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# Dyadic Coping in Maintaining Romantic Relationships: A Case Study on Married Couples with Vaginismus

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## ABSTRACT

Vaginismus is a sexual disorder in which penetration becomes challenging to perform. Married couples with vaginismus are expected to maintain closeness in establishing romantic relationships. Married couples who are unable to *do dyadic coping* to overcome vaginismus problems are very vulnerable to triggering conflicts that lead to divorce. The purpose of this study is to provide an overview of *dyadic coping* in married couples with vaginismus. This study uses a qualitative method with a case study approach. The number of research participants was three couples and three informants who were relatives of the participants. Data were collected using semi-structured interviews and questionnaires (*Dyadic et al.* and DASS-stress subscale) filled out before the interview process took place as an initial psychological picture of the participants. The DCI by Bodenmann consists of 37 items, with 35 items arranged based on aspects and forms of *dyadic coping* in the form of stressful, *supportive, delegated, negative, and ordinary* communication, and two items in the form of evaluation statements. DASS by Lovibond and Lovibond, which consists of 42 items. The data was analyzed using the Miles and Huberman model, with data condensation, presentation, and conclusion. The findings of the *dyadic coping process* are in the form of the theme of an open stress communication pattern by showing sadness, positive perceptions, and positive emotions in response to stress communication that occurs in carrying out emotion regulation strategies; *positive dyadic coping* responses in the form of providing support and solving problems faced both in *supportive and common dyadic coping*; triggering factors; and the positive benefits of *dyadic coping*. The research can be used as a reference for *dyadic coping* in married couples with vaginismus so that couples always raise awareness to strengthen each other to establish a romantic relationship as a married couple.

**Keywords:** *dyadic coping*, stress communication, romantic relationships, husband-wife, vaginismus

## Introduction

One of the socioemotional tasks of early adult individuals that must be fulfilled is *intimacy vs isolation*. When the individual succeeds in fulfilling the *task of intimacy*, their relationship will usually be directed to the level of marriage. There are many benefits obtained through marriage, including as a form of worship and

23 increasing faith; legal and halal means for the fulfillment of biological or sexual needs; to have offspring and preserve the human species; obtaining social support; and achieving peace, well-being, and peace of mind. The sexual relationship that occurs between husband and wife is something that cannot be separated from marriage because only through this intermediary can a husband and wife obtain offspring. Arifin (2016) Iqbal (2019) Ariwibowo (2021).

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33 The reality is that in some women, the coveted sexual activity cannot be achieved. This happens because the women experience a condition that makes penetration difficult or impossible; this condition is called vaginismus. Based on the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, vaginismus is categorized into Genito-Pelvic Pain Disorder or Penetration Disorder. Vaginismus is a disorder in which all forms of penetration of the vagina, such as the use of tampons; insertion of fingers or dilators; gynecological examination; as well as having sexual intercourse; often feel painful or impossible to do. (American Psychiatric Association, 2013).

Shalih (2017) said that the success of husband and wife in meeting sexual needs is an essential factor in bringing them closer, increasing intimacy, and minimizing problems between the two. However, this is felt differently in couples with vaginismus. The immediate impact felt when a woman has vaginismus is an unfulfilled sexual need either for herself or for her husband. Other effects that arise due to vaginismus include taking the wrong actions, such as masturbating by watching pornography, using sedatives to reduce muscle spasms, even to the point of forcing to have sex. In addition, it has an impact on psychological pressure, fear, disappointment, and frustration (including feeling insecure, impatient, lack of trust in each other). There is pressure, so vaginismus is thought of as a problem faced and requires a strategy to overcome it (Varaei, Foroutan, Nayeri, & Mousavi, 2019).

6 Although vaginismus is only suffered by one party, namely women, because husband and wife feel the consequences, it can be defined as a joint problem or *couple problem* (Ramanathan et al., 2022) and *dyadic stress* (Bodenmann, 1997). When a husband and wife face *stressors* outside the relationship, such as financial problems, conflicts with neighbors, natural disasters, or medical issues, the strategy that needs to be done is called *dyadic coping* (Falconer & Kuhn, 2019).

6 Bodenmann (2008) explains that *the theory of dyadic coping* was developed not only based on the transactional stress theory by Lazarus and Folkman but also on considering a systemic and closely related model to the process, called *the*

*Systemic-Transactional Model*. The *dyadic coping process* includes three things that interact with each other, namely: 1) stress communication from party A to party B; 2) perception and assessment from party B towards the communication conveyed; and 3) the reaction given by party B.

*Dyadic coping* has two main goals: reducing stress for each party and improving the quality of the relationship. In order to improve the welfare of the marriage, the quality, satisfaction, and function of the relationship, as well as the lack of psychological problems, must be improved (Bodenmann, 2005). *dyadic coping* must be positive (*common, supportive, or delegated*). If it is done in a negative form (Bodenmann, 2005; Bodenmann et al., 2011; Breitenstein et al., 2018; Papp & Witt, 2010 *hostile, ambivalent, or superficial*), it will result in a decrease in satisfaction in the relationship; On the other hand, the absence of (Regan et al., 2014; Cappe et al., 2021; Rapelli et al., 2021) *dyadic coping* can be a significant predictor of separation and divorce. (Bodenmann, 2005)

Therefore, it is emphasized that Bodenmann (2008) *dyadic coping* is one of the essential sources in a relationship. A significant source in establishing quality closeness between husband and wife or romantic relationships. A romantic relationship is a bond of agreement to love each other, trust each other, and be loyal and obedient to the halal step of the relationship, namely marriage. (Marfuatunnisa, et al., 2023)

The problem of vaginismus faced by married couples, if left unchecked, will hurt romantic relationships in marriage. This negative impact will be further strengthened if married couples cannot carry out a *dyadic coping* strategy properly. This study aims to determine the picture of *dyadic coping* in married couples with vaginismus.

## Methods

The research method used is qualitative research with a case study approach. A case study is an in-depth study of an individual or a group of people in a given time to obtain a complete and in-depth description of an entity, which is in line with the purpose of the study to describe in depth (Abdussamad, 2021) *dyadic coping* in a married couple with vaginismus. Data was collected through online interviews with three couples diagnosed with vaginismus. Online interviews were selected based on the willingness of the participants. In addition, the researcher used a *Dyadic Coping Inventory questionnaire* and a DASS questionnaire (stress subscale) to create a description that underpins the dyadic coping process in participants. For the data's

validity, the researcher used source triangulation by selecting informants from the family or relatives of each participant.

### Results

The results of this study were obtained on several themes, namely the impact of vaginismus, *the dyadic coping process* carried out, the supporting factors for the selection of *dyadic coping*, the benefits of *dyadic coping*, and the determination of vaginismus therapy chosen by the participants. A more detailed explanation can be seen in Table 1 below:

Table 1. *Dyadic Coping Theme*

Theme	Participant 1	Participant 2	Participant 3
Psychological pressure as an impact vaginismus	Psychological problems arise: negative and depressed self-assessment appears to heal quickly	Psychological problems arise: related to penetration and pregnancy demands	Psychological problems arise: failure of penetration and the demands of pregnancy
1. Conduct communicate stress openly and in the form of sadness and anger	Tell, complain, ask; convey information that has been collected; Through (sad) behavior	Discuss; Through behavior (crying)	Discuss; Tells; Through behavior (anger and silence)
Dyadic Coping Process: 2a. Positive perceptions emerge	Accepting and understanding the situation of the wife who needs affirmation	Negative self-assessment then realizes a lack of sexual knowledge and awareness of not being able to control others	There is a suspicion of a condition in the couple, but accepts the condition; underestimating the wife's story but then turning into understanding and accept these conditions
	Feelings of <i>pity</i> and wanting to help	Resigned to learning the process of life	There is a feeling of resentment, but they want to get involved by coming to a professional and turn into an interest in learning human psychology
2b. Positive emotions appear	<b>Providing support:</b> Showing acceptance of	<b>Support:</b> Showing acceptance of vaginismus	<b>Support:</b> Showing acceptance of

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<p>3. Positive response in the form of support and troubleshooting</p>	<p>the vaginismus condition; giving words of affirmation; Invite to travel</p> <p><b>Solutions to problems:</b> Providing advice on consultation options to doctors; Discuss vaginismus treatment planning</p>	<p>conditions; show concern for the problem</p> <p><b>Solutions to problems:</b> Continue to try penetration efforts; seeking information; providing another point of view; provide solutions to avoid similar situations; Discuss vaginismus treatment planning</p>	<p>vaginismus conditions; show concern for the problem <i>(before trying to get involved and being pushed to the professional response that was raised in the form of contempt for the problems faced by the wife)</i></p> <p><b>Solutions to problems:</b> Discuss vaginismus treatment planning; Help to deal with similar questions</p>
<p>Supporting factors: Interpersonal, Motivational, Religiosity</p>	<p><b>Interpersonal:</b> Ability Communicate</p> <p><b>Motivational:</b> Be satisfied with the relationship you are in; try to spend time together well because of <i>LDM</i>; Focus on the goals and expectations of the marriage</p> <p><b>Religiosity:</b> I am sure that all events have a lesson</p>	<p><b>Interpersonal:</b> Good communication, coordination, and problem-solving skills</p> <p><b>Motivational:</b> Satisfaction with a long-lived relationship, a sense of togetherness</p> <p><b>Religiosity:</b> Convinced that All Events Have Lessons</p>	<p><b>Interpersonal:</b> Communication skills; effective individual coping; An in-depth understanding of the problems being faced because of having a background in medical education</p> <p><b>Motivational:</b> Assessing that marriage is a process of learning and adapting to each other</p> <p><b>Religiosity:</b> Belief in <i>qodho</i> and <i>qadar</i></p>
<p>Benefit Dyadic Coping with</p>	<p>Positive evaluations arise for couples;</p> <p>Able to adapt to vaginismus conditions, change your self-esteem, Grow</p>	<p>Fostering a sense of togetherness to navigate various challenges in married life</p>	<p>There is an awareness to continue to strengthen each other</p>

	spirit heals		
Selected therapy	Self-Isolation	Assisted Dilatation	Assisted Dilatation

A comparison of the results of the *Dyadic Coping Inventory* and DASS-stress subscale questionnaire scores as a background description of the three participants can be seen in the following Table 2:

Table 2. Results of Participant Questionnaire Scores

		<i>Dyadic Coping Inventory</i>	DASS – stress scale
Husband participant	1 – R	142 (normal)	5 (normal)
	2 – R	162 (above average)	8 (normal)
	3 – R	141 (normal)	5 (normal)
Wife participant	1 – A	132 (normal)	16 (light)
	2 – N	139 (normal)	14 (normal)
	3 – C	137 (normal)	11 (normal)

Participants in this study are early adult individuals with an age range between 29 years to 34 years. Participant 1 (A-R), participant 2 (N-R), and participant 3 (C-R). All three have a typical picture of stress and apply a *dyadic coping* strategy with a standard category in dealing with couple problems in marriage. As for the stress that arises related to the existence of psychological pressure due to having vaginismus, this was obtained from the results of interviews with participants.

One participant has been married since 2016 and is married remotely; the failure of penetration has been felt since the beginning of the marriage. The penetration that did not succeed began to give rise to a sense of *insecurity* in participant A, feeling anxious and worried because, as a wife, she was not able to have sexual relations with her husband, as well as the emergence of insecurity.

*"... That is mmm, it affects my psyche quite a bit like I am a bad wife..."* (P1. I.B 512-514)

Two participants have been married and living in the same house since 2015; the failure of penetration has also been felt since the beginning of the marriage. A year later, penetration can be done even though it is not optimal; two participants who are not aware of this end up trying to do a pregnancy program. However, because of having vaginismus, vaginal medical examinations are challenging to do, and over time questions about pregnancy are often obtained.

*"... I am stressed more to the moment of facing the questions that are not yet line two..."* (P2. I.B 628-630)

The third participant married in 2018, sometimes lived in the same house, and sometimes had a long-distance marriage. Failure to penetrate has been felt since the beginning of marriage, and during marriage, often gets questions about pregnancy

that come from the family. In addition, with other pressures obtained by Participant C from peers, C experienced depression.

*"... I was depressed because of the accumulation of questions about children; in addition to that time, I was still a resident wife whose environment was full of seniority, and at that time, I was swamped I could not go to every time there was a resident wife bond meeting, and I was often sung in the resident wife group openly because I had never participated in events, my extended family or my husband's extended family directly and did not directly discuss "children" or insinuate about children continuously..." (P1. I.B 396 – 403)*

When communicating stress, the three participants did it openly: discussing, telling stories, complaining, and asking questions. Openness is also shown through sadness, crying, anger, and silence.

*"... Yes, sometimes I talk to my husband, I am tired of training, like why am I given a condition like this..." (P1. I.B 160 - 163)*

*"... If I am a whiny person, hehe. So we, for example, what is that, if you say that you want to cry, I will just cry..." (P2. I.B 890 - 893)*

*"... Well, I am sensitive, grumpy, and sometimes I often wonder what it has called like he comes out with a bad talk. In essence, let me know that I am angry like that." (P3. I.B 197 - 200)*

In the three participants, positive perceptions and emotions appeared. Positive perceptions include accepting and understanding the conditions faced, realizing the lack of sexual knowledge, realizing that the wife needs affirmation, and understanding that it is impossible to control others. Then, the positive emotions that arise are feelings of pity and desire to help the wife, feelings of resignation, and wanting to continue learning and becoming interested in learning human psychology.

*"... That feeling is more about pity for my wife; she often feels guilty, and I also said that it was a medical problem too, there is nothing to blame..." (P1. S.B 187 – 191)*

*"... It turns out that it is not as easy as we imagine, right. So the impression was like, 'Wow, it is true, our sex education is lacking, right..' (P2. S.B 782 – 785)*

*"... It is like that, why do you think, maybe you are just ignorant, like that. It is just that I am learning more and more from the side of human psychology...." (P3. S.B 253 – 256)*

The response that emerged was to do *dyadic coping* in the form of support, such as showing acceptance of the condition of vaginismus, showing concern for the problem being faced, giving words of affirmation, and inviting people to travel. Then, in the form of solving problems such as searching for information together, providing advice regarding consultation options to doctors, continuing to try penetration efforts, providing other perspectives on the problem, providing solutions to avoid similar situations, and jointly discussing what therapies can be done to treat vaginismus.

*"... I said it was a medical problem too, there was nothing to blame. The sooner we accept, the sooner we reconcile, no one can blame us like that, right..."* (P1. S.B 189 – 193)

*"... I told my wife that if this is disturbing, we cannot control them to ask; we should avoid it. Automatically, we will come differently when a family gathering and a big family comes. Whether it is late or the right one to come and dissolve for a long time, more or less, it will reduce the conversation...."* (P2.S.B. 671 – 679)

*"... Finally, when someone asks, yes, I am the one who backs up, I am the one who answers. So let us be safer, like that. So, from the beginning of the year, to continue to study psychology, I became more of a backup to my wife. So yes, if there is a question that is indeed possible, eh what is it, who is about to hurt my wife, I back up, I am the one who answers, that is it..."* (P3. S.B 256 - 265)

The factors that were considered supportive in helping participants to elicit a *dyadic coping* response were interpersonal (the ability to communicate, coordinate, and solve problems well; in-depth understanding of the problems faced, and practical individual coping); motivational factors (satisfaction with the relationship; trying to spend time together well because of the long-distance marriage; focusing on the goals and expectations of the marriage; sense of togetherness; consider marriage to be a process of learning and adaptation); And the last factor is religiosity (belief in *qodha* and *qadhar*; belief that all events have their wisdom).

The impact of *dyadic coping* on the research participants is that there is an upbeat assessment of the partner, being able to adapt to the condition of vaginismus, having a positive assessment of oneself, fostering a spirit to heal, fostering a sense of togetherness to undergo various challenges in married life, and emerging awareness to continue to strengthen each other.

## Discussions

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According to Lazarus and Folkman, stress arises when a situation considered dangerous, threatening, or challenging exceeds the capacity of the individual to cope with it. In participants, the stress that arises is in the form of psychological pressure as a result of having vaginismus. According to vaginismus, it can affect women's perception of their gender roles, such as femininity or motherhood, make them susceptible to psychological disorders, and make negative judgments of themselves. This condition is caused by the view of reproductive ability as a woman's primary role, the pressure to have children, and considering not having children as an incapacity, thus causing an adverse change in the self-concept of a wife (Biggs, Brough, & Drummond, 2017) Demirci and Kabukcuoglu (2019).

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This condition triggered the participants to carry out a mechanism in the form of *dyadic coping*. The framework used is based on Bodenmann's *systemic transactional model*. According to Bodenmann (2008), in a *dyadic coping process*, three things interact with each other, namely: 1) stress communication from party A to party B; 2) perception and assessment from party B towards the communication conveyed; and 3) the reaction given by party B.

The participants' stress communication in conveying their pressure is carried out openly and in the form of sadness and anger. The purpose of stress communication is to seek attention and concern from partners for the stressful situations they are facing and ask for help to solve problems or manage the emotions they feel. In married couples with vaginismus, stress communication is carried out in ways such as showing various articles that have been collected, telling stories, complaining, asking questions, and discussing. It is also shown through being sad and passionate, crying, angry, and silent behaviors. (Bodenmann, Falconier, & Randall 2017).

Communication skills are the most critical aspect of building a relationship. This can be shown by the ability of the wife or husband to openly convey the contents of the heart, thoughts, or other things that are considered essential. Husbands and wives can help each other deal with stressful conditions and various pressures through good communication. (Olson DeFrain, & Skogrand, 2019) (Burke & Weir, 1977)

After stressful communication, positive perceptions and positive emotions emerged in the participants. Positive perceptions arise, such as accepting and understanding the conditions faced, realizing the lack of sexual knowledge, realizing

that the wife needs affirmation, and understanding that it is impossible to control others. Meanwhile, the emotions that arise include feeling sorry and wanting to help his wife, being resigned to learning the life process and having an interest in learning human psychology. According to the positive emotions that arise in this process, it is the ability to regulate emotions, especially in reassessing stressful situations (Rusu, Bodenmann, & Kayser, 2019)

Then, the response that arises is to provide support, such as showing acceptance of the condition of vaginismus, showing concern for the problem being faced, giving words of affirmation, and inviting people to travel. All types of support one party provides to help the other party achieve a new adaptive condition is called Bodenmann (1995, 1997, 2005, 2017), *supportive dyadic coping*. Providing support carried out by the husband can reduce the emotional stress and pressure faced by the wife facing problems (Bodenmann, Falconier, & Randall, 2017).

A different response was found in the third participant, namely when R responded in the form of words dismissive of the problems faced by his wife. According to this response, it is included in the form of Bodenmann's (1995; 1997; 2005; 2017) *hostile dyadic coping*. To elicit a positive *dyadic coping* response related to pregnancy problems, the first intervention from the professional who handles C. However, it does not take long after receiving intervention from the coping psychologist that is raised to turn into support by showing concern for the problem from participant C.

What C corresponds to the stress-coping series? This series model sequences that the coping process starts from individual coping efforts; if it does not succeed, it will be followed by Bodenmann's (2005) *dyadic coping*, and if it still does not work, it will be continued with the search for support from family and friends, or other parties who are different from before. If all these efforts still need to yield results, the next step is to seek professional help. Thus, *dyadic coping* can strengthen the individual coping effort itself (Bodenmann, Falconier, & Randall, 2017).

The following response is in the form of solving the problem, such as advising on consultation options to the doctor, continuing to try penetration efforts, providing another perspective on the problem, providing solutions to avoid similar situations, as well as seeking information together and discussing what therapies can be done to treat vaginismus. According to the response, problem-solving that is carried out together is part of the common Bodenmann (1995; 1997; 2005; 2017) *dyadic coping* (CDC) form.

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According to married couples who solve problems together, the result of an assessment is that the stressors that occur will affect both parties, mainly if the stressors are caused by external conditions such as vaginismus. According to Bodenmann, Falconier, and Randall (2017) and Falconier and Kuhn (2019), *common dyadic coping*, carried out consistently, has a positive effect, especially on married couples with problems related to medical conditions. As in the findings of the company, the more cancer patients who assess their partners to be involved in common Rottmann, Hansen, Larsen, Nicolaisen, Flyger, Johansen, and Hagedoorn (2015) *dyadic coping*, the higher the quality of the relationship and the fewer depressive symptoms experienced by the patient and also the other party.

The quality of the relationship between husband and wife further strengthens the romantic relationship between the two. When establishing romantic relationships, all parties expect a healthy relationship that strives for each other, takes care of each other, cares for each other, fosters open communication, helps each other to develop each other, trusts each other, and gives each other affection, and most importantly respects each other for all differences that exist (Damara, 2023). These conditions arise when couples do dyadic coping in dealing with problems that cause psychological pressure together.

In detail, the *dyadic coping* process carried out by married couples with vaginismus can be seen in Figure 1 as follows:

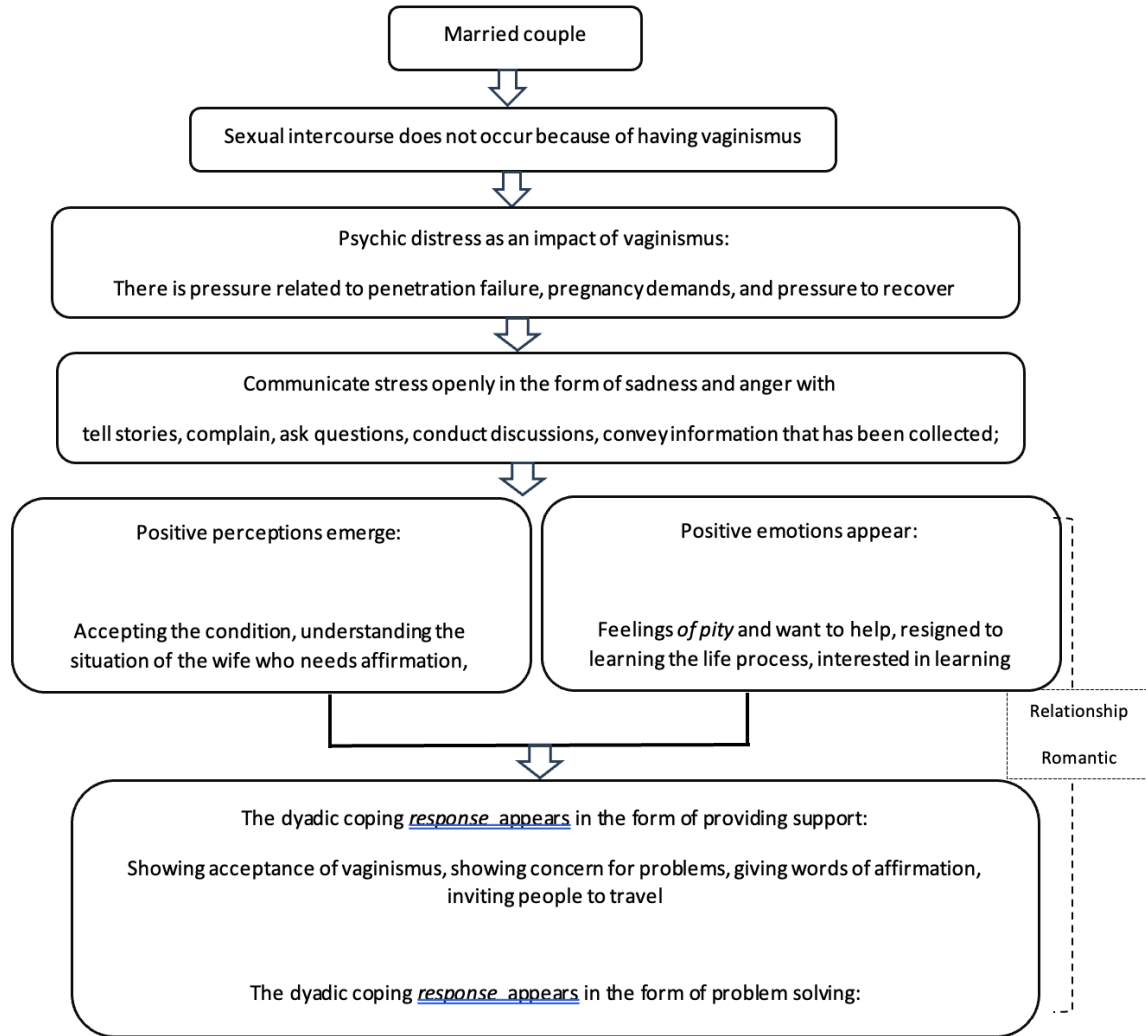


Figure 1. Overview of Dyadic Coping in Participants

In the chart above, it can be seen that in addition to the emergence of perception, positive emotions also appear in *the dyadic coping* process of married couples with vaginismus. These positive emotions emerge as part of the participants' ability to carry out emotional regulation strategies. Based on the findings from implementing a strategy for regulating emotions, it correlates positively with Rusu, Bodenmann, and Kayser's (2019) *positive dyadic coping*, such as *support* and *common dyadic coping*.

According to the selection by Bodenmann (2005), *dyadic coping* is influenced by several intra and extrapersonal factors, namely: a) individual skills, such as stress communication skills, problem-solving skills, social competence, and organizational skills; b) motivational factors, such as satisfaction with the relationship or interest in the length of the relationship; and c) contextual factors, such as the level of stress experienced by both parties or the mood at the time. In addition, it can also be

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28 influenced by religiosity, the quality of relationships with extended family members, cultural differences, and gender roles. (Tang et al., 2022) (Hilpert et al., 2016)

5 Interpersonal, motivational, and religious factors were some of the supporting factors in selecting *dyadic coping* in the three participants. First, interpersonal factors include the ability to communicate, coordinate, and solve problems well, see problems from another perspective, and practical individual coping. Another interpersonal factor was found in three participants, namely educational background, which was very helpful in dealing with vaginismus well. The three participants, who are both doctors and are pretty familiar with vaginismus, have a strong belief that they will be cured if they undergo an assisted dilation procedure. This is in line with findings suggesting that married couples with more in-depth knowledge of the disease can participate better in treatment decision-making. (Raised et al., 2022; Cai, Qian, Huang, and Yuan, 2021)

Second, the motivational factor is satisfaction with a relationship that has been lived for a long time, focusing on the goals and expectations of marriage and considering that marriage is a learning process. According to married couples who are satisfied with the marriage they are living in, they seem to trust each other more, are open and communicative about the problems and concerns they are feeling, are aware of the other party's needs, and strive to fulfill them. Ultimately, they are more confident in helping each other and less willing to seek help from others besides their partner. Burke and Weir (1977)

Another motivational factor was found in one participant who was married remotely. When Participant R visited A in Jakarta, the two chose to do fun activities together instead of discussing vaginismus. According to one of the signs of an emotionally close married couple, they often spend their free time together. Doing activities together in their leisure time is one way married couples can build and maintain marital intimacy. Olson DeFrain, and Skogrand (2019)

10 5 Third, the religiosity factor also influenced the selection of *dyadic coping* in the three participants. When married couples both use religion as a source of coping, this attitude can be associated with better problem-solving. These findings are also in line with findings from those who said that religious beliefs can provide coping strategies such as optimism, supportive relationships, gratitude, respect for marital life and spiritual harmony, and influence attitudes to seek medical help (Yoshimoto et al., 2006) (Greil, McQuillan, Benjamins, Johnson, Johnson, & Hein, 2010)

After planning what vaginismus therapy to choose, Participant One decided to do independent dilatation. Self-dilation is a method of healing vaginismus by

practicing using dilators without the help of botox injections in the vaginal muscles. The second and third participants chose assisted dilation treatment, which is a method of healing vaginismus by practicing using dilators with the help of botox injections in the vaginal muscles (Pacik & Geletta , 2017)

## Conclusion

32 Various psychological pressures are caused by vaginismus, such as pressure related to penetration, pregnancy demands, and negative self-assessments. In the *dyadic coping process* that occurs in married couples with vaginismus in the form of stress, communication is carried out openly and by showing sadness and anger. In the next stage, in addition to perception, it turns out that emotions also appear in response to the stress communication that occurs. The emergence of emotions is considered a form of participants' ability to carry out emotional regulation strategies. 20 The last stage of this process is the response in the form of *positive dyadic coping*, which is providing support and solving problems faced *in a supportive* and everyday *dyadic coping manner*. This series of processes leads to the closeness and quality of the couple's relationship to maintain the romantic relationship of marriage despite facing a stressful situation. The emotional process is a new finding from a series of *dyadic coping processes*; couples give rise to negative emotions at the beginning of the diagnosis, which are then managed into more positive emotions. 2

The benefits of the research are as a reference for *dyadic coping* in married couples with vaginismus so that couples always raise awareness, use positive assessments to strengthen each other, foster a sense of togetherness, and be able to adapt in order to establish romantic relationships as a married couple.

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