

# DYADIC RELATIONS OF PERSONS WITH DISABILITIES: COPING AND PSYCHOLOGICAL WELL-BEING

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## **Abstract**

Studying the close relations of people with disabilities seems to us an important and socially acute problem with practical significance and meeting the social demand of society. The article is devoted to the study of coping and psychological well-being of the dyad of persons with disabilities. Dyad groups of partners with typical development and with a partner with a disability differ significantly in their main indicators (dyadic coping strategies, aspects of dyadic relations, level of well-being).

***Keywords:** dyadic coping, psychological well-being in dyads, disabled people, life quality, close relationships.*

## **Introduction**

Despite of numerous transformations in modern society, some topics remain relevant in the human value system. The demand to be loved and accepted by another person is among them. It can take a form of close relationships that are significantly different from other forms of interpersonal relationships (Bochaver, 2012). Although disabled people face far more challenges in the maintenance of social interaction and relationships, this area remains significant to them. This makes the investigation of disabled people's close and family relationships an important and burning social question of obvious practical relevance that meets the social demand of this group.

Our research focuses on coping and psychological well-being in dyads. The aim of the research is to do an integrated analysis on a complex of coping efforts and psychological well-being in a dyad of partners with disability in close relationships. The objectives of our study are:

- to study individual and dyadic coping in dyads that have health problems and are in close relationships;
- to study the consistency of the collaborative efforts of partners undertaken individually or jointly;
- to identify the strategies for dyadic coping in pairs of different statuses;

- to identify the links between dyadic coping and psychological well-being in “special” pairs: dyads of partners with disabilities;
- determine the nature of the relationship of dyadic coping and psychological well-being.

Dyadic coping is closely related to dyadic stress conceptualization (Bodenmann, 1995, 1997; Lyons, Mickelson, Sullivan, & Coyne, 1998), i.e., stress is seen not only as a random experience that affects the subject but as a systematic phenomenon that impacts both partners and, thus, changes a couple interaction.

There are a number of key concepts of dyadic coping in psychological science. Falconier and Kuhn (2019) thoroughly review current models in their article (Falconier & Kuhn, 2019). We presented the key elements of these concepts in Table 1.

**Table 1.** Actual dyadic coping models

Title	Author	Characteristic
The congruence model	Revenson, 1994	more focused on the analysis of individual coping strategies that help overcome the effects of the dyadic stressor, as well as the consistency and interaction of partner strategies (Revenson, 1994)
The relationship-focused model	Coyne and Smith, 1991; O'Brien and DeLongis, 1996	Two mechanisms of coping based on relationships were identified: active involvement (discussing and solving a problem together with a partner) and protective buffering (denying anxiety caused by the partner's condition, concessions to minimize it). Later, the overprotection strategy was highlighted, which is manifested in the underestimation of the partner's capabilities and rendering him/her inappropriate assistance, often limiting his/her activities (Coyne & Smith, 1991; O'Brien & DeLongis, 1996).
The communal coping model	Lyons et al., 1998	suggests that the group (dyad) has a common goal, communication about stress, and a general coping strategy (Lyons et al., 1998).
The systemic-transactional model	Bodenmann, 1995, 1997	considers dyadic coping as a system event, including the use of individual coping strategies in the first place, joint (dyadic) strategies in the second, as well as stress communication at all stages of the pair's coping efforts (Bodenmann, 1995, 1997).
The relational-cultural model	Kayser et al., 2007	expanded the system-transactional model to include relational (awareness of relationships, authenticity and reciprocity (Kayser et al., 2007)) and cultural components (family boundaries, gender roles, personal control and independence).
The developmental-contextual coping model	Berg and Upchurch, 2007	focuses not on communication with stress, but on partner responses, which are viewed as a continuum, reflecting the degree of participation. The role of developmental factors and contextual factors in evaluating stressors and responses is emphasized. Coping strategies are subdivided into those not involved, supporting, cooperative, and controlling (Berg & Upchurch, 2007).
Model Integration	Falconier and Kuhn (2019)	<ol style="list-style-type: none"> <li>1. Stress Communication</li> <li>2. Individual Positive Dyadic Coping</li> <li>3. Positive Conjoint Dyadic Coping</li> <li>4. Negative Individual Dyadic Coping</li> <li>5. Negative Conjoint Dyadic Coping</li> </ol> <p>Along with such characteristics of relationships as awareness of relationships, authenticity and reciprocity, the level of closeness, satisfaction and the ability to constructively resolve a conflict are considered. Contextual factors, cultural values and religious beliefs are also taken into account (Falconier &amp; Kuhn, 2019).</p>

Foreign researches confirmed the relation between dyadic and individual coping (Bodenmann, Atkins, Schär, & Poffet, 2010a); declining neuroticism (Merz, Meuwly, Randall, & Bodenmann, 2014), anxiety, insomnia, social dysfunction and depression (Bodenmann, Meuwly, & Kayser, 2011), life satisfaction enhancement (Gabriel, Untas, Lavner, Koleck, & Luminet, 2016).

The most detailed and extensive research on dyadic coping in Russian psychology is conducted by Kostroma coping behavior school (eg: Kryukova, Kouftyak, Saporovskaya, & Khazova). It is generally understood as a form of conjoint coping. We consider dyadic coping in a couple with a disabled partner a relevant process of conjoint effort to address challenges and stress that affects both partners, implies a different degree of their involvement caused by one partner's disability and aimed to cope with a difficult life situation and maintain current relationships.

A theoretical analysis enabled us to present dyadic coping as a multicomponent construct consisting of three blocks: subjective (both partners' assessment of a stressful situation, their ideas how to cope with it and what coping resources are available), evaluative (dyad members' feelings and states caused by stress in general, its particular aspects, outcomes of both individual and conjoint coping efforts), behavioral (stress signals that alert the partner to a stressful situation and are an external display of elements from a subjective block, the subject's and the partner's particular actions and behavior strategies).

The second key concept of our work is psychological well-being in a dyad. However, there are almost no data on psychological well-being in families/dyads including a disabled partner in Russian psychology. Foreign studies in the field we are familiar with include Humphrey, Hill, Carroll, Rourke, Kang, & Feudtner (2015); Stanescu & Romer (2011); Veronese, Fiore, Castiglioni, & Natour (2014), and others.

Shamionov tried to combine hedonistic (Bradburn, 1969; Diener, 1984; Diener & Chan, 2011) and eudemonistic (Ryff, 1995) approaches to comprehend the phenomenon of psychological well-being. In our opinion, the former approach (psychological well-being as a successful social adaptation) takes cognitive and behavioral components of the phenomenon into consideration while the latter (satisfaction with one's relationships) focuses on the emotional ones (Shamionov, 2002).

Thus, attempting to integrate the approaches, we identified the following criteria for psychological well-being (Table 2).

**Table 2.** Criteria of psychological well-being

Components of psychological well-being	Study	Criteria of psychological well-being
<b>Cognitive</b>	Bradburn, 1969; Diener, 1984; Shamionov, 2002; Ilinskij, 2017.	Dyadic coping, the similarity of family values
<b>Emotional</b>	Ryff, 1995; Shamionov, 2002; Prohorova & Torohtij, 2018; Ilinskij, 2017.	Relationship satisfaction
<b>Behavioral</b>	Bradburn, 1969; Diener, 1984; Shamionov, 2002; Prohorova & Torohtij, 2018.	Coping behavior, functional role coordination (cohesion, adaptation), psychological climate

Thereby, we understand psychological well-being in a dyad with a disabled partner as both partners' overall subjective experience, the criteria of which are the aspects of each partner's subjective well-being (which is, in its turn, a phenomenon comprising several components like satisfaction with one's health, emotional and social areas, free time activities, financial well-being, and life in general), partners' perception of life challenges, psychological climate in a dyad, relationships satisfaction, common internal determination for close relationships, successful individual and dyadic coping.

### Materials and Methods

The research tools used include:

- Bodenmann's Dyadic Coping Inventory (DCI, 2008) in Russian adaptation by Ekimchik & Kryukova (2017). This questionnaire is designed to study the coping efforts used in difficult life situations of each of the partners. The structure of the methodology distinguishes the respondent's strategies and the strategies of his/her partner (according to subjective assessment). It includes the following scales: stress reported to the partner, supporting dyadic coping, delegated dyadic coping, negative dyadic coping, general dyadic coping, dyadic coping rating;
- Quality of Life Enjoyment and Satisfaction Questionnaire (Ritsner et al, 2005; Rasskazova, 2012); diagnoses the quality of life and subjective well-being, assesses the degree of satisfaction of the subject with different areas of life. It includes four subscales (17 main points for assessing the quality of life in the field of health, emotional sphere, activity in free time and the social sphere, as well as 6 additional points that measure satisfaction with the medication taken, material well-being and overall satisfaction over the past week;
- FACES-3 Scale (Olson, Porner, & Lavee; in adaption by Perrez, 1986 (Eidemiller, Dobryakov, & Nikolskaya, 2003)) assesses the level of family cohesion (the degree of emotional connection between family members) and adaptation (the ability to change due to environmental requirements).

The choice of methods is determined by the purpose and objectives of the study. The methods and techniques used in the work are valid and reliable, which determines the objectivity of the conclusions obtained during the research.

The empirical evidence of the study is 28 Russian couples with one partner having a disability. The sample can be roughly divided into the following groups according to the disorder: musculoskeletal disorders – 23 respondents; somatic disorders causing disability – 6 respondents, sensory processing disorders – 8 respondents. The control group is 17 couples including respondents with typical development ( $M=36,5$ ). All the respondents are either romantically involved with, or married to their partner for more than two years. The prerequisite to participate was mutual agreement from both members of a dyad. All the research materials were personally filled in by respondents. The general number of respondents is 90 people.

Mathematical processing of the obtained data was carried out using the statistical package "Statistics 17.0". Statistical analysis was performed using descriptive statistics (arithmetic mean, standard deviation), assessing the significance of differences between groups according to the Mann-Whitney criterion (U), correlation analysis using the Spearman rank correlation method (r), and regression analysis.

## Results

Statistically significant results obtained in this study imply that the subject's delegated coping is more pronounced ( $U=248,5$ ;  $p=0,034$ ) in a dyad with typical development ( $M=8,07$ ;  $SD=1,2$ ) rather than in that including two disabled partners ( $M=6,9$ ;  $SD=1,89$ ). The subject's ( $U=32$ ;  $p=0,000$ ) ( $M=16,21$ ;  $SD=3,22$  in contrast to  $M=8,92$ ;  $SD=1,7$ ) and the partner's ( $U=142,5$ ;  $p=0,0001$ ) ( $M=15$ ;  $SD=4,12$  in contrast to  $M=10,21$ ;  $SD=0,89$ ) negative coping is more clearly expressed in a dyad with one disabled individual.

The main criterion for the functional and role consistency of the family is the level of family equilibrium. Couples including one disabled partner are characterized by its lower level (54% in contrast to 90%).

A statistical analysis based on the Mann-Whitney U test indicated a considerable divergence between Unity, Personal Boundaries, Time, Interests and Leisure Activities, Leadership, Control, and Discipline scales in the study groups.

**Table 3.** Statistical analysis of differences in aspects of the dyadic psychological well-being

Scale	Dyads including disabled partners (M)	Dyads of partners with typical development (M)	The value of the criterion of Mann-Whitney (U)	p- Level
<b>cohesion</b>	32,53	36,29	247,5	0,03
<b>border</b>	4,68	6,86	94	0,0000
<b>time</b>	3,68	2,5	157,5	0,000
<b>interests and leisure</b>	5,79	7,86	175,5	0,001
<b>leadership</b>	6,23	4,86	245	0,03
<b>control</b>	5,57	7,64	212,5	0,007
<b>discipline</b>	4,05	5,93	225	0,01

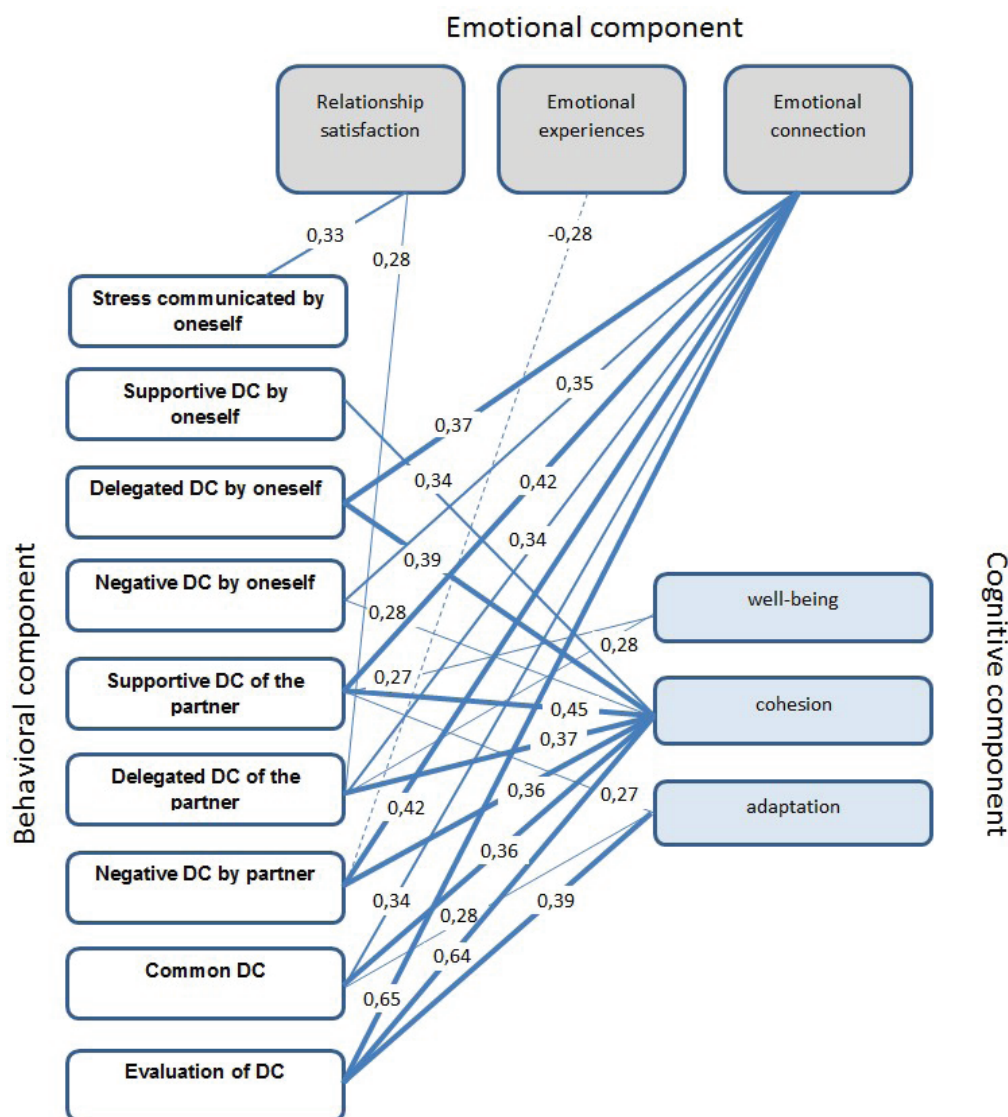
Couples with typical development demonstrate better performance on unity, personal boundaries, interests and leisure activities, control, and discipline parameters. They report common interests of the family, attention to each member's opinion in decision making and rule formulation processes, a switching family leader role and chores. This group is also characterized by rigid boundaries with one's environment while their roles can easily switch to face a particular life situation, all decisions are made collectively. Dyads with a disabled partner show a contrasting picture of functional and role consistency of the family. They are characterized by unstable and permeable boundaries and a greater focus on environmental interaction; a leader can be easily identified in these couples, control is sole, partners' roles are tightly defined. This suggests a low level of both partners' adaptation and the dyad's equilibrium as compared to the typical development group.

An important criterion for well-being in a dyad is the level of partners' life satisfaction and life quality. We used Quality of Life Enjoyment and Satisfaction Questionnaire to analyze the data.

The general tendency we identified is similar parameter values in study groups. However, typical development dyads demonstrate better performance and higher levels of one's well-being than groups with disabled partners. We obtained statistically significant divergence on Well-Being scale when analyzing life quality in dyads with typical development and with a partner with a disability ( $U=195$ ,  $p=0,003$ ). Individuals with typical development have a higher well-being level ( $M=4,36$ ,  $SD=0,63$ ) as compared to those in dyads with one disabled

subject ( $M=3,5$ ,  $SD=0,97$ ). The obtained data are most likely related to and resulted from the partner's disability.

We used the integrated approach strategy mentioned above at the stage of correlation analysis of the study parameters.



**Figure 1.** Correlation of the parameters studied

The diagram demonstrates numerous correlations that bring together cognitive, behavioral, and emotional components in a sample of the dyads with a partner with a disability. No statistically significant correlations between the study parameters are identified in the other group. This suggests there are quality peculiarities of psychological well-being among couples with a disabled partner which is to be further confirmed on a broader sample.

We also attempted to identify psychological well-being predictors in dyads with one disabled partner. The table below shows the obtained data of regression analysis.

**Table 4.** Regression analysis of relationship parameters and dyadic coping strategies

Influencing variable	The variable that is affected	$\beta$	R	R <sup>2</sup>	t	p-level
Evaluation of dyadic coping	cohesion	0,53	0,53	0,28	4,54	0,00
Supportive dyadic coping by oneself	cohesion	0,41	0,35	0,12	2,50	0,02
Delegated dyadic coping by oneself	cohesion	0,33	0,39	0,15	2,06	0,04
Emotional connection	Negative dyadic coping by the partner	0,48	0,48	0,23	3,98	0,00
bounds	Negative dyadic coping by oneself	-0,44	0,52	0,27	-2,51	0,02
friends	Delegated dyadic coping of the partner	-0,48	0,51	0,26	-2,18	0,03
control	Stress communicated by oneself	0,40	0,48	0,23	2,49	0,02
	Negative dyadic coping by the partner	0,41			2,18	0,03
roles	Negative dyadic coping by oneself	0,49	0,47	0,22	2,70	0,01

While measuring the impact, we identified the following predictors in a regression equation: dyadic coping assessment, the subject's supportive dyadic coping, the subject's delegated dyadic coping, family cohesion, boundaries, social contacts, control, and roles.

Family unity parameter is influenced by dyadic coping assessment, the subject's supportive dyadic coping, and the subject's delegated dyadic coping.

The preference for negative dyadic coping is determined by such common family functioning parameters as "family cohesion" and "control" while "boundaries" and "roles" make the individual prone to the subject's negative dyadic coping.

The "boundaries" (rigid family boundaries) and the "social contacts" (open family boundaries) parameters have an undermining effect on negative dyadic and delegated dyadic coping relatively.

Thus, the preference for a particular dyadic coping strategy in couples with a disabled partner is determined by common family functioning parameters. However, it is not a decisive factor as R correlation coefficient that reflects the correlation between dependent and independent variable ranges from 0,47 to 0,52 while R<sup>2</sup> is approximately 0,24 which proves 24% of the variance in the variable to be related to the impact of these predictors.

To sum up, we analyzed some of the identified well-being aspects in "special" dyads. Bringing the obtained data together, we can speak of low psychological well-being in couples with a partner with a disability.

### Discussion

The data we have obtained are correlated with foreign studies in this area. In the studies of Belkin, Albright, & Swigris (2013), data were obtained on the high demand of respondents with disabilities in the emotional support of the partner in a close relationship. The theme of our study is similar to that of Roth, Perkins, & Wadley (2009); Malik et al. (2013). They assessed the psychological well-being of partners with the disease and concluded that problems with impaired health and vital functions cause the partner of a sick person to have restrictions on joint activities and social life, loss of communication, and an increased sense of responsibility.

We can draw a number of conclusions based on the obtained results. The groups of the dyads of partners with typical development and with disabilities show considerable differences in the main parameters:

- the subject's delegated coping strategy is prevalent in dyads of partners with typical development; the subject's and the partner's negative coping is typical to the dyads with a partner with a disability.
- a considerable divergence between Unity, Personal Boundaries, Time, Interests and Leisure Activities, Leadership, Control, and Discipline scales in the study groups is identified.
- individuals with typical development report a higher level of well-being as compared to those in dyads with a disabled partner.

The correlation analysis showed numerous correlations that bring together cognitive, behavioral, and emotional components in a sample of dyads with a disabled partner. However, no statistically significant correlations between the study parameters are identified in the typical development group. We assume this fact suggests quality peculiarities of psychological well-being among couples with a disabled partner.

The regression analysis indicated a direct correlation and mutual influence between the couple's dyadic coping and psychological well-being. We consider successful dyadic coping a key resource for stable relationships within a dyad which contributes to their psychological well-being where dyadic coping is determined by relationship characteristics with the couple's psychological well-being being among the most important ones. This hypothesis is to be confirmed at further research stages.

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Studying the close relations of people with disabilities seems to us an important and socially acute problem with practical significance and meeting the social demand of society. The article is devoted to the study of coping and psychological well-being of the dyad of persons with disabilities. Our research focuses on coping and psychological well-being in dyads. The aim of the research is to do an integrated analysis on a complex of coping efforts and psychological well-being in a dyad of partners with disability in close relationships. The results of test methods are presented: Bodenmann's Dyadic Coping Inventory (DCI, 2008) in Russian adaptation by Kryukova & Ekimchik, 2017; Quality of Life Enjoyment and Satisfaction Questionnaire (Ritsner et al., 2005; Rasskazova, 2012); FACES-3 Scale (Olson, Porner, & Lavee; in adaption by Perrez, 1986 (Eidemiller, Dobryakov, & Nikolskaya, 2003)). There are 45 couples (with disabled partners; with partners with typical development). Correlation analysis revealed a large number of links uniting the cognitive, behavioral and emotional components of the psychological well-being of a dyad in a sample of dyads including a partner with a disability. However, in the group of partners with typical development, no statistically significant relationship was found between the studied parameters. Regression analysis showed that the dyadic coping and psychological well-being of the couple are in close relationship and mutual influence. The groups of the dyads of partners with typical development and with disabilities differ significantly in their main indicators (dyadic coping strategies, aspects of dyadic relations, level of well-being). The groups of the dyads of partners with typical development and with disabilities show considerable differences in the main parameters:

- the subject's delegated coping strategy is prevalent in dyads of partners with typical development; the subject's and the partner's negative coping is typical to the dyads with a partner with a disability.
- a considerable divergence between Unity, Personal Boundaries, Time, Interests and Leisure Activities, Leadership, Control, and Discipline scales in the study groups is identified.
- individuals with typical development report a higher level of well-being as compared to those in dyads with a disabled partner.

The correlation analysis showed numerous correlations that bring together cognitive, behavioral, and emotional components in a sample of dyads with a disabled partner. However, no statistically

significant correlations between the study parameters are identified in the typical development group. We assume this fact suggests quality peculiarities of psychological well-being among couples with a disabled partner.

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