

From Shared Stress to Shared Strength: A Theoretical Model of Dyadic Coping in Couples Facing Depression and Anxiety

Maedeh khodaei¹, Atefe Shirali², Fatemeh Jabari³

1. MSc in Psychology, Islamic Azad University, Varamin-Pishva Branch, Tehran, Iran.

2. MSc in Psychology, Payame Noor University, Shiraz Center, Shiraz, Iran

3. MSc in Psychology, Takestan Non-Profit University, Qazvin Province, Iran

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ABSTRACT

Depression and anxiety are among the most common psychological disorders worldwide, often occurring within the context of close relationships. While significant progress has been made in understanding their intrapersonal dynamics, less attention has been paid to how these disorders manifest and are managed within romantic dyads. This conceptual paper proposes the Dyadic Spiral of Vulnerability and Resilience (DSVR)—a theoretical model that integrates clinical symptomatology with systemic and interpersonal coping processes. The model delineates two potential trajectories couples may follow when confronted with psychological distress: a spiral of vulnerability characterized by misattunement and symptom escalation, and a spiral of resilience shaped by emotional co-regulation, shared meaning-making, and dyadic agency. By situating emotional suffering within a relational framework, the DSVR model advances current theory in couple therapy and health psychology. Implications for clinical intervention, empirical research, and relational education are discussed, highlighting the transformative potential of connection in the face of shared stress.

Introduction

Mental health challenges, particularly depression and anxiety, have reached unprecedented levels globally, profoundly affecting not just individuals, but also their closest interpersonal relationships [1]. Current estimates indicate that approximately 280 million individuals worldwide are coping with depression, and over 300 million experience anxiety disorders, many of whom share their daily lives within intimate partnerships [1, 2]. Despite the extensive body of research that addresses the intrapersonal aspects of these disorders, such as cognitive patterns and biological factors, there remains a substantial gap in understanding how these conditions influence and are influenced by relational dynamics within romantic couples [3, 4].

Romantic partners often serve as primary emotional regulators, directly shaping each other's experiences of psychological distress through daily interactions and shared coping strategies [5, 6]. Indeed, empirical evidence increasingly shows that relational quality is a critical predictor of psychological outcomes; supportive partnerships can buffer against emotional deterioration, while relational distress may exacerbate symptoms of depression and anxiety [4, 7].

Recent advances in health psychology underscore the necessity of transcending traditional, individually-focused treatment models, calling instead for relationally embedded approaches that reflect the inherently interpersonal nature of human emotional functioning [6, 8]. Dyadic coping a construct rooted deeply in systemic and interpersonal frameworks offers valuable insights into how couples jointly navigate emotional burdens and manage the complexities of shared distress. Evidence consistently demonstrates that effective dyadic coping is positively associated with improved relational satisfaction and significant reductions in individual depressive and anxious symptomatology [3, 9].

In this conceptual paper, we propose the Dyadic Spiral of Vulnerability and Resilience (DSVR), a novel theoretical model explicitly integrating clinical symptomatology with relational coping mechanisms. The central aim is to theorize how couples encountering psychological disorders move dynamically from a state of shared stress toward one of shared strength, resilience, and growth. By bridging traditional psychopathological models with systemic approaches from couple and family psychology, the DSVR model seeks to offer both researchers and clinicians a clearer, more actionable framework for understanding and intervening in the intricate interplay between emotional disorders and relationship dynamics [6, 8, 10].

2. Theoretical Background

2.1. From Individual to Relational Coping Paradigms

Historically, depression and anxiety have been conceptualized primarily as individual disorders, grounded in cognitive distortions, affective dysregulation, and neurochemical imbalances [11, 12]. These frameworks particularly cognitive-behavioral and biomedical approaches have contributed significantly to diagnostic clarity and treatment development. Yet, despite their utility, they offer limited insight into how emotional suffering unfolds within the context of close relationships, especially romantic ones [4]. More recent developments in systemic and interpersonal psychology call into question the adequacy of isolated models. Empirical studies increasingly show that emotional disorders are not just intrapersonal phenomena but also deeply embedded in relational processes [8, 13]. For example, relational distress often precedes the onset of depressive symptoms, and poor communication patterns can perpetuate cycles of anxiety or emotional disengagement [7, 14]. In this light, distress does not merely happen *within* individuals it happens *between* them. This shift has inspired a reconceptualization of mental health, emphasizing how partners shape each other's emotional regulation, stress appraisals, and sense of safety. In

emotionally close relationships, particularly romantic ones, partners serve as co-regulators of affect, modulating each other's emotional arousal through daily interactions, conflict, caregiving, and support [15, 16]. Consequently, the health of the relationship becomes inextricably linked with the psychological well-being of its members.

A relational lens offers two important contributions. First, it recognizes that depression and anxiety often generate interpersonal consequences withdrawal, criticism, emotional volatility that can impair the very relationships that might otherwise serve as buffers against suffering. Second, it suggests that couples are not merely reactive units but have agency: through shared meaning-making, mutual attunement, and coordinated coping, they can actively reshape the trajectory of emotional suffering [6, 10].

2.2. The Systemic Transactional Model of Dyadic Coping

Among the most influential relational models is the Systemic Transactional Model (STM), introduced by Bodenmann and widely adopted in the study of couple functioning. The STM posits that stress experienced by one partner inevitably affects the other, initiating a reciprocal process of interaction that can lead to either constructive or destructive outcomes [9]. Within this framework, dyadic coping involves not just individual stress management, but coordinated efforts to confront challenges together through empathy, joint problem-solving, and emotional co-regulation [3].

Research shows that positive dyadic coping characterized by responsiveness, perspective-taking, and emotional availability is associated with higher relationship satisfaction, increased intimacy, and reduced psychological distress [5, 17]. Conversely, patterns such as emotional disengagement, minimization, or reactive hostility often reinforce dysfunctional cycles, deepening the impact of depression and anxiety on both partners [18, 19]. Despite its strengths, STM does not fully account for the specific dynamics posed by clinical-level psychopathology. Symptoms such as emotional numbing, cognitive distortions, or heightened physiological reactivity complicate communication and disrupt co-regulation, making dyadic coping particularly fragile in these contexts [8]. It is precisely at this intersection where individual symptoms meet relational processes that a more integrated model is needed. The Dyadic Spiral of Vulnerability and Resilience (DSVR) builds upon the foundations laid by STM but expands the framework by embedding symptom-specific dynamics directly into the dyadic coping process. By tracing how couples either spiral downward into distress or upward into resilience, the DSVR model offers a more nuanced and clinically relevant perspective for both researchers and practitioners.

3. Psychopathology in Dyadic Context

Depression and anxiety rarely remain confined to the internal landscape of the individual. Rather, they ripple outward, subtly and persistently shaping the contours of the couple's emotional connection. In romantic partnerships, psychological suffering is not experienced in a vacuum it is lived, interpreted, and often magnified through daily interactions, miscommunications, and unmet emotional needs [4, 19]. When one partner is struggling with depression, their symptoms such as emotional flatness, low energy, or social withdrawal—can easily be misread by the other as disinterest, detachment, or even rejection. Over time, these misinterpretations may accumulate, eroding the sense of emotional safety in the relationship [20]. In contrast, anxiety may show up as hypervigilance, repeated reassurance-seeking, or emotional overdependence, which can place significant strain on the non-anxious partner, often leading to frustration, avoidance, or counter-anxiety responses [5, 21].

These behavioral manifestations of internal distress are not neutral they pull partners into

emotional feedback loops. Through processes such as emotional contagion, co-rumination, or attachment-based reactivity, symptoms can effectively transfer from one partner to the other, blurring the boundary between “the affected” and “the unaffected” [15, 18]. One partner’s insomnia becomes the other’s irritability. One’s silence becomes the other’s insecurity. Without intentional co-regulation, both partners may become caught in a reactive spiral of misattunement and emotional withdrawal. This is what the DSVR model calls the Spiral of Vulnerability a relational cycle where unprocessed emotion, misaligned coping efforts, and symptom-driven behaviors compound distress for both individuals. In such contexts, even well-intentioned responses—such as offering advice, minimizing pain, or avoiding difficult conversations may inadvertently reinforce disconnection [16, 17]. And yet, couples are not powerless in the face of shared suffering. A growing body of research indicates that partners who approach psychological distress as a shared challenge rather than an individual weakness report greater relational satisfaction, stronger emotional resilience, and better treatment outcomes [8, 10]. This shift in perspective requires more than empathy; it involves a cognitive and emotional reappraisal of distress as something “ours,” not just “yours.”

When partners recognize these patterns and choose to co-navigate them with curiosity and care, they begin to reverse the spiral. Through attuned listening, collaborative problem-solving, and meaning-making conversations, couples can transform distress into a relational opportunity for growth. This is the heart of the Spiral of Resilience where shared emotional processing becomes a tool not only for symptom reduction but for deeper intimacy and mutual healing [6, 7].

Understanding this dual potential—between relational erosion and growth—is central to modern couple therapy. It moves us away from the idea that mental illness simply “tests” relationships, and toward a richer view in which relationships actively shape the experience and recovery of psychological disorders.

4. Proposed Theoretical Model: Dyadic Spiral of Vulnerability and Resilience (DSVR)

4.1 Introduction to the Model

Romantic relationships under the weight of depression and anxiety are rarely static. They shift, contract, rupture, and sometimes repair. Existing frameworks like the Systemic Transactional Model (STM) [9] and communal coping theory [10] have laid important groundwork in recognizing that couples do not suffer separately. Yet these models often stop short of capturing the moment-to-moment reactivity, emotional looping, and symptom-specific triggers that characterize couples navigating clinical distress.

The **Dyadic Spiral of Vulnerability and Resilience (DSVR)** builds on this foundation by offering a dynamic, recursive model that maps how psychological symptoms unfold in the relational space and how couples either spiral into disconnection or toward healing. It moves beyond trait-based descriptions of coping and instead focuses on interactional patterns—what partners do, feel, and say *in the process* of coping.

At its heart, the DSVR model answers a pressing clinical and theoretical question: **What makes one couple fall apart under pressure, while another grows stronger from the same emotional storm?**

4.2. Overview of the Model

The DSVR model outlines two interconnected, nonlinear relational pathways that couples may cycle through repeatedly:

1. **The Spiral of Vulnerability:** A pattern of escalating distress where unaddressed symptoms (e.g., emotional numbing, hypervigilance) trigger misattuned responses (e.g.,

withdrawal, criticism), leading to deteriorating emotional safety, relational detachment, and exacerbation of individual symptoms [18, 19].

2. **The Spiral of Resilience:** A trajectory in which partners recognize distress as shared, co-regulate emotional intensity, engage in meaning-making, and build relational strength that buffers against future disruptions [5, 6].

These spirals are not mutually exclusive. Most couples oscillate between them, often within the same week—or even the same day. What determines directionality is not the absence of conflict or symptoms, but how partners *respond to* and *interpret* each other's distress signals [15].

4.3. Core Components of the Model

1. Shared Stress Recognition

The first inflection point is appraisal: Do both partners view the distress as a shared experience? If one partner sees the other's symptoms as a personal flaw, burden, or failing, the relational space becomes adversarial. In contrast, communal illness appraisals are associated with increased empathy, collaborative coping, and lower emotional reactivity [8, 10].

2. Symptom-Specific Reactivity

Each disorder manifests differently. Depression often evokes withdrawal, low motivation, or emotional flatness, which can confuse or alienate the partner. Anxiety may present as hyperarousal, emotional volatility, or reassurance-seeking, which may be perceived as suffocating or irrational. These reactions can trigger secondary distress in the partner, such as helplessness or resentment, which then feeds back into the original symptom cycle [13, 20].

3. Emotional Misattunement vs. Co-Regulation

At this critical stage, couples either slide into emotional misattunement where one partner's distress is invalidated or mirrored in ways that deepen rupture—or shift into dyadic co-regulation, characterized by empathic listening, affect labeling, and mutual soothing [6]. This is the first true turning point between spiraling down or up [16].

4. Dyadic Meaning-Making and Agency

Couples who move beyond symptom management begin constructing shared narratives about their experience why it's happening, what it means, and what values it activates in their relationship. This shared meaning increases motivation, reframes suffering, and fosters relational agency the sense that “we can face this together” [7, 17].

5. Resilience Consolidation

With repeated cycles of co-regulation and shared reflection, couples develop what the DSVR model calls dyadic mastery: a confidence not in avoiding distress, but in navigating it collaboratively. This relational strength not only mitigates current symptoms but becomes protective for future stressors emotional, psychological, or situational [15, 22].

6. Visual Structure of the Model

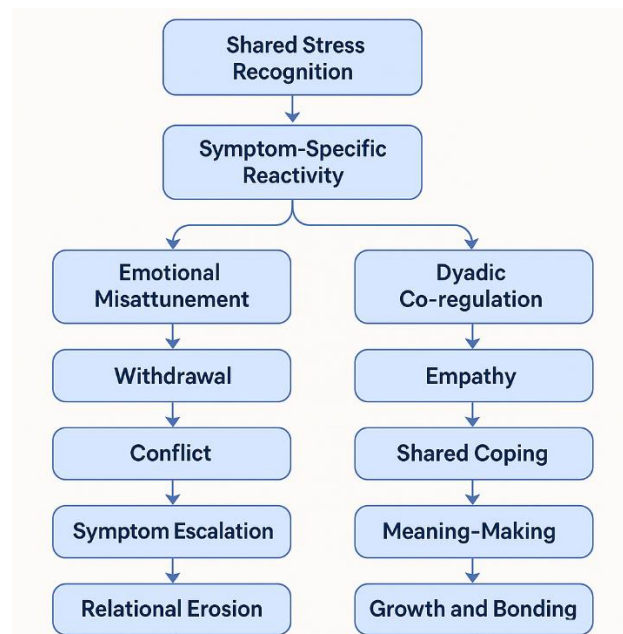


Figure 1. The Dyadic Spiral of Vulnerability and Resilience (DSVR) model.

Imagine the DSVR as a two-sided spiral: on the left, a downward loop of reactive distancing and symptom escalation; on the right, an upward curve of regulation, empathy, and growth. At each loop are decision points—moments of choice, misstep, or repair. The model is not prescriptive but diagnostic: it helps couples and clinicians locate where they are and identify what patterns need to shift.

The DSVR model does not seek to eliminate distress; it seeks to map the terrain through which couples move. In doing so, it offers not only a framework for understanding why some couples break under pressure while others deepen their bond, but also practical entry points for intervention, research, and resilience-building. Ultimately, the model affirms that relationships are not just passive containers of mental illness, but active ecosystems of emotional transformation.

5. Implications for Research and Practice

The proposed Dyadic Spiral of Vulnerability and Resilience (DSVR) model holds significant implications for both theory development and clinical practice in the field of couple therapy and health psychology. At its core, the model challenges the long-standing conceptual boundary between individual psychopathology and relational functioning by framing emotional disorders not merely as personal ailments but as systemic stressors reverberating through the intimate fabric of dyadic life [23].

From a theoretical standpoint, the model extends the logic of dyadic coping beyond external life stressors such as financial strain or caregiving demands to encompass internal, invisible stressors such as depression and anxiety. This reframing encourages researchers and clinicians to treat psychopathology not only as an internal experience but as a shared relational dynamic that unfolds in recursive patterns of action and reaction. Unlike static models that isolate symptoms within one partner, the DSVR framework posits that emotional suffering is both *reflected* and *reshaped* in the relational mirror, where each partner's coping response either attenuates or amplifies the other's distress [13, 18]. This systemic orientation invites further theorization on how emotional vulnerability, when held in safe interpersonal containers, can become a resource for connection and resilience rather than a trigger for disconnection [17].

Clinically, the model offers a fresh lens through which to design and deliver couple-based interventions. By mapping turning points where couples shift from vulnerability to resilience or vice versa it becomes possible to identify critical intervention windows. For example, when depressive withdrawal meets anxious over-engagement, clinicians can help couples deconstruct these patterns not as signs of incompatibility but as trauma-informed responses seeking safety in different ways. Through emotion-focused and attachment-based techniques, therapists can support couples in building co-regulation rituals, engaging in shared meaning-making, and fostering a collective sense of efficacy [10, 24]. The spiral metaphor itself may serve as a psychoeducational tool: a visual language through which partners can externalize their relational cycles and gain a shared narrative about how they experience pain and how they might heal [15].

On a research level, the DSVR model opens space for empirical investigations using dyadic and longitudinal methodologies. Daily diary studies, ecological momentary assessments (EMA), and physiological synchrony measures (e.g., heart rate variability, cortisol levels) may all provide insight into how real-time coping unfolds in couples facing psychological distress [25, 26]. Moreover, testing the model across different cultural contexts, sexual orientations, and relationship structures can help evaluate its generalizability and illuminate how intersectional identities interact with dyadic coping processes. Beyond clinical and empirical domains, the model has implications for public health and relationship education. As mental health becomes increasingly recognized as a social and relational concern, not just an individual diagnosis, there is growing need for preventive and early-intervention programs that teach relational literacy the capacity to identify, interpret, and respond to emotional distress as a shared human experience. The DSVR model supports such initiatives by offering a conceptual roadmap for designing psychoeducational curricula, digital interventions, and community-based supports that foster mutual empathy, shared meaning, and dyadic emotional regulation [3].

In sum, the DSVR model shifts the lens from pathology to potential from symptoms that divide to strategies that unite. By conceptualizing depression and anxiety as *relationally navigated phenomena*, it not only honors the complexity of intimate partnerships under strain but also invites a hopeful reimagining of couples as sites of recovery, not rupture [9].

6. Conclusion

The Dyadic Spiral of Vulnerability and Resilience (DSVR) provides a comprehensive theoretical lens for understanding the complexities of coping with depression and anxiety within romantic relationships. Traditional approaches have often viewed these emotional struggles primarily as individual burdens, overlooking how profoundly they are influenced by the relational dynamics within couples [3, 13]. By reconceptualizing depression and anxiety as inherently interpersonal phenomena, the DSVR model effectively bridges the gap between individual pathology and dyadic interaction, highlighting how relational responses either exacerbate vulnerability or promote resilience [8, 10].

Central to this model is the concept of co-regulation, where mutual responsiveness, empathy, and shared emotional understanding become key mechanisms of healing. When partners navigate distress through coordinated emotional attunement and meaning-making, they not only mitigate psychological symptoms but also strengthen their relational bonds [5, 15]. Conversely, maladaptive patterns of interaction, such as emotional withdrawal or anxious reassurance-seeking, can reinforce negative spirals, deepening both relational dissatisfaction and individual distress [7, 19]. Importantly, the DSVR model extends practical utility to clinicians, offering clear entry points for intervention by identifying critical relational turning points. Therapists can utilize the spiral metaphor itself as a psychoeducational tool, helping couples recognize their current relational

trajectories and empowering them to actively shift toward resilience through improved emotional regulation and adaptive coping strategies [18, 27].

Furthermore, from a research standpoint, this model encourages a shift toward methodologies capable of capturing dynamic, real-time interactions. Ecological momentary assessments, longitudinal dyadic studies, and physiological synchrony research can illuminate the immediate relational processes underlying coping and emotional regulation in couples facing depression and anxiety [22, 26].

Lastly, the DSVR framework holds significant potential for broadening public health perspectives, highlighting the importance of relationship education and community interventions aimed at fostering relational resilience. Promoting relational literacy—understanding and effectively responding to emotional distress as a shared challenge—can contribute significantly to the prevention and early intervention of emotional disorders within relational contexts [28, 29].

Ultimately, by reframing emotional disorders as relationally navigable experiences rather than purely individual pathologies, the DSVR model emphasizes that the profound potential for healing lies not just within individuals, but within the quality and depth of their relational connections. This perspective invites both researchers and clinicians to view relationships as dynamic ecosystems capable of remarkable resilience, growth, and mutual strength.

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