0.855	0.752
Social Connectedness	0.892	0.840	0.710

“Table reports internal consistency and convergent validity of the constructs dyadic coping, social autonomy, relational Resilience, quality of life, mental health, and social Connectedness. Cronbach's alpha value for all the constructs lies between 0.844 and 0.897, whereas AVE ranges from 0.644 to 0.792, above the minimum allowable limit of 0.5, showing convergent validity. Besides, CR values between 0.812 and 0.867 validate the internal consistency and reliability of the constructs. For instance, dyadic coping has a high reliability and validity score (CR = 0.839, AVE = 0.707, and Cronbach's alpha = 0.897).

Likewise, social autonomy also has firm internal consistency and convergent validity with Cronbach's

alpha = 0.879, AVE = 0.792, and CR = 0.867. Relational Resilience and mental health also display excellent reliability and validity, having AVEs of 0.673 and 0.752, respectively. Quality of life and social connection further strengthen the dependability of these constructs, as found in Cronbach's alpha values, which are 0.858 and 0.892. The present study findings confirm that the constructs are reliable and have convergent validity. They serve as a comprehensive basis for investigating relationships involving dyadic coping, social autonomy, Relational Resilience, and their overall effect on mental health and quality of life in married couples.”

Table 2 Descriptive Statistics of Variables

Variables	Mean	Std. Deviation
Dyadic Coping	3.7005	0.79922
Social Autonomy	3.6073	0.78334
Relational Resilience	3.7031	0.71404
Quality of Life	3.7406	0.68693
Mental health	3.5370	0.86117
Social Connectedness	3.8026	0.83318

“Descriptive statistics obtained from answers to questions on married couples' dyadic coping, social autonomy, relational resilience, quality of life, mental health, and social Connectedness reveal the general trends and variances in the data. Perceptions of respondents are generally favourable since mean scores range from 3.5370 to 3.8026 for the factors studied. Social Connectedness has the highest mean at 3.8026, thus showing that participants perceived it as highly significant in upgrading relationships and Quality of Life. Mental health presents the lowest mean at 3.5370, indicating an almost lesser level of positivity toward other variables considered. The different responses are further highlighted in the

standard deviations, with the mental health at 0.86117 reflecting a greater disparity of views with respect to their perceptions of the respondents. Compared, quality of life has the lowest variability with a standard deviation of 0.68693, meaning there is a comparatively constant perception of quality of life. Whereas the respondents have a positive attitude toward the factors considered, the mental health perception shows variability. It indicates an area in which the interventions should be focused on supporting the wellbeing of married couples. The constant views on quality of life reveal a majority among the sample about its significance.”

Table 3 Discriminant validity

	Dyadic Coping	Social Autonomy	Relational Resilience	Quality of Life	Mental health	Social Connectedness
Dyadic Coping	0.840					
Social Autonomy	0.631	0.889				
Relational Resilience	0.569	0.662	0.820			
Quality of Life	0.622	0.68	0.75	0.802		
Mental health	0.589	0.974	0.646	0.669	0.867	
Social Connectedness	0.521	0.637	0.635	0.619	0.627	0.842

“The above table presents the discriminant validity coefficients of the constructs of Dyadic Coping, Social Autonomy, Relational Resilience, Quality of Life, Mental Health, and Social Connectedness. Diagonal values present the square root of the Average Variance Extracted (AVE), which validates the reliability of constructs. All the constructs show good internal consistency and are reliable; Dyadic Coping is 0.840, Social Autonomy is 0.889, Relational Resilience is 0.820, Quality of Life is 0.802, Mental Health is 0.867, and Social Connectedness is 0.842. Correlations between the constructs are significant, underlining their interrelation. Dyadic Coping is highly positively correlated with Social Autonomy ($r = 0.631$) and Quality of Life ($r = 0.622$), thereby playing a central role in maintaining Social Autonomy and overall quality of life in couples. Social Autonomy relates highly to wellbeing (Mental Health) ($r = 0.974$) and Quality of Life ($r = 0.680$), underlining its critical significance for mental health.

Relational Resilience correlates positively with Quality of Life at $r = 0.750$ and Mental Health at $r = 0.646$, thus establishing its impact on better mental health outcomes and quality of life. Social Connectedness also has positive correlations with all other constructs, such as Dyadic Coping at $r = 0.521$ and Relational Resilience at $r = 0.635$, thus indicating a role in enhancing relational resilience and quality of life.

The findings of this study stress the interplay of these variables in promoting mental health and quality of life for married couples. The strong positive correlations, such as those between Social Autonomy and Mental Health ($r = 0.974$) and between Relational Resilience and Quality of Life ($r = 0.750$), indicate the importance of Social Autonomy, coping mechanisms, and Relational Resilience in enhancing marital wellbeing. These results show how relational and individual factors interact to affect the mental health and quality of life of married couples.”

Table 4 Hypothesis Implementation

Hypothesis	Relationship	Estimate	CR.	Sig. p	Results
H1	Dyadic Coping→ Mental health	0.694	10.933	***	Accepted
H2	Social autonomy → Quality of life	0.673	11.855	***	Accepted
H3	Relational Resilience → Mental health	0.636	10.150	***	Accepted
	Mediating				
H4	Social Connectedness → Relational Resilience	0.615	15.261	***	Accepted
	Quality of Life → Relational Resilience	0.514	11.002	***	
	Quality of Life → Social Connectedness	0.245	5.236	***	

**. Correlation is significant at the 0.01 level (2-tailed).

"The above table explains a detailed analysis of the relationships and impacts of dyadic coping, social autonomy, relational resilience, and social Connectedness on the mental health and quality of life of married couples, using hypothesis testing. For each relationship, the significance of the direct and mediating pathways is further explored.

H1 shows that the positive effect of dyadic coping on mental health is very high, as reflected by a CR of 10.933 and an estimate of 0.694, which shows that effective dyadic coping strategies significantly enhance the mental health of married couples. Similarly, H2 shows that social autonomy is an essential element in improving quality of life with an estimate of 0.673 and a CR of 11.855, which confirms the significant contribution of Social autonomy in enhancing Quality of Life.

Relational Resilience, as evident in H3, has a positive effect on mental health with an estimated value of 0.636 and a CR of 10.150, suggesting that Relational resilience helps couples achieve emotional stability and promote mental health. H4 deals with the mediation of social connectedness between relational resilience and quality of life, with the mediating path estimate being significant and having a value of 0.615 and a CR of 15.261, which especially underlines its significance for the improvement of effects of Relational resilience on quality of life in general.

In addition, relational resilience significantly impacts quality of life (estimate = 0.514, CR = 11.002) and is strongly related to social Connectedness (estimate = 0.245, CR = 5.236). The results thus underscore the interrelated roles of relational resilience, relational processes, and social influences in promoting mental health and quality of life.

All relations indicated by *** are statistically significant at $p < 0.001$, reflecting strong and stable relations between the variables. The results highlight the necessary promotion of dyadic coping, social autonomy, relational resilience, and social Connectedness to improve the mental health and quality of life among married couples."

Discussion

The findings demonstrate significant relationships between social connectedness, psychological resilience, and mental wellbeing. Social connections directly improve emotional health by reducing anxiety and depression symptoms. These connections foster greater empathy, trust, and life satisfaction among couples. Resilience acts as a key mediator, amplifying these positive effects. Resilient individuals show better stress management through adaptive behaviors and psychosocial support. This confirms previous research showing resilience buffers against psychological challenges while enhancing problem-solving and goal achievement (Rustamov et al., 2023). The results suggest interventions strengthening both social ties and resilience would substantially benefit mental wellbeing. These psychological constructs clearly interact in ways that compound their individual benefits.

The study reveals important dynamics regarding job stress and marital quality in dual-career couples. Supportive dyadic coping significantly reduces job stress's negative impact on relationships. Both partners experience these benefits, though gender differences exist. Wives show greater vulnerability to job stress effects on marital satisfaction. Their satisfaction also responds more strongly to dyadic coping efforts. This reflects cultural influences on gender roles and expectations (Fallahchai et al., 2019). Common coping strategies prove particularly effective for maintaining relationship quality during stress. These findings highlight how shared stress management protects marriages, especially in demanding work environments.

Analysis confirms dyadic coping's central role in marital mental health. Couples employing joint problem-solving and emotional support report better wellbeing. This approach provides resources neither partner could muster alone. Social autonomy also contributes significantly to quality of life. However, the results show autonomy requires balance with relational commitment. Excessive independence can undermine marital cohesion. The healthiest relationships combine personal autonomy with shared coping strategies.

Relational resilience emerges as another critical factor. Adaptable couples maintain better mental health during marital stressors. Resilience enables them to recover from conflicts and external pressures. Social connectedness enhances this effect by providing external support systems. Well-connected couples show stronger resilience-to-wellbeing pathways. This mediation effect proves particularly robust in long-term marriages.

The study makes several findings to understanding marital dynamics. It is analyzed that dyadic coping and individual autonomy interact rather than compete. Successful couples integrate both elements strategically. This study identified that resilience operates relationally, not just individually. Couples develop shared resilience exceeding their personal capacities. It concludes that social connectedness is the mechanism linking resilience to quality-of-life improvements.

Gender differences appear across multiple findings. Women benefit more from dyadic coping but also suffer more from its absence. This suggests women may bear greater emotional labor in relationships. Cultural factors likely influence these patterns, particularly in collectivist societies. The results imply relationship interventions should address these gendered realities.

The research also clarifies that external stressors affect marriages. Job stress damages marital quality primarily when couples lack coping strategies. Those practicing supportive coping maintain satisfaction despite stress. This has important implications for workplace policies and couples therapy approaches. Employers and clinicians should promote these protective behaviors.

Conclusion

This study demonstrates that dyadic coping, social autonomy, relational resilience, and social connectedness collectively enhance married couples' mental health and quality of life. Dyadic coping significantly improves mental health through shared problem-solving and emotional support, with high validity in maintaining relationship quality. Social autonomy strongly correlates with wellbeing, showing its importance for personal freedom and marital satisfaction. Relational resilience plays a crucial protective role, helping couples manage stress and maintain emotional stability.

The statistical analysis confirms these relationships. Social autonomy shows an exceptionally strong positive correlation with mental health ($r = 0.974$), highlighting its fundamental role in wellbeing. Relational resilience substantially correlates with quality of life ($r = 0.750$), proving its value for marital satisfaction. Social connectedness strengthens these effects by providing essential support networks that enhance resilience and life quality.

These findings revealed that both relational and individual factors work together. Dyadic coping and resilience primarily support mental health, while autonomy and connectedness boost quality of life. The results suggest practical interventions should focus on strengthening coping strategies, fostering resilience, encouraging healthy autonomy, and building supportive social networks. By addressing these key areas, couples can achieve better mental health and greater marital fulfillment. This research provides valuable insights for developing more effective approaches to supporting married couples' wellbeing."

Practical Implications for Couples

Regular relationship check-ins maintain coping awareness. Scheduled "stress conferences" prevent issue accumulation. Autonomy negotiations should occur during calm periods. Resilience grows through small, daily relationship investments. Social networks require intentional cultivation.

Therapeutic Applications

Counselors should assess all four factors (coping, autonomy, resilience, connectedness). Interventions must address gender and cultural dimensions. Couples benefit from explicit training in dyadic coping. Autonomy mapping exercises clarify boundaries. Resilience-building incorporates small, manageable challenges. Social network audits improve connection quality.

Preventative Approaches

Premarital education should teach dyadic coping skills. New couples benefit from autonomy expectation discussions. Regular relationship "maintenance" prevents resilience depletion. Community building complements couple therapy. Early intervention preserves relationship quality.

Research Limitations

Most studies focus on heterosexual couples. More cultural diversity is needed in samples. Longitudinal studies could track factor interactions over time. Physiological measures would complement self-reports. Daily diary methods might capture subtle dynamics.

Future Directions

Research should examine same-sex couples' coping patterns. Technology's impact on virtual dyadic coping merits study. Cross-cultural comparisons could identify universal principles. Developmental approaches might reveal stage-specific needs. Intervention studies should test integrated approaches.

Reference

1. Akyıl, Y. (2024). *Parallel Mediators between*

- Resilience, Mindfulness and Social Connectedness : Entrapment and Intolerance of Uncertainty.* 1–12.
2. Alves, S., Fonseca, A., Canavarro, M. C., & Pereira, M. (2020). Does Dyadic Coping Predict Couples' Postpartum Psychosocial Adjustment? A Dyadic Longitudinal Study. *Frontiers in Psychology*, 11(September), 1–13. <https://doi.org/10.3389/fpsyg.2020.561091>
 3. Atoki, P. L., & Gautam, R. (2024). *Self-Compassion And Its Role In Enhancing Mental Health And Resilience Among Married Couples.* 12(3), 912–932.
 4. Aydogan, D., & Dincer, D. (2020). Creating resilient marriage relationships: Self-pruning and the mediation role sacrifice with satisfaction. *Current Psychology*, 39(2), 500–510. <https://doi.org/10.1007/s12144-019-00472-x>
 5. Aydogan, D., Kara, E., & Kalkan, E. (2021). Understanding relational Resilience of married adults in quarantine days. *Current Psychology*, 41. <https://doi.org/10.1007/s12144-021-02224-2>
 6. Azza Medhat Aziz Mansy , Ayman Mohamed El-Ashry , Soheir Mohammed Ahmed Ali, L. A. E.-H. A. A. (2024). Mediation Role of Psychological Resilience on The Relationship between Perfectionism and Marital Adjustment Among Undergraduate Nursing Students. *Penambahan Natrium Benzoat Dan Kalium Sorbat (Antiinversi) Dan Kecepatan Pengadukan Sebagai Upaya Penghambatan Reaksi Inversi Pada Nira Tebu.*
 7. Chen, C., Sun, X., Liu, Z., Jiao, M., Wei, W., & Hu, Y. (2023). The relationship between Resilience and quality of life in advanced cancer survivors: multiple mediating effects of social support and spirituality. *Frontiers in Public Health*, 11(August), 1–8. <https://doi.org/10.3389/fpubh.2023.1207097>
 8. Cihan, H., & Aydogan, D. (2020). Relational Resilience as a protective factor in marital adjustment of couples with cancer: A dyadic model. *Dusunen Adam - The Journal of Psychiatry and Neurological Sciences*, 33(3), 281–288. <https://doi.org/10.14744/DAJPNS.2020.00092>
 9. Erg, M. S. M. D. M. R. S. S. D. (2024). The Mediating Role of Connectedness in the Relationship Between Authenticity and Mental Health Symptoms. *Ayan*, 15(1), 37–48.
 10. Falconier, M. K., & Kuhn, R. (2019). Dyadic coping in couples: A conceptual integration and a review of the empirical literature. *Frontiers in Psychology*, 10(MAR), 1–23. <https://doi.org/10.3389/fpsyg.2019.00571>
 11. Fallahchai, R., Fallahi, M., & Randall, A. K. (2019). A dyadic approach to understanding associations between job stress, marital quality, and dyadic coping for dual-career couples in Iran. *Frontiers in Psychology*, 10(APR), 1–11. <https://doi.org/10.3389/fpsyg.2019.00487>
 12. Farah Qadir, Amna Khalid, Sabahat Haqqani, Z.-H. & G. M. (2019). The association of marital relationship and perceived social support with mental health of women in Pakistan. *BMC Public Health*.
 13. Haghighi, P., Littler, E. A. L., Mauer-Vakil, D., Miller, M., & Oremus, M. (2024). Exploring the relationship between marital quality and cognitive function: A systematic review. *Social Science and Medicine*, 355(April), 117120. <https://doi.org/10.1016/j.socscimed.2024.117120>
 14. Landolt, S. A., Weitkamp, K., Roth, M., Sisson, N. M., & Bodenmann, G. (2023). Dyadic coping and mental health in couples: A systematic review. *Clinical Psychology Review*, 106(September), 102344. <https://doi.org/10.1016/j.cpr.2023.102344>
 15. Olasupo, M. O., Idemudia, E. S., & Kareem, D. B. (2021). Moderated mediation roles of social Connectedness and optimism on emotional intelligence and life satisfaction. *Heliyon*, 7(5), e07029. <https://doi.org/10.1016/j.heliyon.2021.e07029>
 16. Oz-Soysal, F. S., Bakalim, O., Tasdelen-Karckay, A., & Ogan, S. (2024). The Association Between Autonomy Need Satisfaction and Perceived Romantic Relationship Quality: The Mediating Role of Openness. *Emerging Adulthood*, 12(2), 187–200. <https://doi.org/10.1177/21676968231220074>
 17. Parsakia, K., Rostami, M., & Saadati, S. M. (2024). Journal of Psychosociological Research in Family and Culture. *SSRN Electronic Journal*, September. <https://doi.org/10.2139/ssrn.4935087>
 18. Qasim, A., & Muzaffar, R. (2021). Emotional Abuse as a Predictor of Mental Health Problems among Married Individuals and its impact on their Quality of Life. *Asian Journal of Social Sciences and Management Studies*, 8(4), 92–101. <https://doi.org/10.20448/journal.500.2021.84.92.101>
 19. Ranganathan, T., & Mendonca, A. (2023). Does being Educated more than the Spouse give Women Higher Autonomy? Findings from India. *The Indian Journal of Labour Economics*, 66(3), 833–853. <https://doi.org/10.1007/s41027-023-00448-3>
 20. Roth, A. R. (2021). Social Autonomy among Married Men and Women. *Socius*, 7. <https://doi.org/10.1177/23780231211043630>
 21. Rustamov, E., Musayeva, T., Xalilova, X., Ismayilova, G., & Nahmatova, U. (2023). Exploring the relationship between social Connectedness and mental wellbeing: the mediating role of psychological Resilience among adults in Azerbaijan. *Discover Psychology*, 3(1). <https://doi.org/10.1007/s44202-023-00080-8>
 22. Shah, P. C. (2024). *Relationship between Relationship Satisfaction, Resilience, Optimism,*

- and Forgiveness among Young Married Couples in India. 12(2). <https://doi.org/10.25215/1202.302>
23. Song, W., Zhang, X., Ge, S., Zhai, Q., Shan, Q., Li, X., Mei, Y., & Zhang, Z. (2024). The Relationship Between Dyadic Coping and Mental Health in Stroke Survivors and Their Spouse Caregivers: An Actor-Partner Interdependence Model. *Journal of Clinical Nursing*, October. <https://doi.org/10.1111/jocn.17478>
 24. Steckermeier, L. C. (2021). The Value of Autonomy for the Good Life. An Empirical Investigation of Autonomy and Life Satisfaction in Europe. In *Social Indicators Research* (Vol. 154, Issue 2). Springer Netherlands. <https://doi.org/10.1007/s11205-020-02565-8>
 25. Ștefănuț, A. M., Vintilă, M., & Tudorel, O. I. (2021). The Relationship of Dyadic Coping With Emotional Functioning and Quality of the Relationship in Couples Facing Cancer—A Meta-Analysis. *Frontiers in Psychology*, 11(January). <https://doi.org/10.3389/fpsyg.2020.594015>
 26. Tang, N., Pei, M., Xie, L., Liang, X., Hu, J., & Gao, Y. (2023). Relationship Between Dyadic Coping with Anxiety and Depression in Infertile Couples: Gender Differences and Dyadic Interaction. *Psychology Research and Behavior Management*, 16(October), 4909–4919. <https://doi.org/10.2147/PRBM.S437808>
 27. Ummah, M. S. (2019). WHO Quality of Life Scale-Brief. *Sustainability (Switzerland)*, 11(1), 1–14. http://scioteca.caf.com/bitstream/handle/123456789/1091/RED2017-Eng-8ene.pdf?sequence=12&isAllowed=y%0Ahttp://dx.doi.org/10.1016/j.regsciurbeco.2008.06.005%0Ahttps://www.researchgate.net/publication/305320484_SISTEM_PEMBETUNGAN_TERPUSAT_STRATEGI_MELESTARI
 28. Valikhani, A., Ahmadnia, F., Karimi, A., & Mills, P. J. (2019). The relationship between dispositional gratitude and quality of life: The mediating role of perceived stress and mental health. *Personality and Individual Differences*, 141(April 2018), 40–46. <https://doi.org/10.1016/j.paid.2018.12.014>
 29. Wang, Y., & Umberson, D. (2022). Dyadic coping and marital quality in same-sex and different-sex marriages. *Journal of Social and Personal Relationships*, 40(3), 996–1017. <https://doi.org/10.1177/02654075221123096>
 30. Wójcik, G., Zawisza, K., Jabłońska, K., Grodzicki, T., & Tobiasz-Adamczyk, B. (2021). Transition out of Marriage and its Effects on Health and Health-Related Quality of Life among Females and Males. COURAGE and COURAGE-POLFUS—Population Based Follow-Up Study in Poland. In *Applied Research in Quality of Life* (Vol. 16, Issue 1). <https://doi.org/10.1007/s11482-019-09742-z>
 31. Zhang, Q., & Cao, H. (2024). Relationships between dyadic coping, marital adjustment, and post-traumatic growth in patients with maintenance hemodialysis patients and their spouses. *Frontiers in Psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1487355>