



# Predicting Dyadic Adjustment Using Multimodal Couple Data: Psychological Symptoms, Communication Quality, Sexual Intimacy, and Perceived Support

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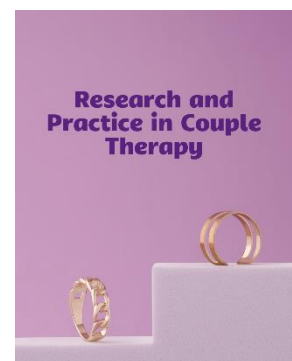
## ABSTRACT

The present study aimed to predict dyadic adjustment among couples using a multimodal framework incorporating psychological symptoms, communication quality, sexual intimacy, and perceived support. This cross-sectional predictive study was conducted among 624 individuals representing 312 couples residing in Mexico. Participants were recruited through community organizations, healthcare settings, counseling centers, and online platforms. Data were collected using the Dyadic Adjustment Scale (DAS), Brief Symptom Inventory-18 (BSI-18), Communication Patterns Questionnaire–Short Form (CPQ-SF), Personal Assessment of Intimacy in Relationships Scale (PAIR), and the Multidimensional Scale of Perceived Social Support (MSPSS). Descriptive statistics, Pearson correlation analyses, hierarchical multiple regression, and structural equation modeling (SEM) were performed using SPSS 29 and AMOS 29. Model fit was evaluated using  $\chi^2/df$ , CFI, TLI, GFI, SRMR, and RMSEA indices. Correlation analyses indicated that dyadic adjustment was negatively associated with psychological symptoms ( $r = -.58, p < .001$ ) and positively associated with communication quality ( $r = .74, p < .001$ ), sexual intimacy ( $r = .68, p < .001$ ), and perceived support ( $r = .61, p < .001$ ). Hierarchical multiple regression analysis revealed that psychological symptoms ( $\beta = -.24, p < .001$ ), communication quality ( $\beta = .43, p < .001$ ), sexual intimacy ( $\beta = .29, p < .001$ ), and perceived support ( $\beta = .18, p < .001$ ) significantly predicted dyadic adjustment, collectively explaining 70.9% of the variance ( $R^2 = .709, p < .001$ ). Structural equation modeling demonstrated excellent model fit ( $\chi^2/df = 2.20, CFI = .967, TLI = .961, GFI = .948, SRMR = .039, RMSEA = .044$ ). Standardized path coefficients confirmed significant direct effects of psychological symptoms ( $\beta = -.27, p < .001$ ), communication quality ( $\beta = .46, p < .001$ ), sexual intimacy ( $\beta = .31, p < .001$ ), and perceived support ( $\beta = .20, p < .001$ ) on dyadic adjustment. The final model explained 73.4% of the variance in dyadic adjustment. The findings demonstrate that dyadic adjustment is a multidimensional relational outcome shaped by psychological, communicative, sexual, and social factors. Communication quality emerged as the strongest predictor of relationship functioning, followed by sexual intimacy, psychological symptoms, and perceived support. These results support systemic and dyadic perspectives of relationship functioning and suggest that interventions targeting communication skills, emotional well-being, intimacy enhancement, and support mobilization may substantially improve couple adjustment and relational resilience.

**Keywords:** Dyadic Adjustment; Psychological Symptoms; Communication Quality; Sexual Intimacy; Perceived Support; Couples; Structural Equation Modeling; Relationship Satisfaction; Multimodal Prediction; Couple Psychology.

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## Introduction

Dyadic adjustment represents one of the most important indicators of relational health and couple functioning, reflecting the degree to which partners successfully adapt to shared challenges, maintain emotional closeness, resolve conflicts, and achieve satisfaction within their relationship. Healthy dyadic adjustment has consistently been associated with psychological well-being, physical health, relationship stability, and overall life satisfaction, whereas poor dyadic adjustment has been linked to emotional distress, reduced intimacy, interpersonal conflict, and increased risk of relationship dissolution. Contemporary relationship science increasingly recognizes that dyadic adjustment is not determined by a single relational factor but emerges from a complex interplay of psychological, interpersonal, sexual, and social processes operating within the couple system. This systemic perspective emphasizes that partners influence each other's emotions, behaviors, and coping capacities, creating patterns of interaction that either strengthen or weaken relational functioning over time. Recent evidence suggests that psychosocial adjustment, family functioning, and sexual well-being are deeply intertwined aspects of relational adaptation across diverse populations and life circumstances (Navaneetham & Kanth, 2022; Stańska et al., 2026). Consequently, identifying the most influential predictors of dyadic adjustment remains a significant objective for relationship researchers and clinicians seeking to improve couple well-being.

Among the factors associated with couple functioning, psychological symptoms have received substantial attention. Depression, anxiety, stress-related difficulties, and other forms of psychological distress may impair emotional regulation, reduce empathy, increase interpersonal sensitivity, and undermine constructive communication. These difficulties can create cycles of misunderstanding and conflict that negatively affect relationship quality. Research involving couples facing chronic illness, reproductive challenges, and major life transitions demonstrates that psychological distress experienced by one partner frequently affects both members of the couple, highlighting the inherently dyadic nature of emotional functioning (Jain & Khan, 2025; Pereira et al., 2021). Studies examining romantic relationships during periods of uncertainty, including public health crises and significant health-related challenges, have similarly shown that psychological burden can weaken relational satisfaction and adjustment (Estlein et al., 2022; Tavares et al., 2021). Furthermore, investigations involving patients with multiple sclerosis, endometriosis, and other chronic conditions indicate that poorer mental health is associated with lower marital satisfaction and reduced relational functioning (Özen et al., 2021; Pereira et al., 2021). Couple-oriented mental health interventions have consequently emerged as promising approaches for simultaneously improving psychological well-being and relationship quality (Gil et al., 2023). These findings suggest that psychological symptoms represent a critical dimension in understanding dyadic adjustment.

Communication quality constitutes another fundamental determinant of successful relationships. Effective communication facilitates emotional disclosure, conflict resolution, collaborative problem-solving, and mutual understanding. Conversely, ineffective communication patterns often contribute to relational dissatisfaction, emotional distance, and chronic conflict. Systematic reviews focusing on couples confronting cancer and other significant health challenges have emphasized that open, supportive, and constructive communication is essential for maintaining relationship resilience and psychosocial adaptation (Arends et al., 2024; Hasson-Ohayon et al., 2022). Communication enables partners to negotiate uncertainty, express needs, and coordinate coping responses during stressful circumstances. Research involving women treated for cervical cancer further demonstrates that communication difficulties may adversely affect psychosexual functioning and relationship quality (Liberacka-Dwojak et al., 2023). Additionally, communication skills appear to be shaped by broader psychosocial and socio-sexual factors, with notable gender differences observed across couples experiencing major life transitions such as retirement (Azimi et al., 2025). The growing emphasis on communication-focused interventions reflects the recognition that

communication quality serves as both a protective factor and a mechanism through which couples maintain adjustment under challenging circumstances (Arends et al., 2024; Hasson-Ohayon et al., 2022).

Sexual intimacy is another central component of relational functioning and represents a multidimensional construct encompassing emotional closeness, physical affection, sexual satisfaction, vulnerability, and mutual responsiveness. Contemporary theoretical models increasingly conceptualize sexual intimacy not as a separate domain from relationship functioning but as an integral component of overall dyadic adjustment. Numerous studies have demonstrated that sexual satisfaction and intimacy are strongly associated with relationship satisfaction, emotional well-being, and relational stability. Research involving pregnant couples has shown that intimacy and partner support mediate associations between attachment processes and sexual satisfaction (Gagné et al., 2021). Similarly, investigations among women experiencing chronic pain conditions, reproductive challenges, and cancer-related health concerns indicate that sexual well-being is closely connected to relationship quality and psychosocial adjustment (Arthur et al., 2022; Bennett-Brown et al., 2022; Ni Putu Wulan Purnama & Manungkalit, 2023). Sexual intimacy has also been identified as an important contributor to adaptation among couples navigating infertility treatments, with dyadic coping processes influencing both sexual and relational outcomes (Amiri et al., 2023; Santamaría-Gutierrez et al., 2025). Reviews examining sexuality across adulthood and aging further suggest that intimacy remains a fundamental contributor to psychological and relational well-being throughout the lifespan (Sharma & Sharma, 2025). Moreover, psychosocial resilience during periods of uncertainty appears to be partially maintained through healthy expressions of intimacy and sexuality within committed relationships (Banerjee et al., 2021). Together, these findings underscore the importance of considering sexual intimacy when investigating predictors of dyadic adjustment.

Perceived support represents another essential component of healthy couple functioning. Supportive relationships provide emotional reassurance, practical assistance, validation, and opportunities for collaborative coping. The perception that support is available from partners, family members, and broader social networks contributes significantly to resilience during stressful life events. Research involving transgender individuals has demonstrated that both family support and dyadic adjustment contribute substantially to psychological well-being (Lampis et al., 2023). Similarly, studies involving patients with chronic illness indicate that perceived social support is positively associated with mental health and marital satisfaction (Özen et al., 2021). Investigations among women experiencing vulvodynia and chronic sexual pain have highlighted the importance of emotional support resources in promoting adaptation and reducing distress (Bennett-Brown et al., 2022; Rosa & Commodari, 2025). Supportive interactions have also been identified as protective factors among couples confronting cancer, infertility, disability, and other significant challenges (Bertschi et al., 2021; Castro et al., 2024; Coyne et al., 2024). Positive support exchanges may strengthen intimacy, facilitate communication, and buffer the adverse effects of psychological symptoms on relationship functioning. Accordingly, perceived support is increasingly recognized as a central determinant of relational adaptation and well-being.

Recent developments in relationship research emphasize the value of dyadic and systemic approaches when examining couple functioning. Rather than focusing exclusively on individual characteristics, contemporary frameworks conceptualize couples as interconnected systems in which partners mutually influence one another's experiences, behaviors, and adjustment processes. Studies involving cancer survivors, infertility patients, individuals with chronic illnesses, and other populations demonstrate that relational outcomes are often better understood through dyadic perspectives than through individual-level analyses alone (Acquati et al., 2023; Castro et al., 2024; Otto et al., 2022). Positive dyadic coping, collaborative adaptation, and shared meaning-making have been identified as important mechanisms promoting resilience and relationship quality (Otto et al., 2022; Santamaría-Gutierrez et al., 2025). Furthermore, research focusing on partners of individuals with post-traumatic stress disorder illustrates how one partner's psychological challenges can significantly influence the well-being and relational

experiences of the other partner (Cannon & Gray, 2024). Similar findings have emerged among couples coping with disability, chronic illness, and reproductive challenges, highlighting the need to consider relational functioning as a shared phenomenon (Amiri et al., 2023; Bertschi et al., 2021). These observations support the adoption of multimodal approaches capable of capturing multiple dimensions of couple functioning simultaneously.

An additional body of literature has highlighted the importance of psychosocial adaptation across various medical, developmental, and relational contexts. Couples facing cancer treatment frequently report challenges related to intimacy, communication, sexuality, and emotional functioning, all of which influence relationship quality (Castro et al., 2024; Valente et al., 2022). Similar patterns have been documented among lung transplant recipients, individuals with spinal cord injuries, women experiencing reproductive difficulties, and persons managing chronic health conditions (Budd et al., 2022; Malina & Suwalska-Barancewicz, 2021; Stańska et al., 2026). Systematic reviews indicate that psychosocial interventions targeting both partners often produce more substantial improvements in adjustment than interventions focused solely on individual patients (Coyne et al., 2024; Gil et al., 2023). Research on relational impacts of medical and sexual health challenges further demonstrates that relationship quality, sexual functioning, communication, and support are closely interconnected domains that collectively shape psychosocial outcomes (Arthur et al., 2022; Beer, 2026). These findings reinforce the need for integrative models capable of examining multiple relational determinants simultaneously.

Despite growing recognition of the multifaceted nature of couple functioning, several limitations remain within the existing literature. Many studies focus on specific clinical populations, such as cancer survivors, infertility patients, or individuals with chronic illness, potentially limiting generalizability to broader community samples (Acquati et al., 2023; Castro et al., 2024; Jain & Khan, 2025). Additionally, numerous investigations examine isolated predictors of relationship quality rather than evaluating multiple psychological, interpersonal, and social factors within a unified predictive framework. Existing research often emphasizes either psychological symptoms, communication processes, sexual functioning, or social support independently, making it difficult to determine their relative contributions to dyadic adjustment. Furthermore, the increasing availability of multimodal assessment approaches creates opportunities to develop more comprehensive models of relationship functioning that capture the complex interactions among these domains (Engström et al., 2025). Such models may provide more accurate predictions of relationship outcomes and offer valuable guidance for prevention and intervention efforts.

Given these considerations, a comprehensive examination of dyadic adjustment requires the simultaneous investigation of psychological symptoms, communication quality, sexual intimacy, and perceived support within a unified analytical framework. Understanding the relative and combined contributions of these variables may provide important insights into the mechanisms underlying healthy couple functioning and inform the development of targeted interventions designed to enhance relationship quality and resilience. Therefore, the aim of the present study was to predict dyadic adjustment using multimodal couple data, including psychological symptoms, communication quality, sexual intimacy, and perceived support.

## Methods and Materials

### Study Design and Participants

This study employed a cross-sectional predictive research design to examine the extent to which psychological symptoms, communication quality, sexual intimacy, and perceived support predict dyadic adjustment among married and cohabiting couples. The study was conducted in Mexico and utilized a multimodal assessment framework integrating psychological, relational, and interpersonal variables. The target population consisted of adult couples residing in major urban regions

including Mexico City, Guadalajara, Monterrey, Puebla, and Querétaro. Participants were recruited through community centers, healthcare facilities, social media advertisements, family counseling clinics, and university outreach programs.

A total of 624 individuals representing 312 heterosexual and same-sex couples participated in the study. Eligibility criteria included being at least 18 years of age, currently involved in a committed romantic relationship for a minimum of one year, residing together or maintaining a stable long-term partnership, and possessing sufficient literacy to complete the study questionnaires. Individuals diagnosed with severe psychiatric disorders involving active psychosis or cognitive impairment that could compromise informed participation were excluded from the study. Prior to data collection, participants received detailed information regarding the purpose of the research, confidentiality procedures, voluntary participation, and their right to withdraw at any stage without penalty.

### Measures

Dyadic adjustment was assessed using the Dyadic Adjustment Scale (DAS) developed by Spanier (1976). The DAS is one of the most widely used measures of relationship quality and adjustment and consists of 32 items evaluating consensus, satisfaction, cohesion, and affectional expression within intimate relationships. Responses are provided using varying Likert-type scales depending on the item format. Total scores indicate the overall level of relationship adjustment, with higher scores reflecting greater relational functioning and satisfaction. Previous research has consistently demonstrated strong psychometric properties, including high internal consistency, test–retest reliability, and construct validity across diverse cultural populations. The instrument has been extensively utilized in marital and couple research and has demonstrated excellent reliability in international studies.

Psychological symptoms were measured using the Brief Symptom Inventory-18 (BSI-18) developed by Derogatis (2001). This self-report instrument contains 18 items designed to assess psychological distress across three dimensions: depression, anxiety, and somatization. Participants rated the extent to which they experienced each symptom during the preceding week using a five-point Likert scale ranging from not at all to extremely. Higher scores indicate greater psychological distress. Numerous studies have reported satisfactory reliability coefficients and strong evidence of convergent and discriminant validity. The BSI-18 has been widely used in both clinical and community populations and is recognized as a reliable screening measure of psychological symptoms.

Communication quality was evaluated using the Communication Patterns Questionnaire–Short Form (CPQ-SF) developed by Christensen and Sullaway (1984). The instrument assesses constructive communication, mutual discussion, demand-withdraw patterns, and conflict management strategies among couples. Participants responded to items using Likert-type scales reflecting the frequency with which specific communication behaviors occurred within their relationship. Higher scores on constructive communication dimensions indicate healthier interaction patterns, whereas elevated demand-withdraw scores reflect maladaptive communication tendencies. Previous research has confirmed the questionnaire’s reliability and validity across different cultural contexts and relationship types, making it an appropriate measure for examining communication dynamics within intimate partnerships.

Sexual intimacy was assessed using the Personal Assessment of Intimacy in Relationships Scale (PAIR) developed by Schaefer and Olson (1981), specifically utilizing the sexual intimacy subscale. This measure evaluates the degree of emotional closeness, openness, comfort, and satisfaction associated with sexual aspects of the relationship. Participants rated each item on a five-point Likert scale ranging from strongly disagree to strongly agree. Higher scores indicate greater perceived sexual intimacy and connectedness between partners. The PAIR has demonstrated strong internal consistency and construct validity in numerous studies examining intimate relationships, marital satisfaction, and sexual functioning.

Perceived support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet, Dahlem, Zimet, and Farley (1988). The scale consists of 12 items assessing support received from significant others, family members, and friends. Participants responded using a seven-point Likert scale ranging from very strongly disagree to very strongly agree. Higher scores reflect greater perceived social and relational support. The MSPSS has demonstrated excellent reliability, factorial validity, and cross-cultural applicability and has been extensively employed in studies investigating interpersonal relationships, psychological well-being, and social functioning.

### Data Analysis

Data were analyzed using IBM SPSS Statistics version 29 and AMOS version 29. Prior to hypothesis testing, data screening procedures were conducted to evaluate missing values, outliers, normality, multicollinearity, and homoscedasticity assumptions. Descriptive statistics including means, standard deviations, skewness, kurtosis coefficients, frequencies, and percentages were calculated to characterize the sample and study variables. Internal consistency reliability for all scales and subscales was assessed using Cronbach's alpha coefficients and composite reliability estimates.

Pearson correlation analyses were performed to examine bivariate relationships among psychological symptoms, communication quality, sexual intimacy, perceived support, and dyadic adjustment. Subsequently, hierarchical multiple regression analyses were conducted to determine the predictive contribution of each independent variable to dyadic adjustment while controlling for relevant demographic characteristics. Standardized beta coefficients, confidence intervals, effect sizes, and explained variance statistics were examined to evaluate the relative importance of each predictor.

To further investigate the complex interrelationships among study variables, structural equation modeling (SEM) was employed. Latent constructs representing psychological symptoms, communication quality, sexual intimacy, perceived support, and dyadic adjustment were specified and tested using maximum likelihood estimation. Model fit was evaluated using multiple goodness-of-fit indices, including the chi-square to degrees-of-freedom ratio ( $\chi^2/df$ ), Comparative Fit Index (CFI), Tucker–Lewis Index (TLI), Goodness-of-Fit Index (GFI), Standardized Root Mean Square Residual (SRMR), and Root Mean Square Error of Approximation (RMSEA). Statistical significance was determined using a two-tailed alpha level of .05. The combined use of correlational, regression, and structural equation modeling techniques provided a comprehensive examination of the predictive relationships among multimodal couple variables and dyadic adjustment in the Mexican sample.

### **Findings and Results**

A total of 624 participants (312 couples) were included in the final analysis. Participants ranged in age from 21 to 62 years, with a mean age of 38.47 years ( $SD = 8.91$ ). The average relationship duration was 11.26 years ( $SD = 6.74$ ), ranging from 1 to 35 years. Of the participants, 78.2% were legally married and 21.8% were in long-term cohabiting relationships. Approximately 52.6% of participants were female and 47.4% were male. Regarding educational attainment, 18.4% had completed secondary education, 46.8% held a bachelor's degree, 24.5% possessed a master's degree, and 10.3% had doctoral-level education. Most participants (72.9%) reported full-time employment, while 14.6% were self-employed and 12.5% were unemployed or retired. The majority of couples (64.4%) had at least one child. Preliminary analyses revealed no substantial violations of statistical assumptions. Missing data represented less than 2% of all responses and were handled using expectation-maximization procedures. Examination of skewness and kurtosis values indicated acceptable normality for all study variables.

**Table 1. Descriptive Statistics and Reliability Indices of Study Variables**

Variable	Mean	SD	Skewness	Kurtosis	Cronbach's $\alpha$
Dyadic Adjustment	109.84	18.76	-0.41	-0.36	.94

Psychological Symptoms	20.61	10.35	0.58	-0.21	.91
Communication Quality	53.28	9.42	-0.33	-0.47	.89
Sexual Intimacy	34.71	6.81	-0.26	-0.39	.92
Perceived Support	65.17	10.07	-0.51	-0.28	.90

Table 1 presents the descriptive statistics and reliability coefficients for the principal study variables. Participants reported moderately high levels of dyadic adjustment, communication quality, sexual intimacy, and perceived support, while the average level of psychological symptoms remained within the non-clinical range. All skewness and kurtosis values fell within the acceptable range of  $\pm 1$ , supporting the assumption of univariate normality and indicating suitability for parametric analyses. Internal consistency coefficients were excellent across all instruments, ranging from .89 to .94, demonstrating strong reliability of the measures within the present sample. Dyadic adjustment exhibited the highest reliability coefficient ( $\alpha = .94$ ), suggesting substantial consistency among items measuring relationship functioning. Collectively, these findings support the psychometric adequacy of the study instruments and provide an initial indication that participants generally reported positive relational functioning accompanied by relatively low psychological distress.

**Table 2. Pearson Correlations among Study Variables**

Variable	1	2	3	4	5
1. Dyadic Adjustment	—				
2. Psychological Symptoms	-.58**	—			
3. Communication Quality	.74**	-.51**	—		
4. Sexual Intimacy	.68**	-.39**	.62**	—	
5. Perceived Support	.61**	-.46**	.58**	.54**	—

\*\*p < .001.

The correlation matrix revealed significant relationships among all study variables. Dyadic adjustment demonstrated a strong negative correlation with psychological symptoms ( $r = -.58, p < .001$ ), indicating that individuals experiencing higher levels of depression, anxiety, and somatic distress tended to report poorer relationship adjustment. Conversely, communication quality showed the strongest positive association with dyadic adjustment ( $r = .74, p < .001$ ), suggesting that constructive communication and effective conflict management represent central components of healthy relational functioning. Sexual intimacy was also strongly related to dyadic adjustment ( $r = .68, p < .001$ ), highlighting the importance of emotional and physical closeness within intimate partnerships. Perceived support demonstrated a substantial positive correlation with dyadic adjustment ( $r = .61, p < .001$ ), indicating that individuals who felt supported by their partners, families, and social networks experienced more adaptive relationship functioning. Additionally, the predictor variables were moderately intercorrelated, suggesting conceptual relatedness while remaining sufficiently distinct to warrant inclusion in multivariate predictive analyses.

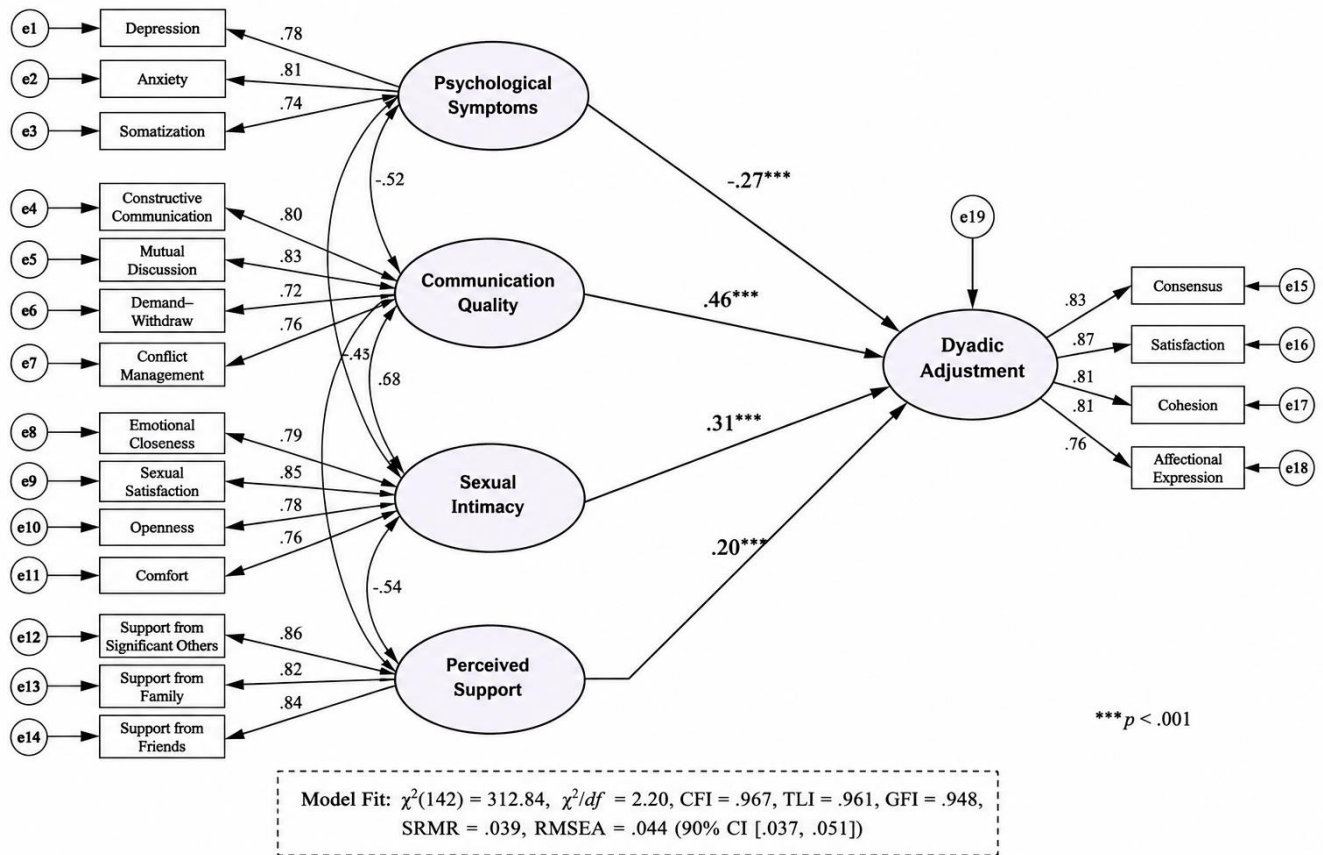
**Table 3. Hierarchical Multiple Regression Predicting Dyadic Adjustment**

Predictor	B	SE B	$\beta$	t	p
Psychological Symptoms	-0.57	0.08	-.24	-7.13	< .001
Communication Quality	0.91	0.07	.43	13.21	< .001
Sexual Intimacy	1.02	0.11	.29	9.27	< .001
Perceived Support	0.48	0.09	.18	5.34	< .001

Model Statistics:  $R = .842, R^2 = .709, \text{Adjusted } R^2 = .707, F(4, 619) = 377.69, p < .001$ .

The multiple regression analysis demonstrated that the four predictor variables jointly explained 70.9% of the variance in dyadic adjustment, indicating substantial predictive power. The overall model was statistically significant,  $F(4, 619) = 377.69, p < .001$ . Communication quality emerged as the strongest predictor ( $\beta = .43, p < .001$ ), suggesting that constructive communication processes contribute most strongly to relationship adjustment. Sexual intimacy represented the second strongest

predictor ( $\beta = .29, p < .001$ ), emphasizing the importance of emotional and sexual closeness in maintaining healthy partnerships. Psychological symptoms exhibited a significant negative effect ( $\beta = -.24, p < .001$ ), indicating that increased psychological distress adversely affects relationship functioning. Perceived support also significantly predicted dyadic adjustment ( $\beta = .18, p < .001$ ), although its contribution was somewhat smaller than those of communication quality and sexual intimacy. These findings collectively suggest that both intrapersonal and interpersonal factors contribute meaningfully to couple adjustment, with relational processes demonstrating the greatest influence.



**Figure 1. Structural Equation Model Predicting Dyadic Adjustment from Psychological Symptoms, Communication Quality, Sexual Intimacy, and Perceived Support**

The structural equation model was estimated to examine the simultaneous relationships among the latent variables and to evaluate the overall adequacy of the proposed predictive framework. The final model demonstrated excellent fit to the data,  $\chi^2(142) = 312.84, \chi^2/df = 2.20, CFI = .967, TLI = .961, GFI = .948, SRMR = .039,$  and  $RMSEA = .044$  (90% CI [.037, .051]). All fit indices exceeded recommended thresholds, indicating that the proposed model adequately represented the observed relationships among study variables. Standardized path coefficients revealed significant negative effects of psychological symptoms on dyadic adjustment and significant positive effects of communication quality, sexual intimacy, and perceived support. Communication quality exhibited the largest direct effect, further supporting the regression findings and highlighting its central role within the relational system.

**Table 4. Structural Equation Model Standardized Path Coefficients**

Path	$\beta$	SE	CR	p
Psychological Symptoms → Dyadic Adjustment	-.27	.04	-6.84	< .001
Communication Quality → Dyadic Adjustment	.46	.05	9.72	< .001
Sexual Intimacy → Dyadic Adjustment	.31	.04	7.88	< .001

Perceived Support → Dyadic Adjustment	.20	.05	4.92	< .001
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The structural equation modeling results confirmed the hypothesized relationships among the study variables. Communication quality exerted the strongest direct influence on dyadic adjustment ( $\beta = .46, p < .001$ ), indicating that effective communication serves as the primary mechanism through which couples maintain relationship satisfaction and stability. Sexual intimacy demonstrated the second largest effect ( $\beta = .31, p < .001$ ), reinforcing theoretical perspectives that emphasize emotional and physical closeness as essential elements of relationship quality. Psychological symptoms negatively predicted dyadic adjustment ( $\beta = -.27, p < .001$ ), suggesting that emotional distress compromises relationship functioning by reducing emotional availability, increasing conflict, and impairing interpersonal responsiveness. Perceived support maintained a significant positive effect ( $\beta = .20, p < .001$ ), indicating that supportive relational and social environments contribute to stronger couple adjustment. Overall, the structural model accounted for 73.4% of the variance in dyadic adjustment, demonstrating substantial explanatory power and providing strong empirical support for the multimodal predictive framework proposed in the present study. The findings suggest that dyadic adjustment is best understood as a multidimensional phenomenon influenced simultaneously by psychological well-being, interpersonal communication processes, sexual intimacy, and perceptions of support, with communication quality emerging as the most influential determinant of relationship functioning among Mexican couples.

## Discussion and Conclusion

The present study sought to predict dyadic adjustment using a multimodal framework incorporating psychological symptoms, communication quality, sexual intimacy, and perceived support among couples in Mexico. The findings demonstrated that the proposed model explained a substantial proportion of the variance in dyadic adjustment, indicating that relationship functioning is influenced by a combination of individual psychological factors and interpersonal relational processes. Correlational analyses revealed that dyadic adjustment was negatively associated with psychological symptoms and positively associated with communication quality, sexual intimacy, and perceived support. Furthermore, multiple regression and structural equation modeling analyses indicated that communication quality emerged as the strongest predictor of dyadic adjustment, followed by sexual intimacy, psychological symptoms, and perceived support. The structural model exhibited excellent fit indices, supporting the theoretical assumption that dyadic adjustment is best understood as a multidimensional construct shaped by interacting psychological, sexual, communicative, and social processes.

One of the most important findings of the study was the strong negative association between psychological symptoms and dyadic adjustment. Participants who reported higher levels of anxiety, depression, and somatic complaints tended to experience poorer relationship functioning. This finding is consistent with systemic and interpersonal theories suggesting that emotional distress impairs emotional regulation, decreases responsiveness to partner needs, and increases vulnerability to conflict. Psychological symptoms may reduce individuals' capacity to engage in constructive communication, provide emotional support, and maintain intimacy, thereby weakening relationship quality. These results align with studies demonstrating that psychological morbidity adversely affects couple functioning across various contexts. For example, couples coping with endometriosis exhibited significant associations between psychological distress and relational difficulties (Pereira et al., 2021). Similar findings have been reported among individuals with multiple sclerosis, where poorer mental health was associated with lower marital satisfaction and reduced relationship quality (Özen et al., 2021). Research examining the psychosocial consequences of chronic health conditions similarly indicates that emotional distress contributes to relational strain and impaired adjustment (Budd et al., 2022). Furthermore, studies conducted during the COVID-19 pandemic documented how

heightened uncertainty and psychological burden negatively influenced romantic relationships and interpersonal functioning (Estlein et al., 2022; Tavares et al., 2021). The present findings therefore reinforce the notion that psychological well-being represents a foundational component of healthy couple functioning and should be considered a critical target for interventions designed to improve relationship outcomes.

The results also revealed that communication quality was the strongest predictor of dyadic adjustment in both regression and structural equation analyses. This finding highlights the central role of communication in shaping relationship satisfaction, cohesion, and long-term adaptation. Effective communication facilitates emotional disclosure, collaborative problem-solving, conflict resolution, and mutual understanding, all of which contribute to relational stability. Couples who communicate openly and constructively are better equipped to navigate stressors, negotiate differences, and maintain emotional closeness. The present findings are highly consistent with previous literature emphasizing communication as a cornerstone of healthy relationships. A systematic review of cancer-related communication within couples concluded that open and supportive communication is essential for psychosocial adaptation and relationship resilience (Hasson-Ohayon et al., 2022). Likewise, research examining communication tools for patients facing cancer-related challenges demonstrated that communication-focused interventions improve intimacy and relationship functioning (Arends et al., 2024). Studies involving women treated for cervical cancer similarly identified communication as a key determinant of psychosexual functioning and relational adjustment (Liberacka-Dwojak et al., 2023). Moreover, communication skills have been shown to influence socio-sexual outcomes among retired couples, further highlighting their importance across different developmental stages and life transitions (Azimi et al., 2025). Collectively, these findings suggest that communication serves as a primary mechanism through which couples maintain healthy relationships and adapt to challenges.

Another notable finding was the significant positive contribution of sexual intimacy to dyadic adjustment. Sexual intimacy emerged as the second strongest predictor in the model, indicating that emotional and physical closeness plays a crucial role in relationship functioning. Sexual intimacy extends beyond sexual activity and encompasses trust, vulnerability, emotional disclosure, affection, and mutual responsiveness. Couples who experience greater intimacy may develop stronger emotional bonds, increased relationship satisfaction, and enhanced resilience during periods of stress. The findings support a growing body of literature emphasizing the interconnectedness of sexual well-being and relational adjustment. Research among pregnant couples found that intimacy and partner support significantly mediated the relationship between attachment and sexual satisfaction (Gagné et al., 2021). Similarly, studies involving women affected by cancer and chronic sexual pain conditions demonstrated that sexual satisfaction and intimacy contribute substantially to psychosocial adjustment and relationship quality (Arthur et al., 2022; Bennett-Brown et al., 2022). Investigations among women recovering from cancer identified sexual satisfaction as a major predictor of adaptation and quality of life (Ni Putu Wulan Purnama & Manungkalit, 2023). Furthermore, research involving couples undergoing assisted reproductive treatment highlighted the importance of sexual well-being and dyadic coping for maintaining relationship satisfaction during stressful reproductive experiences (Amiri et al., 2023; Santamaría-Gutierrez et al., 2025). Broader perspectives on sexuality across adulthood likewise emphasize the enduring importance of intimacy for psychological and relational health (Sharma & Sharma, 2025). The present findings therefore provide additional evidence that sexual intimacy is a central component of dyadic adjustment and should not be viewed as separate from broader relationship functioning.

Perceived support also emerged as a significant predictor of dyadic adjustment. Although its predictive effect was smaller than those of communication quality and sexual intimacy, perceived support remained an important contributor to relationship functioning. Supportive relationships provide emotional validation, practical assistance, reassurance, and opportunities for collaborative coping. Individuals who perceive greater support from their partners, families, and social networks may

experience increased security and resilience, enabling them to navigate relationship challenges more effectively. These findings are consistent with previous research demonstrating positive associations between support and relational well-being. Studies involving transgender individuals found that family support and dyadic adjustment jointly contributed to psychological well-being (Lampis et al., 2023). Similarly, perceived social support has been linked to better mental health and greater marital satisfaction among individuals with chronic illness (Özen et al., 2021). Research focusing on women experiencing vulvodynia emphasized the importance of emotional support resources for psychological adaptation and relational functioning (Rosa & Commodari, 2025). Partner supportiveness has also been shown to reduce sexual distress and dissatisfaction among individuals coping with chronic pain conditions (Bennett-Brown et al., 2022). These findings suggest that supportive interpersonal environments enhance relationship functioning both directly and indirectly by facilitating coping and emotional regulation.

The substantial amount of variance explained by the model underscores the value of adopting multimodal approaches to understanding dyadic adjustment. Rather than focusing on isolated predictors, the present study examined psychological symptoms, communication quality, sexual intimacy, and perceived support simultaneously. The findings support contemporary systemic and dyadic frameworks proposing that relationship functioning emerges through interactions among multiple domains of experience. Similar conclusions have been reached in studies examining couples facing cancer, infertility, chronic illness, disability, and other life challenges. Dyadic approaches have repeatedly demonstrated superior explanatory value because they recognize that partners mutually influence one another's experiences and adjustment processes (Castro et al., 2024; Otto et al., 2022). Positive dyadic coping, collaborative adaptation, and shared resilience have consistently been associated with better relational outcomes across diverse populations (Otto et al., 2022; Santamaría-Gutierrez et al., 2025). Research involving partners of individuals with post-traumatic stress disorder further illustrates how one partner's emotional functioning influences the experiences and well-being of the other partner (Cannon & Gray, 2024). Likewise, systematic reviews examining disability and chronic illness emphasize the interpersonal nature of adaptation and coping within intimate relationships (Bertschi et al., 2021). The present findings extend this literature by demonstrating that a multimodal predictive framework can effectively account for substantial variability in dyadic adjustment within a community sample.

The results may also be interpreted through the lens of psychosocial adaptation theory. According to this perspective, successful adaptation depends on individuals' ability to manage emotional challenges while maintaining supportive interpersonal relationships. Communication quality, intimacy, and support function as relational resources that facilitate adaptation, whereas psychological symptoms may act as barriers to effective adjustment. Evidence from cancer survivorship research demonstrates that relationship quality serves as an important protective factor during periods of medical and psychosocial adversity (Coyne et al., 2024; Valente et al., 2022). Similar observations have been reported among lung transplant recipients, individuals coping with infertility, and couples confronting major life transitions (Jain & Khan, 2025; Malina & Suwalska-Barancewicz, 2021; Stańska et al., 2026). Positive psychosocial resources appear to enhance resilience by strengthening emotional bonds and fostering collaborative coping. Consequently, interventions that simultaneously target psychological well-being, communication processes, intimacy enhancement, and support mobilization may yield the greatest improvements in dyadic adjustment.

The findings additionally support recommendations emerging from recent reviews of couple-oriented interventions. Couple-based interventions have been shown to improve psychological outcomes, communication quality, relationship satisfaction, and coping effectiveness across a variety of populations (Gil et al., 2023). Positive psychology approaches focusing on strengths, gratitude, optimism, and mutual support have also demonstrated benefits for couples managing health-related challenges (Otto et al., 2022). Communication-focused interventions, sexual health programs, and support-enhancing strategies have each been associated with improvements in relational functioning (Arends et al., 2024; Arthur et al., 2022). The current

results suggest that integrating these approaches into comprehensive interventions may be particularly effective because they address multiple determinants of dyadic adjustment simultaneously.

Overall, the present study contributes to the growing literature emphasizing the interconnected nature of psychological, interpersonal, sexual, and social dimensions of relationship functioning. The findings indicate that communication quality constitutes the most influential predictor of dyadic adjustment, while sexual intimacy, psychological symptoms, and perceived support also play significant roles. These results reinforce contemporary perspectives that conceptualize relationships as dynamic systems in which emotional well-being, communication patterns, intimacy experiences, and support processes interact continuously to shape adjustment and satisfaction. By demonstrating the explanatory power of a multimodal predictive framework, the study provides a more comprehensive understanding of the factors that contribute to healthy couple functioning and relational resilience.

Several limitations should be acknowledged when interpreting the findings of the present study. First, the cross-sectional design prevents conclusions regarding causality among the variables. Although significant predictive relationships were identified, it is not possible to determine the temporal direction of these associations. Second, all variables were assessed using self-report measures, creating the possibility of response biases such as social desirability and common method variance. Third, the sample was drawn from urban regions of Mexico, which may limit the generalizability of findings to rural populations or individuals from different cultural backgrounds. Fourth, the study focused on broad indicators of psychological symptoms, communication quality, sexual intimacy, and perceived support without examining additional factors such as personality traits, attachment styles, conflict resolution strategies, or socioeconomic stressors. Finally, relationship functioning is inherently dynamic and may fluctuate across time, whereas the current study captured only a single assessment point.

Future studies should employ longitudinal and prospective designs to examine how changes in psychological symptoms, communication patterns, intimacy experiences, and support processes influence dyadic adjustment over time. Researchers may also investigate potential mediating and moderating mechanisms, including attachment security, emotion regulation, resilience, forgiveness, and relationship commitment. Cross-cultural studies would be valuable for determining whether the predictive model identified in the present investigation remains stable across different societies and relationship contexts. Future research may additionally benefit from incorporating observational assessments, partner reports, and ecological momentary assessment methods to reduce reliance on self-report data. Finally, machine learning approaches and dyadic longitudinal modeling techniques could provide more sophisticated insights into the complex interactions among psychological, relational, and social variables that contribute to couple adjustment.

The findings suggest that clinicians working with couples should adopt comprehensive assessment procedures that evaluate emotional distress, communication patterns, sexual intimacy, and support resources simultaneously. Couple therapy programs may achieve greater effectiveness when they incorporate communication skills training, interventions targeting psychological symptoms, intimacy enhancement exercises, and strategies designed to strengthen support networks. Healthcare professionals working with individuals experiencing chronic illness, infertility, or other major life challenges should consider involving partners in treatment whenever appropriate, given the interconnected nature of relationship functioning. Educational programs aimed at relationship enrichment may also benefit from emphasizing communication competence, emotional awareness, and supportive interactions. Finally, policymakers and community organizations should consider developing accessible couple-focused services that promote relational resilience and psychological well-being across diverse populations.

### **Declaration of Interest**

The authors of this article declared no conflict of interest.

## Ethical Considerations

All ethical principles were adhered in conducting and writing this article.

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## Authors' Contributions

All authors equally contributed to this study.

## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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