Centrality of Religiosity and Dyadic Coping in Close Romantic Relationships: Actor Partner Interdependence Model

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Abstract: Some studies suggest that religious people cope better with stress. For married couples, if partners perceive their relationship as sacred, supportive dyadic coping mediates the association of sanctification with marital satisfaction and well-being. In the current study, applying the actor–partner interdependence model to 116 Polish couples (n = 232), aged between 21 and 64 (males: M = 37.8, SD = 11.8; females M = 37.1, SD = 12.0), we examined the link between centrality of religiosity and dyadic coping. Although general dyadic analyses indicate that centrality of religiosity and dyadic coping are unrelated concepts, at the subscales level, we could observe few significant relationships. The results show that Polish religious men rate their common dyadic coping low. Actor effects in women are moderated by the type of relationship (cohabitation and civil marriage vs. catholic marriage).

Keywords: actor–partner interdependence model (APIM); centrality of religiosity; dyadic analyses; coping with stress; dyadic coping; intimate relationships; religious congruence of the partners; relationship functioning; relationship satisfaction

1. Introduction

Religion plays an important role in the lives of many people. In the United States, approximately 96% of adults believe in God (Hackett and McClendon 2017) and 72% identify religion as the most important element influencing their lives (Bergin and Jensen 1990). Of the world's population, 84% identify with a religious group and we are seeing an upward trend. Christians remain the world's largest religious group (Waltner 2020), while in Europe, their numbers are falling. The second largest group in Europe are not followers of Islam, but people who do not profess any religion. The percentage of atheists/agnostics is high in many places, mainly in Western Europe, but also in the Czech Republic (78.4% of the population).

In trying to cope with difficult times, people often turn to religion, and religious people cope better with stress (Ano and Vasconcelles 2005). At the individual level, religion can be both a source of social support (King and Schafer 1992) and can provide a framework for perceiving stressful events in a way that gives them meaning and leaves a sense of meaning and control (Ghafouri et al. 2016). Using positive religious coping strategies is associated with greater satisfaction with life (Siegel et al. 2001), better adaptation to problem situations (Nairn and Merluzzi 2003), greater spiritual and personal growth (Moussa and Bates 2011), fewer depressive and anxiety symptoms (Rosmarin et al. 2009), and better overall health (Bediako et al. 2011).

Current research focuses on analysing the relationship between religion and relationship functioning in the context of dyadic coping. The collected data concern Polish couples, i.e., representatives of the population of one of the most religious countries in Europe. Nearly 94% of Poles declare belonging to a religious denomination (including 92% of the faithful of the Roman Catholic Church), 81% are declared God believers, and about 70% pray at least once a week (Bieńkuńska and Ciecieląg 2018). Our goal is to better

understand the mechanisms of close behaviour in the face of stress in the context of the centrality of religiosity. The implemented analyses based on the actor–partner interdependence model (APIM) allow for the simultaneous estimation of the effects of centrality of religiosity of both partners on various aspects of dyadic coping related to communication under stress and the support provided, both for oneself and for the partner.

1.1. Religion and Relationship

The religious attitudes of the partners can be of great importance in the dyadic context because religion gives guidance to life and provides a system of beliefs and values that can affect married life (Czyżowska et al. 2017; Hünler and Gençöz 2005). Religion also places great emphasis on faithfulness, loyalty, responsibility, commitment to the relationship and relationship development, mutual support, and forgiveness. The centrality of religiosity is defined by Huber and Huber (2012) as a personal construct, both in terms of its content and motivational functions. The more central religiosity is to the personality structure, the more it influences the daily functioning of a person in all areas of their life (Huber and Huber 2012). This means that the behaviours, decisions, style of communication with the spouse, and the type of support provided will not be accidental but dictated by the values and norms resulting from religion (Śliwak et al. 2017).

Research shows that higher religiosity means a lower risk of divorce (Brown et al. 2008); greater relationships harmony, happiness, and satisfaction (Ellison and Fan 2008; Mahoney 2010); higher self-esteem and optimism (Lakatos and Martos 2019); greater commitment (Allgood et al. 2008; Wolfinger and Wilcox 2008); closeness; and better communication (Śliwak et al. 2017). Religion buffers the negative impact of stress on marriage satisfaction (Sullivan 2001); protects against physical aggression (Ellison et al. 2007) and verbal aggression (Bodenmann et al. 2010); and significantly influences conflict resolution and decision-making, and sexuality (Giblin 1997). Some aspects of religiosity are positively correlated with forgiveness (McDonald et al. 2018), lower tendency to marital conflict (Brody et al. 1994), better conflict management (Gardner et al. 2008), and more often use positive dyadic coping strategies (Pargament et al. 2017). The spouses' prayer practices help to solve the problems they experience, thus strengthening their relationship and the partner-oriented approach (Śliwak et al. 2017).

Not only religiosity of the spouses but also their congruence of beliefs and religious practices for the relationship satisfaction was highlighted (Myers 2006; Śliwak et al. 2017). The more similar the partners are in their religious attitudes, the more common religious practices, such as reading the Bible and religious literature, praying, and attending church, protect against relationship breakdown and divorce (Peterson et al. 2003). Partners who share faith may feel an increased motivation to support their spouses (Marks and Dollahite 2016; Krause 2006). If both spouses see their relationship as sacred, supportive dyadic coping moderates the relationship between the sanctification of the relationship and marital satisfaction and well-being (Rusu et al. 2015).

At the same time, research results indicate that, depending on religiously motivated activities, religiosity may also hinder relationships (Burr et al. 2012). An incongruent type of religiosity of spouses may result in worse relational functioning (Dollahite et al. 2019). The research by Van Scoy (2012) did not confirm the relationship between religious coping and dyadic adjustment, and the increased support offered in stressful situations did not mediate the relationship between the spirituality of the individual and the psychological aggression of the partner.

1.2. The Aim of the Study

The aim of this study is to analyse the relationships between the partners' centrality of religiosity and their dyadic coping (Figure 1). Using the actor–partner interdependence model (APIM) (Kenny et al. 2006), the effects of the woman/man's centrality of religiosity on her/his own dyadic coping was also tested (actor effects) and the effects of the woman/man's centrality of religiosity on her/his partner's dyadic coping (partner effects).

In addition, the aim of the study was to determine whether the congruence of the partners' results in terms of centrality of religiosity affects their dyadic coping (Figure 1) and whether the type of relationship (Roman Catholic marriage versus cohabitation and civil marriage) affects the relationship between centrality of religiosity and dyadic coping.
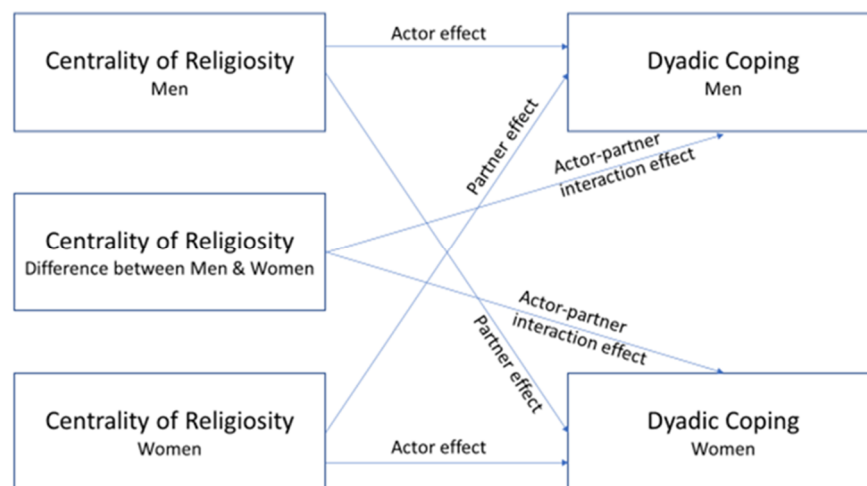
Figure 1. Centrality of religiosity effects on dyadic coping. Base model. Note. The model also includes type of relationship as a covariant affecting all variables (not depicted for clarity of presentation).

The research results to date indicate a relationship between religiosity and relationship functioning; additionally, religiosity and partner's support are both strategies for coping with stress, so it can be assumed that there are areas that may turn out to be common to both concepts. At the same time, it cannot be assumed that people whose religiosity is the central part of their personality will communicate their needs better and support their partner in stress more effectively, even if the motivation based on religious motives would be higher. The presented model determines the relationships about the existence of which we are asking, without making specific hypotheses, for which, in our opinion, there are no sufficiently solid foundations. Our analyses are exploratory in nature, and their aim is to examine the relationship between the two concepts. Our main research question is as follows:

Research question 1 (RQ1): Does centrality of religiosity affect dyadic coping?

We analyse the relationships between the two concepts at the level of general dimensions (CR and DC) and at the level of individual subscales. At the same time, we are interested in whether the relationships between the analysed variables are affected by the type of relationship:

Research question 2 (RQ2): Is there a difference in the size of the CR effect on DC between Catholic and non-Catholic marriages/cohabiting couples?

1.3. Method

1.3.1. Procedures

Eligibility to participate in the study was having been in a formal or informal heterosexual relationship for at least 12 months. A snowball sampling technique was used: married university students were identified, and then, they referred us to other respondents. Participants agreed to participate in the study on a voluntary basis. All participants signed a consent form. The randomly selected couples received cinema tickets. All procedures carried out in human studies were compliant with the ethical standards of an institutional research commission (Ethics Committee of the Institute of Psychology of X University; KE/01/102018), the Helsinki Declaration of 1964, and subsequent amendments or comparable ethical standards.

1.3.2. Participants

In total, 116 heterosexual couples (*n* = 232 people) participated in the study. The mean age of men was 37.8 years (*SD* = 11.8, range = 21–64); the mean age of women was 37.1 years (*SD* = 12.0, range = 21–64). The vast majority of the respondents (60.3%) were married (*n* = 140: 65 catholic marriages and 7 civil marriages), and 39.6% (*n* = 92) were cohabiting. Regarding respondents' relationship length, 28.4% were 1–5 years (*n* = 34), 19.8% were in the range of 6–10 years, 16.4% were in the range of 11–20 years, 20.7% were in the range of 21–30 years, and 14.7% were over 30 years. Couples had from zero to six children (*M* = 1.16; *SD* = 1.3). For education level, 37.9% of women and 35.3% of men reported completion of lower secondary school education, 62% of women and 62% of men reported completion of high school education, and 8% of women and 2.6% of men reported completion of vocational education.

1.3.3. Measures

The Centrality of Religiosity Scale (CRS) (Huber and Huber 2012), validated by Zarzycka (2007), consists of 15 items and measures the general intensities of five theoretically defined core dimensions of religiosity: public practice (PUB; e.g., *How often do you take part in religious services?*), private practice (PRIV; e.g., *How often do you pray?*), religious experience (RE; e.g., *How often do you experience situations in which you have the feeling that God or something divine is present?*), ideology (ID; e.g., *To what extent do you believe that God or something divine exists?*), and the intellectual dimension (INT; e.g., *How interested are you in learning more about religious topics?*). The sum of the five dimensions gives the total centrality of religiosity (CR) result. It determines the place of religious constructs in the structure of all personal constructs of an individual's personality. Depending on the number of points obtained, people are categorized as non-religious, religious, or highly religious. The reliability of the CRS is $\alpha = 0.82$.

The Dyadic Coping Inventory (DCI) (Bodenmann 2008), validated by Wendołowska et al. (2020), is a 37-item questionnaire that assesses how couples cope with stress. It consists of five scales that estimate dyadic coping (DC) by self and by Partner: stress communication (SC; e.g., *I openly tell my partner how I feel and when I need support*); emotion-focused supportive DC, e.g., *I show my partner compassion and understanding*; problem-focused supportive DC, e.g., *I help my partner to see stressful situations in a different light*; delegated DC, e.g., *I take on things that my partner would normally do in order to help him/her out*; and negative DC, e.g., *I do not take my partner's problems seriously*. There are also two scales for common DC: problem-focused common DC (e.g., *We try to cope with the problem together and search for ascertained solutions)* and emotion-focused common DC (e.g., *We help each other relax with such things like massage, taking a bath together, or listening to music together*). Respondents complete the inventory by marking their responses on a 5-point scale. The total score of DC is the sum of items 1–35 after reverse coding is applied to the negative behaviour scale items. Items 36 and 37 are not included in the overall score. A total score of less than 111 means low DC; a total score greater than 145 signifies high DC. The scale reliability is $\alpha = 0.84$.

1.4. Analysis Strategies

The means and standard deviation were calculated for all variables; differences between men and women were examined using the *t* test for dependent samples. Dyadic data were analysed using the actor–partner interdependence model (APIM) approach (Cook and Kenny 2005). The APIM was developed as a conceptual framework for collecting and analysing dyadic data, primarily by stressing the importance of considering the non-independence between dyad members (Kenny 1996). The independent variable is centrality of religiosity (CR) and all CR subscales; the dependent variable is dyadic coping (DC) and all DC subscales.

In model 1, which is the base APIM (Figure 1), we examine the effects of centrality of religiosity on dyadic coping. The type of relationship (RC marriage vs. cohabitation and

civil marriage) was added to the analysis as another variable that potentially confounds the relationship between the centrality of religiosity and dyadic coping.

To test the differences between the sexes, we calculated the difference between the actor effects of women and men as well as the difference between the partner effects of women and men (Kenny 1996). All tests were performed at a significance level of 0.05. All APIM analyses were performed with Structural Equation Modeling SEM (Stas et al. 2018), implemented by R's lavaan package (Rosseel 2012) and double verified with the APIM_SEM app (Garcia et al. 2014). All other analyses were performed using IBM SPSS Statistics 24 statistical package (Armonk, NY, USA), shared by Predictive Solutions (Krakow, Poland) as the PS IMAGO PRO Academic package.

2. Results

2.1. Descriptive Statistics

The results of the Student's *t*-test for dependent samples showed sex differences in both CR (Table 1) and DC (Table 2). Women's scores were significantly higher than men's scores on the ideology, private practice, and religious experience scales (Table 2). Both spouses in catholic marriages have significantly higher scores on all CR scales (with the exception of the public practice scale in men) (Table 1).

Table 1. Descriptive statistics, Cronbach's α, and the sex and group differences (CRS).

	Type of Relationship Differences			Sex Differences		
	Woman *M(SD)* nonRC RC	Man *M(SD)* nonRC RC	*t* Woman Man	*M* Woman Man	*SD* Woman Man	*t*
Intellectual dimension	6.78 (2.78) 8.25 (3.01)	6.22 (3.01) 8.08 (3.15)	−2.69 ** −3.22 **	7.60 7.26	2.99 3.21	1.18
Ideology	8.76 (3.22) 9.92 (2.91)	7.86 (3.38) 9.34 (3.54)	−2.03 * −2.27 *	9.41 8.69	3.09 3.53	2.33 *
Private practice	7.53 (3.25) 9.69 (3.74)	6.82 (3.02) 8.71 (3.83)	−2.28 *** −2.88 **	8.74 7.88	3.68 3.61	2.67 **
Religious experience	8.55 (3.67) 10.35 (3.59)	7.43 (3.86) 9.34 (4.24)	−3.66 ** −2.50 *	9.56 8.50	3.72 4.17	3.01 **
Public practice	8.63 (3.14) 9.91 (2.84)	8.18 (3.32) 9.25 (3.41)	−2.30 * −1.70	9.34 8.78	3.03 3.40	1.80
CR total	40.24 (14.93) 48.09 (15.10)	35.55 (15.52) 44.72 (17.41)	−2.79 ** −2.95 **	44.64 4.69	15.47 17.16	2.76 **

* *p* < 0.05; ** *p* < 0.01; *** *p* < 0.001 (*n* = 116); RC—roman catholic marriage; nonRC—civil marriage and cohabitation; CR—centrality of religiosity.

In the case of DC, compared with men, women obtained significantly higher scores on these scales: stress communication and emotion-focused supportive DC by self. Men scored higher on negative DC by self and on emotion-focused supportive DC by partner only (Table 2). The results of the *t*-test for independent samples show significant differences in DC between catholic vs. civil marriages and cohabiting couples (Table 2). Compared with women in civil marriages and cohabitants, women from the group of catholic marriages had significantly lower results on the scales for stress communication, emotion-focused supportive DC by self and by partner, problem-focused supportive DC, and emotion-focused common DC but higher on negative DC by self. Compared with men from the group of civil marriages and cohabitants, men from the group of catholic marriages had significantly lower results in the emotion-focused SDC by partner and emotion-focused common DC scales.

Table 2. Descriptive statistics, Cronbach's α, and the sex and group differences (DCI).

	Type of Relationship Differences			Sex Differences		
	Woman *M(SD)* nonRC RC	Man *M(SD)* nonRC RC	*t* Woman Man	*M* Woman Man	*SD* Woman Man	*t*
DC by Self						
SC	7.90 (1.51) 6.48 (1.88)	6.00 (2.72) 5.7 (11.82)	4.41 *** 0.69	7.10 5.84	1.86 2.25	5.05 ***
Emotion-focused SDC	13.06 (1.85) 11.72 (1.69)	11.86 (2.56) 11.48 (1.90)	4.05 *** 0.93	12.31 11.65	1.88 2.21	2.95 **
Problem-focused SDC	7.73 (1.59) 7.34 (1.61)	7.76 (1.72) 7.35 (1.56)	1.29 1.35	7.51 7.53	1.61 1.63	−0.12
DDC	6.84 (1.41) 6.46 (1.77	6.61 (1.69) 6.57 (1.65)	1.26 0.12	6.63 6.59	1.62 1.66	0.22
NDC	13.51 (1.97) 12.74 (2.00)	12.12 (2.72) 12.37 (2.51)	2.07 * −0.52	13.08 12.26	2.02 2.59	3.32 ***
DC by Partner						
SC	6.47 (2.00) 5.48 (2.010	9.00 (13.70) 6.49 (1.54)	2.65 ** 1.47	5.91 7.59	2.06 9.19	−1.86
Emotion-focused SDC	11.98 (2.47) 10.26 (2.58)	12.71 (5.38) 11.08 (2.22)	3.63 *** 2.03 *	11.02 11.79	2.66 4.00	−2.01 *
Problem-focused SDC	7.59 (1.64) 6.66 (2.03)	7.63 (5.48) 6.60 (1.70)	2.65 ** 1.43	7.07 7.05	1.92 3.86	0.05
DDC	6.75 (2.05) 6.03 (2.05)	6.35 (2.32) 6.00 (1.90)	1.86 0.90	6.34 6.16	2.07 2.10	0.70
NDC	12.67 (2.54) 11.78 (2.69)	12.49 (2.96) 11.94 (2.75)	1.80 1.04	12.17 12.18	2.65 2.85	−0.03
Common DC						
Emotion-focused CDC	7.96 (1.70) 6.38 (2.07)	7.41 (1.85) 6.62 (1.96)	4.39 *** 2.23 *	7.08 6.97	2.06 1.94	0.63
Problem-focused CDC	12.43 92.38) 11.40 (2.21)	12.08 (2.49) 11.55 (2.21)	2.42 ** 1.20	11.85 11.78	2.33 2.34	0.30
Aggregated DCI scales						
Evaluation of DC	7.73 (1.72) 7.03 (1.80)	7.96 (2.40) 7.62 (1.52)	2.10 * 0.94	7.34 7.77	1.79 1.95	−2.01 *
DC by self	49.04 (5.54) 44.74 (5.41)	43.76 (8.33) 43.48 (5.40)	4.20 *** 0.22	46.63 43.60	5.85 6.81	4.26 ***
DC by partner	45.45 (7.66) 40.22 (8.03)	44.16 (9.39) 42.11 (6.80)	3.56 *** 1.36	42.52 43.01	8.26 8.07	−0.60
DCI total	114.88 (14.52) 102.74 (14.54)	106.76 (21.25) 103.75 (12.95)	4.47 *** 0.94	108.08 105.08	15.68 17.08	1.92

* *p* < 0.05; ** *p* < 0.01; *** *p* < 0.001 (*n* = 116), DC—dyadic coping; SC stress communication, SDC supportive DC, DDC delegated DC, NDC negative DC, CDC common DC; RC—roman catholic marriage; nonRC—civil marriage and cohabitation.

In general, the subscales and aggregated DCI scales do not correlate with any of the SCR subscales (Table 3). A few negative significant weak correlations exist only between negative DC by partner, religious experience, and the intellectual dimension in women (Spearman rank correlation coefficient (*rs*) ranged from −0.24 to −0.21) and between emotion-focused common DC and the intellectual dimension, ideology, private practice, and religious experience in men (*rs* ranged from −0.19 to −0.24).

Table 3. Intercorrelations among path model variables for women (_A) and men (_P).

	INT_A	ID_A	PUB_A	PRIV_A	RE_A	CR_A	INT_P	ID_P	PUB_P	PRIV_P	RE_P	CR_P
OSC_A	−0.06	−0.03	0.02	−0.05	−0.04	−0.04	−0.07	−0.06	−0.02	−0.08	−0.04	−0.05
OSDCE_A	−0.14	−0.07	−0.03	−0.10	−0.09	−0.09	−0.12	−0.13	−0.05	−0.09	−0.13	−0.14
OSDCP_A	−0.09	−0.07	−0.02	−0.10	−0.07	−0.08	−0.12	−0.15	−0.06	−0.12	−0.08	−0.12
OSDC_A	−0.14	−0.09	−0.03	−0.12	−0.10	−0.10	−0.14	−0.17	−0.07	−0.13	−0.13	−0.15
ODDC_A	0.02	−0.01	−0.03	−0.01	0.01	−0.00	−0.07	−0.05	−0.04	−0.03	−0.01	−0.02
ONDC_A	−0.11	0.04	0.05	−0.08	0.01	−0.02	−0.09	−0.08	−0.04	−0.05	−0.07	−0.09
PSC_A	−0.07	−0.05	0.02	0.07	−0.01	−0.00	−0.07	0.07	0.04	0.07	0.02	0.07
PSDCE_A	−0.16	−0.07	−0.05	−0.13	−0.11	−0.11	−0.11	−0.10	−0.07	−0.11	−0.14	−0.12
PSDCP_A	−0.03	0.00	0.07	0.04	0.06	0.03	−0.05	−0.06	−0.04	−0.12	−0.07	−0.11
PSDC_A	−0.12	−0.06	0.01	−0.06	−0.04	−0.06	−0.09	−0.09	−0.07	−0.13	−0.13	−0.13
PDDC_A	−0.11	−0.02	−0.06	−0.16	−0.07	−0.09	−0.12	−0.11	−0.07	−0.10	−0.08	−0.07
PNDC_A	**−0.24 ***	−0.12	−0.11	**−0.21 ***	−0.15	−0.18	−0.06	−0.07	−0.02	−0.03	−0.09	−0.09
CDCE_A	−0.05	−0.02	−0.03	−0.04	−0.06	−0.04	−0.08	−0.04	−0.07	0.00	−0.04	−0.05
CDCP_A	−0.08	−0.06	−0.05	−0.01	−0.02	−0.04	−0.11	−0.06	−0.08	−0.02	−0.05	−0.04
CDC_A	−0.07	−0.05	−0.04	−0.03	−0.04	−0.05	−0.10	−0.06	−0.08	−0.01	−0.05	−0.05
DCeval_A	−0.08	−0.02	−0.02	0.01	−0.01	−0.03	−0.02	0.04	0.02	0.05	0.04	0.04
ODC_A	−0.12	−0.04	0.00	−0.11	−0.05	−0.07	−0.14	−0.14	−0.06	−0.11	−0.10	−0.13
PDC_A	−0.18	−0.08	−0.04	−0.12	−0.09	−0.11	−0.11	−0.08	−0.05	−0.08	−0.11	−0.09
Total_A	−0.16	−0.07	−0.03	−0.11	−0.08	−0.10	−0.14	−0.11	−0.07	−0.09	−0.11	−0.11
OSC_P	−0.06	0.00	0.02	−0.02	0.03	−0.01	0.07	−0.11	0.04	−0.10	−0.05	−0.18
OSDCE_P	−0.02	−0.00	−0.01	−0.03	−0.02	−0.02	−0.07	0.02	−0.07	−0.04	−0.06	0.04
OSDCP_P	0.06	0.03	0.07	0.03	0.02	0.04	0.02	0.10	0.01	0.02	−0.00	0.09
OSDC_P	0.02	0.01	0.05	0.00	−0.01	0.01	−0.05	0.07	−0.05	−0.01	−0.04	0.08
ODDC_P	0.08	0.09	0.04	0.02	0.11	0.07	0.07	0.05	0.02	0.03	0.08	0.04
ONDC_P	**−0.19 ***	−0.09	−0.09	−0.13	−0.08	−0.12	−0.16	−0.07	−0.15	−0.03	−0.10	−0.03
PSC_P	−0.07	−0.00	0.05	−0.07	−0.01	−0.02	0.21 *	−0.10	**0.19 ***	−0.07	0.02	−0.19 *
PSDCE_P	−0.09	0.03	0.06	−0.04	0.01	−0.01	0.12	−0.18	0.07	−0.10	−0.07	−0.23 *
PSDCP_P	−0.11	−0.02	0.01	−0.08	−0.02	−0.05	**0.19 ***	−0.13	0.12	−0.05	−0.00	**−0.19 ***
PSDC_P	−0.04	0.03	0.04	0.02	0.02	0.01	−0.12	−0.12	**−0.18 ***	−0.05	−0.14	−0.07
PDDC_P	0.05	0.15	0.10	0.11	0.16	0.12	0.08	−0.07	0.07	−0.02	0.05	−0.09
PNDC_P	−0.01	0.03	0.05	0.05	0.05	0.04	−0.08	−0.08	−0.09	−0.01	−0.06	−0.04
CDCE_P	−0.12	−0.09	−0.09	−0.03	−0.06	−0.08	**−0.19 ***	**−0.23 ***	**−0.24 ****	**−0.21 ***	**−0.22 ***	**−0.23 ***
CDCP_P	−0.12	−0.04	−0.04	−0.05	−0.01	−0.05	−0.01	−0.07	−0.03	−0.07	−0.05	−0.08
CDC_P	−0.14	−0.07	−0.07	−0.05	−0.04	−0.08	−0.11	−0.17	−0.14	−0.16	−0.15	−0.17
DCeval_P	−0.10	0.01	−0.01	0.02	0.05	−0.01	0.09	−0.13	0.00	−0.06	−0.01	−0.15
ODC_P	−0.03	0.00	−0.01	−0.03	0.01	−0.01	−0.13	0.02	−0.14	−0.02	−0.07	0.05
PDC_P	0.03	0.08	0.09	0.08	0.08	0.08	−0.15	−0.08	−0.18	−0.04	−0.10	−0.03
Total_P	−0.01	0.03	0.02	0.03	0.03	0.02	**−0.19 ***	−0.05	**−0.21 ***	−0.06	−0.11	0.00

* $p < 0.05$; ** $p < 0.01$; (n = 116); DC—dyadic coping; O—own, P—partner; SC—stress communication; SDC—supportive DC; DDC—delegated DC; NDC—negative DC; CDC common—DC; PUB—public practice; PRIV—private practice; RE—religious experience; ID—ideology; INT—intellectual dimension.

2.2. Actor–Partner Interdependence Model

According to the APIMPower app (Ackerman and Kenny 2016), 91 dyads are the minimum sample size necessary to detect actor and partner effects for an actor–partner interdependence model analysis with distinguishable dyads, a desired power level of 0.80, and alpha of 0.05. Our sample consists of 116 dyads, so we can conclude that our sample size is sufficient for the APIM analysis. Most of the tested APIM models showed no actor or partner effects of DCI scales and subscales on CR dimensions. The effect of the CR difference between men and women on the DC total was not statistically significant (women: 0.17, $p = 0.305$, 95% CI [−0.155, 0.495]; men: −0.162, $p = 0.373$, 95% CI [−0.519, 0.195]).

The APIMs for men and women were tested based on correlation results among the variables (Table 3). A few weak significant actor effects were observed in women (Table 4) and men (Table 5). Prayer practitioners and women with greater religious knowledge were more likely to give their partners high scores on the negative dyadic coping scale. The higher the men scored on the religious public practice and total CR scales, the lower they rated their female partners on the scales of stress communication and emotion-focused supportive DC. The higher the men scored on the scales of religious ideology, public practice, private practice, and religious experience, the lower they rated their common emotion-focused DC. Women from the catholic marriage group scored 12.23 points less in dyadic coping than women from the civil marriages and cohabitants group ($p < 0.001$).

Table 4. Significant religiosity effects on dyadic coping in women.

		CR → DC	Estimates	Z
Model 1	Actor effects	Woman (INT) → Woman (NDC by Partner)	−0.225 *	−2.466
		Man (INT) → Man (NDC by Partner)	−0.076	−0.794
	Partner effects	Woman (INT) → Man (NDC by Partner)	0.083	0.966
		Man (INT) → Woman (NDC by Partner)	0.057	0.565
Model 2	Actor effects	Woman (PRIV) → Woman (NDC by Partner)	−0.180 *	−2.292
		Man (PRIV) → Man (NDC by Partner)	−0.033	−0.381
	Partner effects	Woman (PRIV) → Man (NDC by Partner)	0.099	1.255
		Man (PRIV) → Woman (NDC by Partner)	0.083	0.963

* $p < 0.05$; DC dyadic coping, SC stress communication, SDC supportive DC, DDC delegated DC, NDC negative DC, CDCE emotion-focused common DC; PUB public practice, PRIV private practice, RE religious experience, ID ideology and INT intellectual dimension.

Table 5. Significant religiosity effects on dyadic coping in men.

		CR → DC	Estimates	Z
Model 3	Actor effects	Woman (CR total) → Woman (SC by Partner)	−0.008	−0.552
		Man (CR total) → Man (SC by Partner)	−0.141 *	−2.408
	Partner effects	Woman (CR total) → Man (SC by Partner)	0.013	0.940
		Man (CR total) → Woman (SC by Partner)	0.074	1.139
Model 4	Actor effects	Woman (PUB) → Woman (SC by Partner)	0.032	0.457
		Man (PUB) → Man (SC by Partner)	0.592 *	2.176
	Partner effects	Woman (PUB) → Man (SC by Partner)	0.033	0.543
		Man (PUB) → Woman (SC by Partner)	−0.044	−0.143
Model 5	Actor effects	Woman (CR total) → Woman (SDCE by Partner)	−0.695	−0.166
		Man (CR total) → Man (SDCE by Partner)	−0.003 *	−2.766
	Partner effects	Woman (CR total) → MAN (SDCE by Partner)	−0.005	0.282
		Man (CR total) → Woman (SDCE by Partner)	0.052	1.898
Model 6	Actor effects	Woman (CR total) → Woman (CDCE)	0.005	0.357
		Man (CR total) → Man (CDCE)	−0.027 *	−2.195
	Partner effects	Woman (CR total) → Man (CDCE)	0.005	0.359
		Man (CR total) → Woman (CDCE)	0.902	0.885
Model 7	Actor effects	Woman (ID) → Woman (CDCE)	0.030	0.456
		Man (ID) → Man (CDCE)	−0.123 *	−2.156
	Partner effects	Woman (ID) → Man (CDCE)	0.009	0.162
		Man (ID) → Woman (CDCE)	0.034	0.529
Model 8	Actor effects	Woman (PRIV) → Woman (CDCE)	0.018	0.297
		Man (PRIV) → Man (CDCE)	−0.136 *	−2.369
	Partner effects	Woman (PRIV) → Man (CDCE)	0.053	0.895
		Man (PRIV) → Woman (CDCE)	0.086	1.504
Model 9	Actor effects	Woman (PUB) → Woman (CDCE)	0.046	0.704
		Man (PUB) → Man (CDCE)	−0.135 **	−2.374
	Partner effects	Woman (PUB) → Man (CDCE)	−0.021	−0.363
		Man (PUB) → Woman (CDCE)	0.037	0.570
Model 10	Actor effects	Woman (RE) → Woman (CDCE)	0.011	0.194
		Man (RE) → Man (CDCE)	−0.109 *	−2.200
	Partner effects	Woman (RE) → Man (CDCE)	0.017	0.329
		Man (RE) → Woman (CDCE)	0.058	1.043

Table 5. *Cont.*

		CR → DC	Estimates	Z
Model 11	Actor effects	Woman (PUB) → Woman (DC total)	0.343	0.685
		Man (PUB) → Man (DC total)	−1.322 **	−2.617
	Partner effects	Woman (PUB) → Man (DC total)	−0.167	−0.378
		Man (PUB) → Woman (DC total)	0.855	1.493

* $p < 0.05$; ** $p < 0.01$; DC dyadic coping, SC stress communication, SDC supportive DC, DDC delegated DC, NDC negative DC, CDCE emotion-focused common DC; PUB public practice, PRIV private practice, RE religious experience, ID ideology and INT intellectual dimension.

3. Discussion

Our research shows that dyadic coping is not related to the centrality of religiosity (RQ1) but is also not related to the couple's religious congruence. Although religion promotes commitment to a relationship, marital unity, forgiveness, and mutual support (Czyżowska et al. 2017) and it is associated with closeness and better communication (Śliwak et al. 2017), greater harmony of relationships (Mahoney 2010), and less conflict (Gardner et al. 2008), CR and DC seem to be unrelated concepts; however, this is not in line with Austin (Austin and Falconier 2013), who argued that the more spiritually oriented partners are, the more likely they are to engage in common DCs and to offer support to their partners using positive DC (Pargament et al. 2017). Our results do not support the conclusions of Yoshimoto et al. (2006), who found that married couples with a similar religious approach to coping also use better problem-solving strategies.

Women in our sample more often rated their own negative DCs as low compared with men; however religious women more often rated their own negative DCs as high compared with non-religious women. One possible explanation may be that religious women, due to their beliefs, seek to be more patient, understanding, and less prone to conflicts (Gardner et al. 2008); therefore, they can be more sensitive to their inappropriate behaviours towards their partner. According to the teaching of the church, they may feel obliged to examine their conscience and to sincerely regret their "sins". Admitting mistakes may act as a religious individual coping strategy (Austin and Falconier 2013). They turn to God for help, which gives them a sense of control over the situation and a sense of meaning and purpose (Pargament et al. 2017; Śliwak et al. 2017).

In our study, wives from the catholic marriages group obtained lower results in DC than women from the civil marriages and cohabitants group (RQ2). Religious men rated their partners as low in stress communication, emotion-focused supportive DC, and common emotion-focused DC. The religiosity of Polish women may be related to their belief in the stability and durability of marriage and their appreciation of the value of family ties (Mahoney 2010, 2013). Partners might be entrusting their problems to God but are simultaneously neglecting their partner and the problems in their relationship. Spirituality can serve as an individual coping strategy (DeAngelis and Ellison 2017; Howell et al. 2018; Manning et al. 2019) that allows one partner to better manage their own stress. Religious women, who hold the conviction that marriage is indissoluble and that there is a sense of obligation to remain in it, may paradoxically aim less to express their emotions and needs and to solve problems together with their partners; instead, they try more to deal with emerging difficulties on their own as they see this as their duty. Our result confirms the thesis that couples most often switch to dyadic coping only after ineffective attempts to apply individual strategies (Bodenmann 2005). On the other hand, one might assume that, if one partner has dealt with stress, they are now ready to offer support to their partner (Austin and Falconier 2013). Our results do not confirm such a readiness in women with a higher centrality of religiosity, which may be explained by (1) ineffective operation of individual strategies; (2) women's lower resources in coping with their own stress and providing support to their partners; (3) women's low motivation to provide support to their partner, which may result from either the belief that humans should cope on their own or a weaker condition of the relationship (Bodenmann 1995); and (4) poor communication

of humans in the context of expressing their own needs (Oppermann and Weber 2000). The SCR (Huber and Huber 2012) examines the religious construct system in personality, which is assumed to provide a picture of mature religiosity, but perhaps this system is not sufficiently activated in stressful situations to translate into rational behaviour dictated by faith rules.

The conceptual and methodological approach of our study has certain strengths: (a) the analysis of religious maturity (operationalized in this study by the centrality of religiosity) in the context of various forms of partners' behaviour in the calculation of stress (operationalized as dyadic coping); (b) the research sample (Polish couples) represents a country that is considered to be one of the most religious (RC religion); and (c) the dyadic approach, which allows simultaneous analysis of the actor and partner effects.

In the present study, however, there are a number of limitations, such as the cross-sectional design and the self-reported data. Additionally, our sample was relatively small (116 couples); 30% of participants were students with a short relationship (up to 5 years), and 6.4% lived separately. Compared with catholic marriages, there were only 7 civil marriages and 44 cohabitants that were identified as non-religious couples on the basis of the centrality of religiosity concept. All of these issues could certainly have had an impact on the final results of the research.

In order to obtain more reliable results, subsequent studies should focus on representative groups of religious and civil marriages, which are also more homogeneous in terms of age and relationship duration. It would also be interesting to try to define the meaning of belonging to a specific cohort (older and younger, and longer and shorter relationships) in order to understand the relationship between religiosity and dyadic coping. In order to better understand the mechanism that activates the motivation to support partner mechanisms, in future research, it would possibly also be worthwhile to focus on the relationship between individual strategies, dyadic strategies, and social support, including the type of stress experienced by couples, its origin, and the sequence of impact on individual partners (Bodenmann 2005). There is also a need for more research, including longitudinal studies that focus on the relationships between individual religious coping strategies, dyadic coping, and relationship functioning. Religiosity is a complex concept that can be difficult to define in terms of self-esteem measures. Future research should also include interviews and observational data.

4. Conclusions

Stress is widely recognized as a factor that is particularly harmful to relationships as it reduces the quality of their functioning (Neff and Karney 2004). Dyadic coping (Falconier et al. 2015; Hilpert and Marchand 2018) and religiosity (Fincham et al. 2004; Mahoney 2010) have the potential to buffer the harmful effects of stress on marital unity and relationship satisfaction. It is important to explore the mechanisms of relationship functioning, which translate into better coping and better relationship quality and satisfaction. Therefore, we believe that our results are an important complement to the knowledge in this area.

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