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Effects of Centrality of Religiosity and Dyadic Coping on Psychological Well-Being of Married Couples who Postpone Parenthood

Abstract

Religiosity and dyadic coping are among the factors important for the quality of marriage, satisfaction with the relationship and the sense of happiness of the spouses. Well-being, mainly in the aspect of personal development or life goals, seems to be particularly important for couples planning to conceive a child in the near or distant future. The study involved 51 married couples postponing parenthood. Their dyadic coping, psychological well-being and the centrality of religiosity were studied. The actor-partner interdependence model was used for the dyadic analyses. There were no differences in the well-being between the spouses, however, women rated in dyadic coping and religiosity higher. The centrality of the spouses' religiosity, and especially the congruence of their

religious beliefs, seems to have a significant impact on their well-being. The obtained results seem to shed new light on the importance of dyadic coping by spouses and their religiosity for the well-being of each of them.

Keywords

centrality of religiosity, delaying parenthood, dyadic coping, marriage, relationship, well-being

1. Introduction

One of the most important developmental tasks of adulthood is building a lasting relationship and a family.¹ Research shows that romantic relationships play an important role in a person's life, contributing to well-being and quality of life.² Among the variables important for the quality of marriage, apart from satisfaction with the relationship and the sense of happiness of the spouses, religiosity is mentioned, as well as communication and conflict resolution skills.³

Religiosity has a positive effect on happiness and relationship satisfaction and promotes commitment.⁴ A higher level of religiosity is related to marital commitment and marital satisfaction.⁵ Some aspects of religiosity may be related to dyadic coping.⁶ The more spiritually oriented the partners are, the more likely they are to engage in joint dyadic coping and more likely to offer support to their partners. Spouses with a similar religious approach to coping, use more

¹ E. Erikson, *Tożsamość a cykl życia [Identity and the life cycle]*, Poznań 2004, Poland: Zysk I S-Ka.

² M. Gómez-López, C. Viejo, R. Ortega-Ruiz, *Psychological Well-Being During Adolescence: Stability and Association With Romantic Relationships*, "Frontiers in Psychology" 10 (2019), p. 1772, <https://doi.org/10.3389/fpsyg.2019.01772>.

³ H. Elżanowska, *Międzypokoleniowa Transmisja Wartości w Rodzinie [Intergenerational Transmission of Values in the Family]*, "Studia z Psychologii" w KUL 18 (2012), pp. 94–114.

⁴ J. Aman et al., *The Relationship of Religiosity and Marital Satisfaction: The Role of Religious Commitment and Practices on Marital Satisfaction Among Pakistani Respondents*, "Behavioral Sciences" 9/3 (2019), p. 30, <https://doi.org/10.3390/bs9030030>.

⁵ S.M. Allgood et al., *Marital Commitment and Religiosity in a Religiously Homogenous Population*, "Marriage & Family Review" 45/1 (2008), pp. 52–67, <https://doi.org/10.1080/01494920802537472>.

⁶ K.I. Pargament et al., *Some Contributions of a Psychological Approach to the Study of the Sacred*, "Religion" 47/4 (2017), pp. 718–44, <https://doi.org/10.1080/0048721X.2017.1333205>.

effective problem-solving strategies. It turns out that the partners' religiosity and their spirituality is associated with better conflict management and is a protective factor against physical, verbal and psychological violence.⁷ The importance of religiosity in the context of close relationships and dyadic coping may result from the fact that it is associated with specific attitudes, values and norms that can translate into marital communication, mutual perception and behaviours presented in relation to a partner.⁸

Some studies lead to the conclusion that religiosity does not affect the quality of relationships, and sometimes it can even hinder relationships between partners.⁹ Researchers therefore point out that religiosity can have both a positive and negative impact on the functioning of a relationship and its quality.¹⁰ When determining the relationship between religiosity and relationship functioning, it is necessary to take into account the various aspects of religiosity that different relational relationships may have and the quality of relationship functioning.¹¹

Many studies also indicate a relationship between various aspects of religiosity, well-being and life satisfaction.¹² Nevertheless, some studies show the lack of such a relationship, which allows us to conclude that this relationship is not unambiguous.¹³ Probably, the type of religiosity, culture, and social expectations may be of great importance for the differentiation of the obtained results, and

⁷ J.L. Austin, *The Protective Roles of Spirituality, Supportive and Common Dyadic Coping Among Latino Immigrant Couples in the US*, Falls Church 2011, US: Virginia State University.

⁸ D. Czyżowska et al., *Intimate Relationship and Its Significance for Eudaimonic Well-Being in Young Adults*, "Health Psychology Report" 8/2 (2020), pp. 155–66, <https://doi.org/10.5114/hpr.2020.93768>.

⁹ A.M. Wendolowska, D. Czyżowska, *Centrality of Religiosity and Dyadic Coping in Close Romantic Relationships: Actor Partner Interdependence Model*, "Religions" 12/11 (2021), p. 978. <https://doi.org/10.3390/rel12110978>.

¹⁰ D. Dollahite et al., *Beyond Religious Rigidities: Religious Firmness and Religious Flexibility as Complementary Loyalties in Faith Transmission*, "Religions" 10/2 (2019), p. 111. <https://doi.org/10.3390/rel10020111>.

¹¹ L.D. Marks, D.C. Dollahite, *Religion and Families: An Introduction*, New York (2016), US: Routledge, <https://doi.org/10.4324/9781315814599>.

¹² J.E. Ramsay et al., *Teleological Explanation and Positive Emotion Serially Mediate the Effect of Religion on Well-being*, "Journal of Personality" 87/3 (2019), pp. 676–89, <https://doi.org/10.1111/jopy.12425>.

¹³ T. Ebert et al., *Religious People Only Live Longer in Religious Cultural Contexts: A Gravestone Analysis*, "Journal of Personality and Social Psychology" 119/1 (2020), pp. 1–6, <https://doi.org/10.1037/pspa0000187>.

additionally, also differences in the operationalization and the use of various tools.¹⁴ At the same time, we observe a similarly complicated dynamic in the study of the broader spiritual dimension in the context of functioning in a romantic relationship. The spiritual intimacy of both partners serves as a predictor of strengthening positive and mitigating negative marital attitudes,¹⁵ spiritual intelligence significantly contributes to relationship satisfaction,¹⁶ and spirituality mediates the relation between marital satisfaction and life satisfaction.¹⁷ On the other hand, research by Van Scoy shows that, contrary to expectations, the support provided to a partner by an individual in stressful situations does not act as a mediating factor in the relationship between the individual's spirituality and the partner's psychological aggression.¹⁸ These nuanced connections highlight the multifaceted interplay of religious, spiritual elements, and relational dynamics.

1.1. Purpose of the study

According to authors describing the family life cycle, the childless marriage phase is the first phase of the family life cycle, which naturally leads to the next one, that is marriage with children.¹⁹ Although 90% of couples in Western countries declare a desire to have one to three children, social and cultural changes affecting the modern family indicate a change in attitudes towards

¹⁴ D. Villani et al., *The Role of Spirituality and Religiosity in Subjective Well-Being of Individuals With Different Religious Status*, "Frontiers in Psychology" 10 (2019), p. 1525, <https://doi.org/10.3389/fpsyg.2019.01525>.

¹⁵ K.G. Kusner et al. Sanctification of marriage and spiritual intimacy predicting observed marital interactions across the transition to parenthood, "Journal of Family Psychology" 28(5), (2014), pp. 604–614.

¹⁶ A.M. Rostami, H.C. Gol, *Prediction of marital satisfaction based on spiritual intelligence*, "Procedia-Social and Behavioral Sciences" 116(2014), pp. 2573–2577.

¹⁷ F. Kasapoğlu, A. Yabanigül, *Marital satisfaction and life satisfaction: The mediating effect of spirituality*, "Spiritual Psychology and Counseling" 3(2) (2018), pp. 177–195. doi: 10.12738/spc.2018.3.2.0048.

¹⁸ B.K. Van Scoy, *Length of Marriage, Duration of Faith Commitment, and Religious Coping: Effects on Marital Functioning*. A Dissertation Presented to the Faculty of the Graduate School of Psychology Fuller Theological Seminary, (2012).

¹⁹ M. McGoldrick, E.A. Carter, N. Garcia-Preto, eds., *The Expanded Family Life Cycle: Individual, Family, and Social Perspectives*, 4th ed Boston 2011: US: Pearson Allyn & Bacon.

fertility planning.²⁰ The result of this is, among others, postponing the decision on parenthood in a specific or not specified time perspective and a prolonged phase of childlessness.²¹ Marriages delaying the decision to have a child in the childless phase are rarely the subject of research. However, there are publications showing the relationship between the motivation to have a child and religiosity, and parenthood as a highly desirable natural consequence of marriage in many religions.²² The social, economic, and cultural causes of prolonged childlessness in married couples are often studied, but little is known about the psychological mechanisms underlying couples' decisions to postpone parenthood.

In our study, we decided to determine the importance of religiosity and dyadic coping with stress, for the well-being of spouses who postpone having children. Following Huber, we define the centrality of religiosity as a personal construct, both in terms of its content and motivational functions.²³ The more that religiousness occupies a central place in the personality structure, the greater its impact on everyday functioning of a person in all areas of his life. The analyses aimed to answer the following questions:

- I. Is there a relationship between dyadic coping with stress and the well-being of spouses postponing the decision to have a child?
Hypothesis 1 (H1). There is a positive effect of dyadic coping with stress on the well-being of spouses.
Hypothesis 1a (H1a). The higher own level of dyadic coping with stress, the higher own level of well-being.
Hypothesis 1b (H1b). The higher the partner's level of dyadic coping with stress, the higher the own level of well-being.
- II. Is there a relationship between religiosity and dyadic coping with stress?
- III. Is there a relationship between religiosity and the well-being of spouses?

²⁰ I. Delbaere, S. Verbiest, T. Tydén, *Knowledge about the Impact of Age on Fertility: A Brief Review*, "Upsala Journal of Medical Sciences" 125/2 (2020), pp. 167–74, <https://doi.org/10.1080/03009734.2019.1707913>.

²¹ A. Kalus, J. Szymańska, *Psychological Correlates of Family Assessment by Spouses Who Do Not Take Parental Roles during Early Adulthood*, "Czasopismo Psychologiczne" 24/3 (2019), <https://doi.org/10.14691/CPJ.24.3.563>.

²² N. Peri-Rotem, *Religion and Fertility in Western Europe: Trends Across Cohorts in Britain, France and the Netherlands*, "European Journal of Population" 32/2 (2016), pp. 231–65, <https://doi.org/10.1007/s10680-015-9371-z>.

²³ S. Huber, O.W. Huber, *The Centrality of Religiosity Scale (CRS)*, "Religions" 3/3 (2012), pp. 710–24, <https://doi.org/10.3390/rel3030710>.

- IV. Does religiosity modify the relationship between dyadic coping with stress and well-being?
- V. Are there differences in the level of religiosity, well-being and dyadic coping with stress between women and men?

Due to the inconsistent results of research in the area of relationships between religiosity and dyadic well-being and coping, this part of the analysis was exploratory and no hypotheses were made.

2. Methods

2.1. Participants

The study involved 51 married couples (51 women and 51 men) aged 19 to 43 years. The mean age of women was 28.38 (SD=4.92) and that of men 30.15 (SD=4.80). The length of marriage ranged from one to 15 years (M=2.98; SD=3.24). The respondents lived both in cities (50% in cities with more than 100,000 inhabitants) and in rural areas (26.79%). Most of the respondents had higher education (55.9% of women and 32.2% of men). Most men (83.1%) and women (80.8%) were employed. All couples planned to have children in the near future (up to 3 years) or in the long term (up to 10 years).

2.2. Procedures

The study was conducted online using Google Forms. The selection of people was mainly carried out using the snowball method. Each of the spouses separately received a link to the Form, which contained the questionnaire with sociodemographic data, the Dyadic Coping Inventory, the Psychological Well-being Scale, and the Centrality of Religiosity Scale. Participation in the study was voluntary, without remuneration. The subjects were informed about the scientific nature of the study and the possibility to withdraw from the study at any time. This piece of research is not by nature a clinical experiment, and as such it did not need to be adjudicated by the Research Ethics Committee.

2.3. Measures

The socio-demographic questionnaire consisted of two parts. In the first, the subject gave informed consent to participate in the study. The second part was used to collect socio-demographic data and included questions regarding parenthood and plans related to it.

Centrality of Religiosity Scale, in the Polish adaptation by Zarzycka, makes it possible to determine the centrality of religiosity, that is, the degree of importance of religious constructs for an individual, and to characterize the level of religiosity on five dimensions: 1) the intellectual dimension, which indicates cognitive involvement in the development of religious content; 2) religious experience, determining how often transcendence is present in the daily experience of a person; 3) private practice, showing the frequency of making contact with transcendental reality and the subjective meaning of personal contact with transcendence; 4) ideology, which means the degree of certainty of the subjects about the existence of the transcendental reality; 5) public practice, indicating the frequency and subjective importance of participation in religious services.²⁴ The sum of the points obtained in the five scales described above forms the general score, which is a measure of the centrality of religiosity. Depending on the number of points obtained, we can discuss marginal religiosity, heteronomous religiosity and autonomous religiosity. In Polish studies, the Cronbach's α internal consistency coefficient 0.94.

Dyadic Coping Inventory in the Polish validation is a 37 item-questionnaire, used to assess various forms of coping with stress used by partners in romantic relationships.²⁵ It consists of five scales that estimate dyadic coping (DC) by self and by Partner: stress communication, emotion-focused supportive DC, problem-focused supportive DC, delegated DC, and negative DC. There are also two scales for common DC: problem-focused common DC and emotion-focused common DC. Respondents mark their responses on a 5-point scale from 1 – very rarely to 5 – very often. The scale reliability at our study was at a satisfactory level of Cronbach's $\alpha = 0.78$.

²⁴ B. Zarzycka, *Skala Centralności Religijności Stefana Hubera [Stefan Huber's Centrality of Religiosity Scale]*, "Roczniki Psychologiczne" 10/1 (2007), pp. 133–157.

²⁵ A.M. Wendolowska, D. Czyżowska, G. Bodenmann, *Psychometric Properties and Measurement Invariance of the Polish Version of the Dyadic Coping Inventory*, "Current Psychology" 41 (2022), pp. 1159–1173, <https://doi.org/10.1007/s12144-020-00623-5>.

Psychological Well-Being Scales in Polish validation is a self-report instrument measuring well-being in eudemonistic terms.²⁶ The questionnaire contains six scales: self-acceptance, positive relationships with others, autonomy, environmental mastery, purpose in life, personal growth. The tool consists of 84 items, which the respondent rates on a 6-point Likert scale, where: 1 means I strongly disagree, and 6 means I strongly agree. The reliability of the tool in our study was satisfactory Cronbach's $\alpha = 0.64$.

2.4. Analysis strategies

Means with standard deviation were calculated for all variables. Pearson's correlations were used to test the intercorrelation matrix between the variables, and the *t*-test for dependent samples was used to analyse the gender differences. The actor-partner interdependence model (APIM) was used for the analysis, taking into account the interdependence of dyadic data.²⁷ All analyses were performed as part of Structural Equation Modelling using the lavaan package. All tests were performed at the significance level of 0.05.

3. Results

Means, standard deviations, and the paired *t*-test examining differences between the spouses regarding dyadic coping, well-being and centrality of religiosity are presented in Table 1.

The results of the *t*-test (Table 1) revealed that there were no significant differences between the spouses in terms of psychological well-being. Women obtained significantly higher results than men on the centrality of religiosity and dyadic coping scales.

The spouses' results of dyadic coping and psychological well-being correlate significantly. As for the centrality of religiosity, none of the subscales correlated significantly with either dyadic coping or well-being (Table 2).

²⁶ D. Karaś, J. Ciecuch, *Polish Adaptation of Carol Ryff's Psychological Well-Being Scales*, "Roczniki Psychologiczne" 20/4 (2019), pp. 837–853.

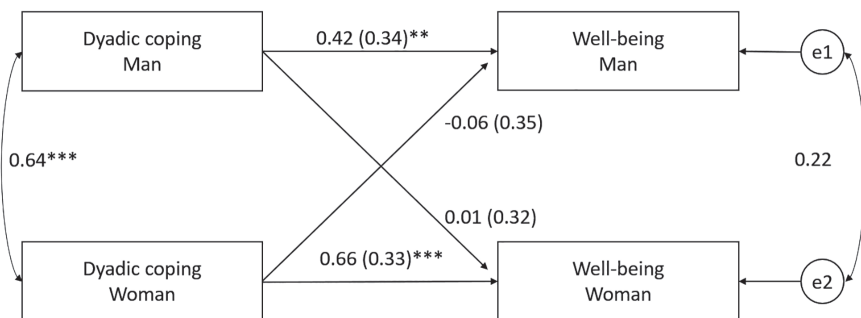
²⁷ D. Kenny, *Models of Non-Independence in Dyadic Research*, "Journal of Social and Personal Relationships" 13/2 (1996), pp. 279–294, <https://doi.org/10.1177/0265407596132007>.

Table 1. Descriptive statistics and gender difference.

	Women		Men		t-test
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Dyadic coping	147.29	16.65	142.42	16.51	2.46*
Psychological well-being	400.79	41.93	396.88	35.46	0.61
Intellectual dimension	10.15	3.76	8.08	3.78	4.40***
Ideology	13.69	2.65	11.77	3.77	4.24***
Public practice	10.83	3.50	9.13	3.87	3.58***
Private practice	11.81	2.70	9.83	3.05	4.85***
Religious experience	10.6	3.40	8.35	3.53	4.72***
Centrality of religiosity	57.08	14.07	47.15	16.05	5.43***

n = 52 dyads; **p* <.05; ***p* <.01; ****p* <.001

Figure 1. Dyadic coping and well-being of the spouses.



Standardized coefficients (β), with standard errors in parentheses, are reported; * $p < 0.05$; *** $p < 0.001$; rectangles – independent and dependent variables. circles – latent error terms. arrows – actor (each spouse’s dyadic coping effect on his or her own well-being) and partner effects (each spouse’s dyadic coping on his or her partner’s well-being); curved double-headed arrows on the left – covariances between the independent variables; curved double-headed arrow on the right – correlation between the two error terms.

Table 2. Intercorrelations between the variables for women (_A) and men (_P)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1 Dyadic coping_A	1															
2 Psychological well-being_A	.66**	1														
3 Intellectual dimension_A	.00	-.03	1													
4 Ideology_A	-.05	.01	.60**	1												
5 Public practice_A	-.04	.06	.74**	.66**	1											
6 Private practice_A	-.01	.11	.77**	.66**	.72**	1										
7 Religious experience_A	.02	.08	.83**	.66**	.69**	.74**	1									
8 Centrality of religiosity_A	-.02	.05	.91**	.80**	.87**	.88**	.90**	1								
9 Dyadic coping_P	.63**	.42**	-.32*	-.20	-.25	-.24	-.22	-.28*	1							
10 Psychological well-being_P	.20	.29*	-.44**	-.34*	-.29*	-.34*	-.30*	-.39**	.35**	1						
11 Intellectual dimension_P	.00	-.04	.59**	.45**	.46**	.62**	.53**	.61**	-.01	-.13	1					
12 Ideology_P	.11	.00	.43**	.53**	.42**	.48**	.43**	.51**	.03	-.16	.68**	1				
13 Public practice_P	.09	.06	.56**	.45**	.57**	.55**	.54**	.61**	.03	-.23	.82**	.64**	1			
14 Private practice_P	.08	-.01	.51**	.34*	.36**	.48**	.40**	.48**	.00	-.17	.83**	.68**	.75**	1		
15 Religious experience_P	.05	.04	.49**	.52**	.39**	.53**	.51**	.55**	-.05	-.14	.82**	.78**	.67**	.78**	1	
16 Centrality of religiosity_P	.07	.01	.58**	.52**	.50**	.60**	.54**	.62**	.00	-.18	.93**	.85**	.87**	.90**	.91**	1

n = 52 dyads; * *p* < .05; ** *p* < .01; *** *p* < .001; Results in bold diagonal font show correlations between the spouses

The members of the dyad were distinguishable by gender ($\chi^2(12) = 34.21, p = 0.002$). The independent variables and moderators were centred by subtracting the mean from all scores. Using the APIM (Table 3, Model 1), the relationship between the dyadic coping and spouses' well-being was analysed (Figure 1). The actor effect for men and for women was found to be statistically significant. Thus, it can be concluded that men and women who score higher in dyadic coping also report higher levels of subjective well-being (H1 partially confirmed). The partner effect was not confirmed, which means that dyadic coping of men and women has no effect on each other's well-being.

Table 3. Effects of dyadic coping on psychological well-being of the spouses

	Effects	Estimates	95% CI	<i>P</i>	Beta	<i>R</i>
Model 1	<i>Women</i>					
	Intercept	398.39	389.97 to 406.82	<.001		
	Actor	1.64	1.00 to 2.27	<.001	0.66	0.56
	Partner	0.01	-0.61 to 0.64	.970	0.01	0.01
	<i>Men</i>					
	Intercept	400.37	391.44 to 409.29	<.001		
	Actor	0.87	0.21 to 1.53	.010	0.42	0.33
	Partner	-0.12	-0.80 to 0.56	.728	-0.06	-0.05

In model 2 (Table 4), centrality of religiosity was included into analyses as a within dyad moderator, containing different scores for the two members of the same dyad. When controlling for the covariates, (1) the positive actor effect in women remained significant, (2) the partner effect for women turned out to be significant, (3) the actor effect for men appeared insignificant; (4) a significant partner-actor interaction in women, and (5) significant actor-actor, partner-actor, partner-partner interactions in men (H2 partially confirmed). It means that for more religious spouses (1) the higher own dyadic coping the higher own well-being in women only, (2) the higher dyadic coping in men the lower their wife's well-being, (3) a. the higher dyadic coping and religiosity in men the higher their own well-being; b. the higher wives' dyadic coping and husbands' the lower husband's well-being, c. the higher dyadic coping and religiosity in women the higher well-being in men.

Table 4. Effects in the centrality of religiosity moderation model

<i>Model 2</i>	Effect type	Estimate	z-value	Standardized
	<i>Women</i>			
Dyadic coping	Actor	4.20	2.07*	1.67
	Partner	-4.10	-2.07*	-1.61
Centrality of religiosity	Actor	-2.51	-0.53	-0.84
	Partner	-1.52	-0.44	-0.58
Interaction	Actor–Actor	-0.05	-1.48	-2.84
	Actor–Partner	0.01	0.43	0.01
	Partner–Actor	0.07	2.10*	3.49
	Partner–Partner	-0.01	-0.13	-0.01
	<i>Men</i>			
Dyadic coping	Actor	2.83	1.53	1.32
	Partner	-3.55	-1.87	-1.66
Centrality of religiosity	Actor	-6.26	-1.95	-2.83
	Partner	0.85	0.19	0.34
Interaction	Actor–Actor	0.08	2.79**	5.87
	Actor–Partner	-0.03	-1.27	5.51
	Partner–Actor	-0.11	-3.29***	-6.03
	Partner–Partner	0.08	2.73*	-2.43

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

4. Discussion

The conducted analyses reveal no differences in well-being between men and women. However, gender differences in dyadic coping with stress and the centrality of religiosity were noted. In the case of women, religiosity is more central in their personality structure. The obtained result is consistent with the results of other studies indicating a higher level of religiousness of women compared to men.²⁸ Women also present higher results in terms of dyadic coping, which

²⁸ D. Czyżowska, E. Gurba, A. Białek, *Preferencje w zakresie wartości i poziom centralności religijności singli i młodych dorosłych żyjących w związkach* [Value preferences and the level

is also consistent with the results of previous studies.²⁹ Relationships between dyadic coping and well-being have also been noted. However, no associations were observed between the centrality of religiosity and dyadic coping and well-being.

Although the results of some studies suggest that religiosity may contribute to the good functioning of the marital relationship and translate into well-being of people, in our study the central location of religiosity among other personality constructs is not relevant to the way spouses deal with stressful situations together, and also does not translate into their well-being.³⁰ It is worth noting, however, that previous research on the relationship between the centrality of religiosity and dyadic coping with stress among Polish couples also did not show such a relationship, either.³¹ The lack of relationship may, on the one hand, result from the operationalization of religiosity, and on the other hand, from the specificity of Polish religiosity.

In the adopted Huber's model, we focus on the importance of religion in human life, referring to both religious practices and interest in religious issues and religious experiences. Religiosity is therefore not defined here just by spiritual aspects and personal relationship with God, which could have a greater impact on the way a person functions in life, in relationships, and on his well-being. In our sample, the vast majority of respondents presented heteronomous religiosity (55.8%), which means that they do not attach much importance to religion and may treat it somewhat instrumentally, which may explain the lack of relationship between their religiosity, dyadic coping and psychological well-being. Our result may confirm the results of other studies indicating the importance of the type of religiosity (for example, internal vs. external) for its impact on well-being.³² Considering that in Polish religiosity considerable emphasis is placed on the acceptance of suffering and enduring the hardships of everyday life, it may

of centrality of religiosity of singles and young adults living in relationships], "Polskie Forum Psychologiczne" 22 (2017), <https://doi.org/10.14656/PFP20170403>.

²⁹ A. Wendołowska, D. Czyżowska, G. Bodenmann, *Psychometric Properties and Measurement Invariance of the Polish Version of the Dyadic Coping Inventory*.

³⁰ L. Manning et al., *Spiritual Resilience: Understanding the Protection and Promotion of Well-Being in the Later Life*, "Journal of Religion, Spirituality & Aging" 31/2 (2019), pp. 168–86, <https://doi.org/10.1080/15528030.2018.1532859>.

³¹ A. Wendołowska, D. Czyżowska, *Centrality of Religiosity and Dyadic Coping in Close Romantic Relationships*.

³² D. Villani et al., *The Role of Spirituality and Religiosity in Subjective Well-Being of Individuals With Different Religious Status*.

mean also that religiousness is not a motivating factor towards the improvement of the relationship and raising the level of well-being. Additionally, in the surveyed group, there are couples who clearly postpone having children, which is not necessarily in line with their religion.

Dyadic analyses aimed at determining the importance of partners' dyadic coping for their well-being point to the actor effect, which means that for both women and men, a higher level of dyadic coping is conducive to their higher well-being. However, it was not found that the level of dyadic coping by women and men was significant for the well-being of their spouses. These results indicate that for a person's sense of well-being, his actions and the ability to cope with difficult situations are more important than how the spouse acts. Considering that psychological well-being in the concept of Ryff consists of such aspects as: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance, it is not surprising that the subjective sense of well-being is the actions of the person himself and how he copes with stressful situations than the actions of others. It seems that subjectivity and the related sense of agency may be important, which plays an important role in the actions undertaken by an individual, including dyadic coping, and may be important for the sense of autonomy, control over the environment or personal development, which are areas of psychological well-being.³³

When we study spouses' religiosity, we observe interesting, though varied, effects of dyadic coping on well-being. In women, there is a negative effect of husband's dyadic coping on their own well-being, but in women with a higher centrality of religiosity, the same effect is positive. This would mean that women generally perceive partner's dyadic coping negatively. Perhaps this is related to the construct of well-being discussed above, which is of fundamental importance for women in the context of their autonomy and self-reliance. For the well-being of women, for whom religiosity is central in the structure of their personality, the presence and support of their husband in difficult situations prove to be important for their well-being. More religious women, perhaps in humility towards God, attach less importance to their own self-sufficiency and read the partner's support and help positively as a good deed, which translates into their higher well-being. These results can also be explained in the context of the traditional patriarchal family model, in which the wife leans on her husband and appreciates his efforts while being weak and submissive herself. In the

³³ C.D. Ryff, *Happiness Is Everything, or Is It?*

case of men with a higher centrality of religiosity, we observe that the factors which have a positive effect on their well-being, are more religious wives and higher dyadic coping of both spouses. At the same time, surprisingly, more religious wives and higher self-dyadic coping have an overall negative effect on men's well-being.

The results indicate that for more religious women, their husband's dyadic coping translates into their well-being. For religious men, their dyadic coping as well as and their wife's dyadic coping and their wife's religiosity affect their own well-being. Congruence between spouses in religiosity is a factor that increases satisfaction.³⁴ Dyadic coping in a religious context may become a value convergent with the principles of faith. If the partners' religiosity is not on a similar level, then it can become a factor leading to discord and conflict.³⁵

In developed countries, having children is often motivated by the desire to increase life satisfaction or the need for personal development.³⁶ Well-being, mainly in the aspect of personal development or life goals, seems to be particularly important in relation to couples planning to conceive a child in the near or beyond. It seems that the religious compatibility of the spouses is extremely important for planning offspring, but also in the later process of raising a child. At every stage of marital life, dyadic competences are extremely important for the quality of the relationship and for one's own well-being. Dyadic coping is a predictor of reduced conflicts between spouses, including those related to parenting, buffers stress related to taking on parental roles and improves adaptation to fulfilling parental tasks.³⁷

The acquired results seem to shed new light on the importance of dyadic coping by spouses and their religiosity for well-being of each of them. They also encourage further research leading to a fuller understanding of the inter-relationships between them.

³⁴ J. Śliwak et al., *Religijność a Komunikacja w Małżeństwie [Religiosity and Communication in Marriage]*, "Kultura – Media – Teologia" 30 (2017), pp. 184–209.

³⁵ W.R. Burr, L.D. Marks, R.D. Day, *Sacred Matters*, New York 2012, US: Routledge, <https://doi.org/10.4324/9780203641323>.

³⁶ I. Delbaere, S. Verbiest, T. Tydén, *Knowledge about the Impact of Age on Fertility*.

³⁷ P.R. Tutelman et al., *A Longitudinal Examination of Common Dyadic Coping and Sexual Distress in New Parent Couples during the Transition to Parenthood*, "Family Process" 61/1 (2022), pp. 278–93, <https://doi.org/10.1111/famp.12661>.

5. Strengths and limitations

Dyadic analyses and a rarely-studied sample of spouses who postpone decisions about having children, are the strengths of the presented study. However, the conducted research also has its limitations, which probably affected the results obtained and the possibility of drawing conclusions based upon them. First of all, one should pay attention to the relatively small number of respondents. At this point, however, it should be noted that obtaining both spouses for research is always a challenge for researchers. Secondly, the examined couples differed in age and marital history, which may be significant for the level of the examined variables and their interrelationships. It is also important for the way of experiencing childlessness and openness to having children. For some couples, childlessness is a natural phase of the family, for others it means postponing the decision to have children, which may lead to the realization that the chances of having children are rather slim.

In subsequent studies, it would be important to include a greater number of married couples, as well as a larger number of spouses presenting an autonomous and marginal type of religiosity. This would allow one to monitor the importance of autonomous and heteronomous or marginal religiosity for the spouses' dyadic coping and for their well-being. A larger group, differentiated in terms of the length of the relationship and the age of the spouses, would allow one to determine the importance of these variables for dyadic coping and well-being. It would also be interesting to examine relationship satisfaction, in the context of spouses' religiosity and dyadic coping with stress, and its importance for the well being of the spouses.

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