

# Emotion

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# Daily Dyadic Coping During COVID-19 Among Israeli Couples

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Declared a global pandemic in March 2020, COVID-19 is unequivocally changing individuals' daily lives. Research suggests that for many people, the current pandemic is stressogenic, propelling myriads of disturbing affective experiences resulting in greater symptoms of depression and anxiety. Little is known, however, about how this ecologically grounded stress is experienced and managed within people's romantic relationships. Guided by the systemic transactional model of dyadic coping, the current study tested 4 preregistered hypotheses examining the effects of dyadic coping processes on partners' daily mood and relational outcomes near to the outbreak of COVID-19 (During May 2020). Using daily diary data collected from 72 Israeli couples over 21 days, the results showed COVID-related stress to be associated with lower daily positive, and higher daily negative, mood. *Stress communication* (i.e., disclosing stress to one's partner) was not associated with mood or relational outcomes; however, perceived *positive and negative forms of dyadic coping* (perceived partner's constructive and destructive behaviors in response to one's stress) were associated with poorer daily relational outcomes. Negative dyadic coping also exacerbated the effect of stress on one's negative mood. To the best of our knowledge, this is the first study to examine the effects of daily dyadic coping and COVID-related stress on people's affective and relational outcomes. The findings may shed light on the ways in which partners can help each other to adaptively cope with global health crises.

**Keywords:** COVID-19, stress, dyadic coping, daily diary, romantic relationships

The coronavirus (COVID-19) was declared a global pandemic on March 11, 2020 (World Health Organization, 2020, March 11). As of October 12, 2020; there are over 37 million cases, and over 1 million deaths have been reported worldwide (World Health Organization, 2020, June 7). In an effort to control the spread of the virus, many governments have encouraged or enforced social distancing and home confinement. Not surprisingly, early research findings have shown that the outbreak of COVID-19, the resulting social distancing and lockdown measures, and pandemic-related stressors (e.g., economic uncertainty, health concerns) are emotionally distressing (Brooks et al., 2020; Park et al., 2020; Torales et al., 2020). For example, Torales and colleagues (2020) concluded that the COVID-19 outbreak has led to elevated reports of symptoms of anxiety, depression, and insomnia. These findings are consistent with studies that have documented the range of adverse psychological effects from mass home confinement (Altena et al., 2020; Brooks et al., 2020; Hawryluck et al., 2004; Lee

et al., 2005). Unfortunately, if not properly dealt with, these emotional difficulties can last long after home confinement is over (Liu et al., 2012).

Since the first known case in Israel on February 21, 2020; as of October 12, 2020; Israel has reported 286,109 cases and 1,877 deaths (World Health Organization, 2020, June 7). In April 2020; the Israeli population was put under lockdown, which helped to mitigate the spread of the virus. However, due to the characteristic ebb and flow of the new pandemic, the government decided to enforce another lockdown on September 2020; for a period of about six weeks. Since the start of the COVID-19 outbreak, unemployment rates in Israel have risen considerably (Central Bureau of Statistic, 2020). Not surprisingly, data from Israel suggest that people are experiencing considerably higher levels of anxiety associated with health and economic concerns (Bareket-Bojmel et al., 2020).

According to a national study conducted in Germany between December 2019 and May 2020; many people are engaging in maladaptive coping strategies (e.g., substance use) to cope with COVID-related distress, which were also positively associated with high levels of negative affect (Zacher & Rudolph, 2020). To help individuals cope with COVID-related stress adaptively, many national (e.g., The Israel Ministry of Health, 2020) and international organizations (e.g., CDC, 2020) have published guidelines, most of which focus on individual strategies (e.g., exercising, maintaining daily routines). However, many empirically-based models of stress and coping underscore the importance of the interpersonal context in coping with stress (Bodenmann & Randall, 2013; Falconier et al., 2016). Thus, the lack of systemic

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thinking in public health systems and public policy to address the myriad challenges related to COVID-19 is unfortunate given the robust literature that points to romantic relationships as a source of coping and their positive association with wellbeing (Holt-Lunstad et al., 2010; Pietromonaco & Beck, 2019). To respond to this need, the current study focused on the ways in which romantic partners can help one another cope with COVID-related stress in an aim to shed light on the role of interpersonal emotional processes in the face of a major ecological stressor.

### Examining COVID-19 Stress Through a Dyadic Lens

Living through a pandemic is associated with a myriad of emotional difficulties (e.g., Altena et al., 2020; Brooks et al., 2020; Hawryluck et al., 2004; Lee et al., 2005). These pernicious effects often lead to relational distress and family dysfunction. For example, mass home confinement can increase couples' distress and fuel intimate partner violence (Behar et al., 2020; Neuman, 2020). Furthermore, the concerns generated by external stressors associated with the pandemic (e.g., financial strains, health concerns, unemployment) often spill over to adversely affect partners' interactions (e.g., inadequate communication and problem-solving behaviors, physical and psychological violence) and can lead to a deterioration in couples' relationship satisfaction over time (Bolger et al., 1989; Neff & Karney, 2004; Nguyen et al., 2020; Randall & Bodenmann, 2009). Relatedly, in Israel, reports of domestic violence since the outbreak of the pandemic have increased by about 290% (Yaron, 2020). Thus, even when the source of stress is external to the relationship, its effects can engender relational hardship because it is potentially threatening not only to the partner's wellbeing but also to the wellbeing of their relationship. However, intimate relationships characterized by responsiveness and positive coping strategies can be vital to traversing difficult times and adversity (Pietromonaco & Overall, 2020). For example, a recent multinational study found that perceived responsiveness buffered the association between COVID-19 stressors, such as negative effect of social isolation and poorer relationship functioning (e.g., higher levels of conflict; Balzarini et al., 2020).

Together, these findings suggest that people's and their partner's experiences of stress are interdependent, which is the core assumption guiding Bodenmann's (2005) systemic transactional model (STM) of dyadic coping. Specifically, the STM regards the dyad as the unit of coping with shared concerns, resources, and goals (see also Holmes, 2002; Thibaut & Kelley, 1959). By extending classical models (Lazarus & Folkman, 1984), the STM describes the process of coping with stress as often involving a set of dyadic transactions, which starts with partners' stress communication, appraisal of the stressor, and then support provision and shared efforts in an attempt to mitigate feelings of distress. Furthermore, the STM maintains that these interpersonal events, which transpire in the wake of stressful circumstances, shape the effect of stress on individuals and the system in which they exist.

The two processes portrayed by STM as central to the coping process are (a) the communication of stress to one's partner and (b) the quality of the partner's response to this communication. STM contends that disclosing stress to one's partner—termed *stress communication*—allows partners to reveal their emotional and practical concerns, appraise the available dyadic resources,

and develop a shared perspective on the problem at hand and the appropriate course of action to manage the stress (Cutrona et al., 2018). Furthermore, given that one's needs for support tend to be idiosyncratic, even in well-defined situations (Rini & Dunkel Schetter, 2010), communicating one's subjective needs and preferences is likely to be critical to optimizing partners' attempts to provide support. Consistent with STM's claims as to the beneficial effects of stress communication, a meta-analysis of the dyadic coping literature documented a medium-sized positive association between stress communication and relationship satisfaction. This finding is in line with results deriving from the Reis and Shaver (1988) intimacy model, which shows that disclosing one's concerns and emotions is conducive to developing and maintaining relational closeness and intimacy (see also Willems et al., 2020).

Once stress is communicated (verbally or nonverbally), the quality of partner's response comes to the fore. The STM delineates several possible coping-related responses, two of which are *positive dyadic coping* and *negative dyadic coping*. In line with the stress buffering model (Cohen & Wills, 1985; see also Reis et al., 2004's responsiveness model), the STM contends that *positive dyadic coping* (e.g., showing empathy, helping the partner problem-solve) by one's partners can mitigate toxic stress-related effects (e.g., reduce negative mood). In contrast, *negative dyadic coping* (e.g., criticism, withdrawal, dismissiveness) tends to exacerbate and extend the deleterious effects of stress. In the meta-analysis mentioned above (Falconier et al., 2015), a large effect size was found between these two forms of dyadic coping and relationship satisfaction (see also Randall & Messerschmitt, 2019). Consistently, perceptions of partners' positive dyadic coping have been shown to be associated with lower levels of stress (e.g., Bodenmann et al., 2006; Papp & Witt, 2010), whereas perceptions of partners' negative dyadic coping are associated with high levels of stress and verbal aggression (e.g., Bodenmann et al., 2010).

To the best of our knowledge, no study to date has examined the interplay between stress, stress communication, and dyadic coping during the current global pandemic. For the first time since the last century, individuals are experiencing shared ecological stress that has affected most individuals across the world, disrupting their routines in ways most people have never experienced. Grounded in the STM (Bodenmann, 2005; see also Cohen & Wills, 1985; Feeney & Collins, 2015), we predicted that partners who communicate their COVID-related stress should be in a better position to cope with such stressors. Similarly, we hypothesized that greater positive and lower negative forms of dyadic coping would be critical for couples to cope well with the myriad forms of COVID-related stress (Pietromonaco & Overall, 2020). In particular we examined how these processes unfold in the daily lives of Israeli romantic partners at the time of the outbreak of the pandemic. The findings have the potential lead to a better understanding of interpersonal emotional processes in the face of an ecologically experienced stressor. We focused on two types of daily outcomes: partners' affect (both positive and negative mood) and relationship sentiments (perceived responsiveness and relational satisfaction).

Romantic partners' daily emotional experiences are inextricably linked to those around them (Randall & Schoebi, 2015). As such, it is essential to take an interpersonal perspective that considers

how emotional experiences affect both individuals in an interdependent dyad, such as partners in a romantic relationship (Butler & Randall, 2013). It is thus unsurprising that affective processes, such as levels of positive and negative mood and affect reactivity to stress, are among the central mechanisms deriving the link between intimate relationships and health (Kiecolt-Glaser & Wilson, 2017; Sbarra & Coan, 2018; Stanton et al., 2019). This makes it crucial to identify the ways in which partners can modulate each other's daily affective experience, especially in the face of the current stressful and uncertain circumstances.

In this study, we concentrated on positive and negative moods, which are core components of subjective wellbeing (Bussner, 2018; Diener et al., 1999). Several models have posited that chronic levels of low positive affect and high negative affect typically characterize mood and anxiety disorders (Brown & Barlow, 2009; Clark & Watson, 1991; Hofmann et al., 2012). Relatedly, temporal affective dynamics, such as daily mood instability, have been shown to be robustly associated with elevated psychological distress (Houben et al., 2015; Trull et al., 2015). Previous studies have clearly demonstrated that partners' positive and negative responses to each other's stress are associated with their daily positive and negative moods (Bolger et al., 2000; Rafaeli et al., 2008).

To assess daily relational outcomes, we focused on perceived partner responsiveness (PPR) and relationship satisfaction. PPR refers to the perception that one's partner's behaviors communicate understanding, valuing, and caring for one's core needs and goals (Reis et al., 2004). PPR has been found to be a central component of relationship functioning and satisfaction (e.g., Gable et al., 2006; Maisel & Gable, 2009) and contributes to the well-established link between relationship quality and health (Slatcher et al., 2015; Selcuk & Ong, 2013). Importantly, PPR is considered one of the main proximal mechanisms driving the long-term salubrious effects of received support (e.g., Bar-Kalifa & Rafaeli, 2013; Fekete et al., 2007; Maisel & Gable, 2009), thus making it a natural candidate for testing the processes of dyadic coping with COVID-related stress. Relationship satisfaction is a central and dominant construct in the study of romantic relationships and reflects a general positive appraisal of the relationship (Fincham et al., 2018). Previous studies have shown that this construct varies reliably in partners' daily lives and is associated with the quality of the partners' daily relational behaviors (e.g., supportive behaviors; Bar-Kalifa et al., 2018).

### Present Study

The current COVID-19 pandemic has introduced sources of stress most individuals have never experienced (e.g., social isolation, living in close quarters with family members for extended periods of time) and exacerbated other stressors, such as financial hardships. Recognizing the fundamental role that one's romantic partner can play in regulating stress, the present study sought to examine the interplay between romantic partners' daily COVID-related stress, stress communications, and positive and negative forms of dyadic coping (DC) in the wake of the pandemic.

We predicted that COVID-related stress would be associated with participants' worse daily mood and relational outcomes (Hypothesis 1). Conversely, we predicted that stress communication would be associated with better daily mood and relational outcomes (Hypothesis 2.1) and would buffer the negative effects of COVID-

related stress (Hypothesis 2.2). Additionally, we predicted that perceived partner's positive DC would be associated with a better daily mood and relational outcomes (Hypothesis 3.1) and would buffer against the negative effect of COVID-related stress level on these daily outcomes (Hypothesis 3.2). Finally, we predicted that perceived partner's negative DC would be associated with worse daily mood and relational outcomes (Hypothesis 4.1) and would exacerbate the negative effect of COVID-related stress levels on these daily outcomes (Hypothesis 4.2). Note that Hypotheses 2.1, 3.1, and 4.1 focus on stress-communication and the main effects of DC, whereas Hypotheses 2.2, 3.2, and 4.2 focus on their interactions with stress. The hypotheses were preregistered: <https://osf.io/ct2yg/>.

## Method

### Participants

As a part of a research seminar in psychology, BA students from a large university in Israel recruited community cohabiting couples who were at least 18 years old. Eighty-seven romantic cohabiting couples completed the initial background questionnaire. Eleven couples dropped out before ( $n = 2$ ) or during ( $n = 9$ ) the daily diary period. Five other couples were excluded because at least one partner failed to complete 10 diary entries during the diary period. The final sample was thus composed of 72 couples (82.8% retention rate).

Of the 72 couples, four were in same-gender relationships (two female-female couples and two male-male couples). The mean age for men was 29.9 years ( $SD = 8.6$ , range = 23–58); the mean age for women was 28.7 years ( $SD = 7.7$ , range = 23–57). All participants in the sample had at least a high school education, and 54% had completed higher education. The average relationship duration was 7.0 years ( $SD = 7.3$  years, range = 13 months–37 years). Of the 72 couples, 29 (40%) were married, and 15 (20%) had at least one child.

### Procedure

After providing their informed consent, couples completed an initial background questionnaire, were introduced to the web-based diary, and were instructed in its use. Every evening at 8:00 PM, a unique link to the diary questionnaire was sent to participants' e-mail via Qualtrics, a secure online data collection platform. Participants could also opt to receive a daily SMS reminder to their cell phone. Participants were asked to complete the questionnaire within an hour before going to sleep, and to avoid discussing their responses with their partner. The link became inactive the following morning at 10:00 AM. When a participant missed two consecutive diary entries, they were contacted by a research assistant. The diary period lasted 21 days. On average, participants completed 18.99 ( $SD = 2.66$ ) of these daily diary entries (90.4% compliance). Couples who completed the study were entered into a raffle for two vacation vouchers (worth approximately US\$140). The study protocol was approved by the university IRB. Daily diary data were collected between April 30 and June 2, 2020.

## Measures

### COVID-Related Stress

Participants' daily level of COVID-related stress was assessed using the average of three items, each rated on a 7-point scale, ranging from 0 ("not at all") to 6 ("extremely"). Participants were asked to respond to the following prompt: "Due to the COVID pandemic to what extent did you experience X today." Response options included (a) "tension or anxiety"; (b) "financial concerns"; and (c) "health-related concerns." The within-person reliability of this measure was reported to be high (Rkr = .97; Shrout & Lane, 2012).

### COVID-Related Dyadic Coping (DC)

Participants' perceptions of daily COVID-related DC were assessed daily using six items, each rated on a 7-point scale, ranging from 0 ("not at all") to 6 ("extremely"). Specifically, one item was used to index stress communication: "To what extent did you disclose your stress to your partner?" The average of three items was used to index positive dyadic coping: (a) "In response to my stress my partner expressed understanding;" (b) "... helped me to see the stressful situation in a different light;" and (c) "... did practical things to alleviate my stress" (Rkr = .97). Finally, the average of two items was used to index negative dyadic coping: (a) "In response to my stress my partner blamed or criticized the way I dealt with my stress;" (b) "... did not take seriously or ignored my feelings" (Rkr = .96).

### Positive and Negative Mood

Every night, the participants were asked to indicate the extent to which they were experiencing six different moods at the current moment using a slider ranging from 0 ("not at all") to 100 ("extremely"). Three items assessed positive mood (i.e., happy, calm, and vigor; Rkr = .95), and three items assessed negative mood (i.e., sad, nervous, and anger; Rkr = .93). The averages of the items were used to index positive and negative mood, respectively.

### Perceived Partner Responsiveness (PPR)

Every night, the participants were asked to rate the extent to which they currently agreed with three statements: (a) "my partner understands me;" (b) "my partner makes me feel like s/he values my abilities and opinions;" and (c) "my partner makes me feel

cared for" using a scale ranging from 0 ("not at all agree") to 6 ("extremely agree"). The average of these items was used to index PPR (Rkr = .95).

### Relationship Satisfaction

Every night, the participants were asked to rate the extent to which they currently felt (a) satisfied and (b) loved in their relationship. These items were rated on a 1 ("not at all") to 6 ("extremely") scale. The average of these items was used to index daily relationship satisfaction (Rkr = .94).

## Results

Table 1 presents the descriptive statistics and the zero-order correlation matrix for the study variables. Because the data had a multilevel structure (i.e., days nested within participants) and the nonindependence of partners' data, we applied a dyadic version of a 2-level multilevel regression model (Bolger & Laurenceau, 2013; Kenny et al., 2006); using Mplus (Version 6.12) with maximum likelihood estimation and a robust standard error. In these models, we estimated a random intercept as well as the covariation between partners' level-2 and level-1 error terms. As the sample included both same-gender and different-gender couples, we treated couples' members as indistinguishable. In addition, to account for between-subjects variability, daily predictors (i.e., COVID-related stress, stress communication, positive DC, and negative DC) were person mean-centered. Note that because DC is conceptually relevant when people experience stress (Bodenmann, 2005), stress communication, positive DC, and negative DC were examined only when participants reported at least some degree of daily COVID-related stress, which was defined as greater than zero on the composite daily stress index. The vast majority (85.4%) of the participants in our sample (n = 123 out of 144) reported at least "some degree" COVID-related stress, defined as greater than zero on the composite stress index, in at least one diary entry. In addition, in about 43.4% of the completed diary entries, participants reported some degree of COVID-related stress (1,184 entries out of a total of 2,727). On these days, the average stress score was 1.39 (SD = .92, range .33–5.33).

### Daily Positive and Negative Mood

Table 2 (left side) presents the results of the multilevel model for positive and negative moods. Consistent with Hypothesis 1,

**Table 1**  
Means and SDs (on the Diagonal) and Zero-Order Correlations

Variables	1	2	3	4	5	6	7	8
1. COVID-19 stress	0.60 (0.92)	0.41***	0.06*	0.03	0.02	0.11***	-0.01	-0.03
2. Communication		0.67 (1.44)	0.14***	0.04	0.04*	0.05*	0.00	0.00
3. Positive DC			3.58 (1.82)	0.08**	0.03	-0.04	0.11***	0.10***
4. Negative DC				0.67 (1.17)	-0.04	0.09***	-0.12***	-0.09**
5. Positive mood					48.58 (20.04)	-0.49***	0.26***	0.28***
6. Negative mood						11.98 (14.35)	-0.28***	-0.28***
7. PPR							5.14 (1.06)	0.74***
8. Rel. Sat.								5.11 (1.04)

Note. DC = dyadic coping; PPR = perceived partner responsiveness; Rel. Sat. = relationship satisfaction. Correlations were computed on the person-mean centered variables, and thus reflect within-person associations.

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

**Table 2**  
Results of the Multilevel Models

Effects	Positive mood Est. (SE) [95% CI] Stand. effect	Negative mood Est. (SE) [95% CI] Stand. effect	PPR Est. (SE) [95% CI] Stand. effect	Rel. Sat Est. (SE) [95% CI] Stand. effect
Intercept	49.34 (1.45)*** [45.61, 52.18]	14.13 (1.15)*** [11.87, 16.39]	5.07 (0.10)*** [4.81, 5.27]	5.10 (0.10)*** [4.89, 5.30]
COVID-19 stress	<b>-2.41 (1.19)*</b> [-4.75, -0.08] .08	<b>3.03 (1.09)**</b> [0.86, 5.16] .13	-0.01 (0.08) [-0.15, 0.14] -.01	-0.11 (0.08) [-0.27, 0.05] -.07
Stress communication	1.06 (0.75) [-0.40, 2.53] .08	0.38 (0.50) [-0.61, 1.36] .02	0.04 (0.03) [-0.02, 0.09] .03	0.03 (0.03) [-0.03, 0.08] .03
Positive DC	-0.25 (0.65) [-1.53, 1.03] -.02	-0.14 (0.45) [-1.01, 0.74] -.02	<b>0.08 (0.04)*</b> [0.01, 0.16] .07	0.06 (0.04) [-0.02, 0.14] .05
Negative DC	-1.20 (1.04) [-3.24, 0.85] -.06	0.76 (0.60) [-0.43, 1.94] .07	<b>-0.14 (0.07)*</b> [-0.28, -0.002] -.08	<b>-0.15 (0.06)*</b> [-0.27, -0.03] -.09
COVID-19 Stress × Stress Communication	0.34 (0.76) [-1.15, 1.82] .02	-0.43 (0.54) [-1.48, 0.62] -.03	-0.05 (0.03) [-0.11, 0.02] -.04	-0.01 (0.03) [-0.06, 0.04] -.01
Positive DC	-0.37 (0.80) [-1.93, 1.19] -.01	-0.52 (0.63) [-1.76, 0.71] -.02	-0.03 (0.06) [-0.15, 0.10] -.02	-0.02 (0.06) [-0.13, 0.09] -.01
Negative DC	-0.88 (0.89) [-2.63, 0.86] -.03	2.05 (0.96)* [0.17, 3.93] .07	0.14 (0.07) [-0.01, 0.28] .06	0.14 (0.08) [-0.01, 0.29] .07

Note. DC = dyadic coping. Bolded values indicate significant effects. Rel. Sat = relationship satisfaction; Stand. Effect = Standardized Effect, which were calculated by standardizing the raw variables and rerunning the multilevel models and may thus be regarded as an approximation of standardized betas (see Baldwin et al., 2014).

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .

the results showed a significant negative association between COVID-related stress and daily positive mood. However, stress communication, positive DC, and negative DC were neither associated with daily positive mood (inconsistent with Hypotheses 2.1, 3.1, and 4.1) nor moderated the effect of COVID-related stress on daily positive mood (inconsistent with Hypotheses 2.2, 3.2, and 4.2). The model with negative mood as an outcome revealed a significant interaction between COVID-related stress and negative DC. A simple slope analysis indicated that consistent with Hypothesis 4.2, at low levels of negative DC ( $-1SD$ ), stress was not associated with daily negative mood (Est. = 1.39,  $SE = 1.06$ ,  $p = .189$ ), whereas at average and high levels of negative DC ( $+1SD$ ), stress was significantly associated with higher levels of negative mood (Est. = 3.03,  $SE = 1.09$ ,  $p = .005$ , and Est. = 4.66,  $SE = 1.59$ ,  $p = .003$ , respectively).

### Daily Relational Outcomes

Table 2 (right side) presents the results of the multilevel model for PPR and relationship satisfaction. In line with Hypotheses 3.1 and 4.1, positive and negative DC were associated with PPR, in the expected directions. Relatedly, consistent with Hypothesis 4.1, the results showed a significant association between negative DC and lower relationship satisfaction. However, in contrast to our prediction (Hypotheses 3.2 and 4.2), neither positive DC nor negative DC moderated the association between COVID-related stress and the relational outcomes. Finally, in contrast to Hypothesis 2.1, stress communication was not associated with PPR or relationship satisfaction<sup>1</sup>.

### Discussion

The COVID-19 pandemic is one of the major global health crises the world has witnessed over the last century. The pandemic, as well as the drastic public health measures employed by governments to control the spread of the virus (e.g., social distancing, quarantine), has exacted an emotional toll on nearly every individual, which can be attributed to the social, economic, and health stress related to the pandemic (Brooks et al., 2020; Torales et al., 2020). Acknowledging the interdependence in romantic partners' emotional experiences and their coping processes (Randall & Bodenmann, 2017; Schoebi & Randall, 2015), this study adopted a dyadic perspective to better understand how couples are coping with COVID-19 related stress. Specifically, grounded in the systemic transactional model of dyadic coping (Bodenmann, 2005), the current study employed a daily diary design to examine the interplay between COVID-related stress and dyadic coping processes in predicting partners' mood and relational outcomes (i.e., relational satisfaction and PPR).

Consistent with our first hypothesis, COVID-related stress was associated with lower daily positive, and higher daily negative,

<sup>1</sup> Following a reviewer's suggestion, we also estimated models in which the relational outcomes (i.e., PPR and RS) were included as predictors of participants' positive or negative mood. The results indicated that PPR and RS were associated with higher levels of positive mood. However, COVID-related stress attenuated the association between PPR and positive mood. In addition, PPR was associated with lower levels of negative mood. For complete results, see <https://osf.io/ct2yg/>.

mood. With regard to negative mood, perceived partners' response to stress was found to be critical. Specifically, in line with our prediction (Hypothesis 4.2), when the participants perceived their partners as responding to them with negative DC (e.g., blaming), COVID-related stress was more robustly associated with elevated negative mood. Experiencing high levels of negative mood is at the crux of various affective disorders (Hofmann et al., 2012) and poor subjective wellbeing (Diener et al., 1999). Thus, the documented pernicious effect of negative DC on couples' mood may point to one potential mechanism through which the current crisis leads to elevated psychological symptoms (Torales et al., 2020). Specifically, partners' negative responses to each other's COVID-related stress (e.g., minimizing and blaming) may exacerbate negative mood and, over time, enduring levels of negative mood can culminate into depressive and anxiety symptoms (e.g., Davila et al., 1997). This reasoning is consistent with systemic accounts of psychopathology development and maintenance (e.g., Bodenmann & Randall, 2013; Whisman & Baucom, 2012) and highlights the need to consider dyadic processes to shed light on the effect COVID-19 is having on people's wellbeing.

Disconfirming our hypothesis, COVID-related stress levels were not associated with partners' daily reports of perceived partner responsiveness nor relationship satisfaction. In a recent cross-national study, Balzarini et al. (2020) found a negative association between COVID-related stress and relationship satisfaction and commitment. However, these results were based on a cross-sectional design, thus reflecting more global, between-subjects associations. The current results, in contrast, were based on daily diary data, which allow for a specific test of within-subject associations. Thus, more transient, daily experiences of stress may not considerably undermine relational wellbeing, however, chronic levels of stress may have a detrimental effect on partners' wellbeing over a longer period of time (see e.g., reports on China's divorce spike; Praso, 2020).

Even though daily COVID-related stress levels were not directly associated with partners' relational outcomes, we observed an effect of perceived partners' response to stress. Specifically, in line with Hypotheses 3.1 and 4.1, positive and negative forms of DC were associated with daily perceived partner responsiveness in the expected directions. Negative DC was also associated with lower daily relationship satisfaction. Specifically, positive DC had a direct effect (rather than moderating effect) on relational outcomes, which is consistent with the literature on social support in general. In particular, studies on social support provide substantial evidence for the "main effect" hypothesis, whereas the evidence for the "stress-buffering" hypothesis is much less consistent (e.g., Lakey & Orehek, 2011).

Interestingly, in a meta-analysis on DC effects, positive dyadic coping was a stronger predictor of relationship satisfaction than negative dyadic coping (Falconier et al., 2015). Based on these results, it is striking that in the current study negative DC was found to be more consequential to partners' personal and relational outcomes than positive DC. This pattern of results can be interpreted as reflecting the more general phenomenon of "bad is stronger than good" (Baumeister et al., 2001). This may be due to the evolutionary primacy of negative stimuli and their tendency to exert a stronger effect than positive stimuli across various domains, including relational ones. Indeed, daily relational negative behaviors tend to exert a stronger effect on partners' mood

than positive ones (e.g., Bar-Kalifa & Rafaeli, 2015; Rafaeli et al., 2008).

We failed to find support for an association between stress communication and better daily outcomes (Hypothesis 2). This highlights the notion, proposed by the two-step intimacy model (Reis & Shaver, 1988), that disclosure of stress must be met with a responsive reaction to build partners' relational and personal resources. However, in our view, the null associations found in the current study between communication and daily outcomes should not be interpreted as indicating that the stress-communication has no vital role. In fact, communicating stress may be crucial to helping partners develop a shared perception of the stressful situation and find the most suitable support for each one's current needs (Cutrona et al., 2018). To better understand the role of stress communication, future studies could test whether the communication of stress enables partners to tailor their attempts to alleviate each other's stress. It is also imperative to take the way in which partners communicate their stress into consideration; that is, experiencing a high level of stress may lead people to communicate their stress in a demanding and blaming manner, which is likely to thwart their partners from responding supportively.

The current study was guided by ideas put forward by the systemic transactional model of dyadic coping (Bodenmann, 2005). Nonetheless, the results corroborate other well-grounded theoretical frameworks addressing coping-related interpersonal processes, which suggest that romantic partners play a critical role in daily emotional experiences (e.g., stress-buffering model, Cohen & Wills, 1985, adult attachment theory, Feeney & Collins, 2001). As noted recently by Cutrona et al. (2018); however, one aspect differentiating the systemic transactional model from social support is the emphasis on particular systemic/dyadic stress-coping processes. For example, the social support literature (Cutrona, 1996; Thoits, 1995; Uchino, 2009) often portrays an asymmetrical interplay between a stressed individual and a support provider without explicitly taking into account the systematic effects of stress and coping (e.g., the effect of stress on the support provider). Furthermore, adult attachment theory (Hazan & Shaver, 1987) focuses more broadly on internalized working models of "self-in-relation-to-others" and how these models shape one's internal processes (e.g., cognitions) and relational behaviors, including but not limited to coping behaviors (for a recent review, see Mikulincer & Shaver, 2018).

In this regard, to test the incremental value of the systemic transactional model (Bodenmann, 2005); future studies could focus on coping-process that are more unique to this model. One such component, for example, is *dyadic appraisal*, a process pertaining to the extent to which both partners, as a dyadic unit, own the stressor and perceive it as "we-stress" (vs. "I-stress" or "their-stress"). Such we-stress appraisal, as reflected, for example, in greater use of "we-language", has been shown to be consistently associated with positive relational behavioral outcomes and better adjustment to stress (Helgeson et al., 2018; Lau et al., 2019).

### Limitations and Future Directions

One limitation of the current study is that it did not assess the effects of stress-coping processes in other social contexts (e.g., friends). The systemic transactional model (Bodenmann, 1997; 2005) posits that dyadic coping is embedded within a larger stress-

coping cascading processes. Specifically, when individual coping resources are low, and dyadic coping is deemed insufficient (i.e., not receiving adequate support from one's romantic partner), individuals may turn to people who are external to the family system, such as friends or even professionals. However, it should be noted in this regard that results emanating from relational regulation theory (Lakey & Orehek, 2011) suggest that the kind of relational processes examined in the current study tend to be relationship-specific. For example, when the variance in reports of support receipt is partitioned, most of the variance is attributed to the particular recipient-provider dyad (i.e., relational influence) rather than, more globally, to the recipient or the provider. Furthermore, there is some evidence to suggest that the support received within the romantic relationship has a unique effect on people's wellbeing (Bodenmann, 2005). For example, the support provided outside close relationships may not adequately compensate for lack of romantic partner support (Coyne & DeLongis, 1986; Finkel et al., 2015; Julien & Markman, 1991). Similarly, in a large longitudinal study, romantic partners' support was identified as a protective relational factor against mothers' postpartum depression and tended to exert a greater favorable effect than support received from other sources, such as friends or family (Dennis & Letourneau, 2007; Reid & Taylor, 2015; Robertson et al., 2004).

It is also unclear to what extent the findings are specific to the COVID-19 crisis. While we would predict a similar pattern of results in the context of another stressogenic crisis (e.g., an earthquake), we acknowledge that the current COVID-19 situation constituted an exceptional opportunity to ecologically test some of the fundamental tenets of the systemic transactional model (Bodenmann et al., 2019)—namely, that communication of stress to one's partner and the quality of the partner's responses are tied to affective and relational outcomes. Thus, even though we could have compared the processes examined here in the context of the current crisis with the context of participants' ordinary lives pre-COVID, we believe that the current findings contribute to a better understanding of the ways in which couples deal with a global crisis.

Finally, the results should be considered in light of the relatively homogenous sample of individuals tested, who were all well-educated and living in Israel. Relatedly, even though on about 45% of days the participants reported some degree of COVID-related stress, the average level of stress was relatively low. Furthermore, the data were collected near to the outbreak of the pandemic in Israel. Both acute and chronic stress may pose a challenge to close relationships (Randall & Bodenmann, 2009); however, experiencing enduring levels of stress may deplete people's self-regulatory capacity, leaving partners short of resources required to maintain healthy relationships (e.g., being sensitive and responsive to each other; Neff & Karney, 2017; Pietromonaco & Overall, 2020). It should be noted that current attempts to follow couples around the globe over a more extended time period (e.g., Balzarini et al., 2020) may help provide a more fine-grained picture of dyadic coping processes during the current COVID-19 pandemic. For example, such data could reveal how such processes wax and wane and affect couples in different relational contexts (newlyweds vs. long-term relationships), time-frames (acute vs. chronic stress), and socioeconomic strata, for example.

Notwithstanding these limitations, this is the first study to examine the association between COVID-related stress and couples'

daily experiences. Much attention has been paid to understanding the devastating psychological effects of the current crisis on individual affective symptoms (e.g., depression, anxiety; Fullana et al., 2020). However, the rise in reports of marital distress, including intimate partner violence (Kofman & Garfin, 2020; Moreira & da Costa, 2020), highlights the pressing need to integrate systemic thinking into public health efforts to address the challenges posed by the current crisis. The current results are consistent with findings on the central role of intimate relationships in adults' affective experience and thus constitute an essential first step in identifying ways in which romantic partners can help one another cope with stressors associated with COVID-19 and future global pandemics. Notably, there is evidence that constructive dyadic coping processes can be enhanced in online or self-directed formats (Bodenmann et al., 2014), which is encouraging given the adopted social-distancing policies, which limit more traditional face-to-face relational interventions.

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