

Predicting Marital Burnout from Emotional Intimacy and Perceived Partner Responsiveness: The Mediating Role of Dyadic Coping

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ABSTRACT

Objective: The present study aimed to predict marital burnout from emotional intimacy and perceived partner responsiveness and to examine the mediating role of dyadic coping among married adults in Canada.

Methods and Materials: This quantitative, cross-sectional correlational study was conducted on 384 married adults residing in Canada in 2026. Participants were recruited through convenience and online purposive sampling. Data were collected using the Couple Burnout Measure, Emotional Intimacy Scale, Perceived Partner Responsiveness Scale, Dyadic Coping Inventory, and a demographic questionnaire. Pearson correlation coefficients were used to examine bivariate relationships among the study variables. Confirmatory factor analysis and structural equation modeling were performed using IBM SPSS Statistics and AMOS to test the hypothesized direct and indirect relationships. Model fit was evaluated using χ^2/df , CFI, TLI, RMSEA, and SRMR. The mediating effects of dyadic coping were assessed using a nonparametric bootstrap procedure with 5,000 resamples and bias-corrected 95% confidence intervals.

Findings: Emotional intimacy was significantly associated with lower marital burnout ($r = -.61, p < .001$) and greater dyadic coping ($r = .58, p < .001$). Perceived partner responsiveness was also negatively correlated with marital burnout ($r = -.66, p < .001$) and positively correlated with dyadic coping ($r = .67, p < .001$). Dyadic coping showed a strong inverse correlation with marital burnout ($r = -.71, p < .001$). In the structural model, emotional intimacy ($\beta = -.23, p < .001$), perceived partner responsiveness ($\beta = -.27, p < .001$), and dyadic coping ($\beta = -.46, p < .001$) significantly predicted marital burnout. Emotional intimacy ($\beta = .29, p < .001$) and perceived partner responsiveness ($\beta = .48, p < .001$) significantly predicted dyadic coping. Bootstrap analyses confirmed significant indirect effects of emotional intimacy ($\beta = -.133, 95\% \text{ CI } [-.190, -.084]$) and perceived partner responsiveness ($\beta = -.221, 95\% \text{ CI } [-.293, -.158]$) on marital burnout through dyadic coping, indicating partial mediation.

Conclusion: Greater emotional intimacy and perceived partner responsiveness are associated with lower marital burnout both directly and indirectly through more adaptive dyadic coping, highlighting dyadic coping as an important relational mechanism for reducing marital exhaustion.

Keywords: Marital Burnout; Emotional Intimacy; Perceived Partner Responsiveness; Dyadic Coping; Marriage; Structural Equation Modeling

1. Introduction

Marriage is a central interpersonal context in which emotional support, attachment, intimacy, mutual regulation, and shared coping are continuously negotiated across the life course. Although marital relationships can provide psychological security, companionship, and a stable source of social support, they are also exposed to accumulated interpersonal and contextual stressors that may gradually erode relationship quality. Contemporary couples encounter multiple sources of strain, including work–family pressures, financial concerns, parenting demands, chronic health conditions, caregiving responsibilities, changes in social roles, and discrepancies between expectations and lived relational experiences. When such demands remain unresolved or repeatedly exceed the couple’s emotional and coping resources, partners may experience progressive exhaustion, detachment, disappointment, and reduced investment in the relationship. Recent research has increasingly emphasized that adverse marital outcomes cannot be understood solely as products of individual characteristics; rather, they emerge through dynamic interpersonal processes involving the ways partners perceive one another, communicate needs, respond to distress, and jointly regulate stressful experiences (Hamedani et al., 2024; Nguyen, 2023; Thompson et al., 2025).

Marital burnout represents one of the most consequential manifestations of prolonged relational strain. It generally refers to a state of emotional, mental, and physical exhaustion associated with continued disappointment, unmet relational needs, chronic conflict, and diminishing emotional investment in the marital relationship. Unlike transient dissatisfaction following a disagreement or stressful episode, marital burnout reflects a more persistent deterioration in relational functioning in which partners may feel depleted, emotionally distant, cynical, or ineffective within the relationship. Contemporary attempts to conceptualize burnout in intimate relationships have highlighted the multidimensional nature of this phenomenon and its relevance to modern couples facing prolonged interpersonal and environmental demands (Thompson et al., 2025). Cross-cultural evidence also indicates that marital burnout is meaningfully related to the manner in which couples negotiate conflict and that its expression may vary according to gender and relational context, further supporting the need to study the interpersonal mechanisms that protect against or intensify relational exhaustion (Obioma et al., 2025). Accordingly, identifying relational

resources that reduce the likelihood of burnout is important not only for explaining marital functioning but also for developing preventive and therapeutic interventions.

One of the most important relational resources that may protect couples against marital burnout is emotional intimacy. Emotional intimacy refers to the perceived sense of closeness, openness, acceptance, trust, and emotional connection between partners. It involves feeling able to disclose personal experiences and vulnerabilities while expecting understanding, validation, care, and emotional availability from the partner. Intimacy therefore extends beyond mere proximity or frequency of interaction and reflects the subjective experience of being emotionally known and connected within a relationship. Evidence from midlife couples suggests that marital strain and emotional intimacy are closely intertwined and that empathic processes may alter the strength of this association (Carasso & Segel-Karpas, 2024). Likewise, research using dyadic models has shown that attachment patterns and coping processes contribute to the formation of relational intimacy, indicating that intimacy develops within a reciprocal interpersonal system rather than solely as an individual perception (Wendołowska et al., 2022).

The protective role of intimacy may be particularly relevant when couples face chronic or demanding circumstances. Emotional closeness can create a relational environment in which partners are more willing to communicate distress, seek support, disclose concerns, and coordinate their responses to stress. In contrast, reduced intimacy may limit communication and amplify feelings of isolation even when partners remain physically together. Research conducted among parents of children with autism spectrum disorder has shown that parental intimacy and self-disclosure are associated with dyadic coping, suggesting that emotional openness may facilitate more collaborative responses to shared stressors (Xie et al., 2025; Xie et al., 2024). Similarly, intervention research targeting marital self-disclosure in couples confronting serious illness reflects growing recognition that open emotional exchange constitutes a meaningful component of relational adjustment under stressful circumstances (Zhao et al., 2023, 2024). These findings suggest that emotional intimacy may reduce marital burnout both through a direct sense of connection and through its contribution to more adaptive couple-level coping.

A construct closely related to emotional intimacy, but conceptually distinct from it, is perceived partner responsiveness. Perceived partner responsiveness concerns

the extent to which individuals believe that their partner understands, validates, values, and cares for them. Within intimate relationships, responsiveness communicates that one's needs, emotions, perspectives, and vulnerabilities are recognized and treated as meaningful by the partner. Such perceptions are fundamental to relational security because individuals do not respond merely to the objective behavior of their partners; they respond to their interpretation of whether those behaviors convey understanding, acceptance, and concern. A responsive partner can therefore become an interpersonal resource during periods of stress, whereas perceived indifference, invalidation, or lack of understanding may intensify emotional depletion. Research examining emotion regulation, attachment, and relational outcomes has repeatedly demonstrated that emotional security and interpersonal regulation processes are central to the quality of couple functioning (Duca et al., 2023; Ibrahim et al., 2023). Studies of harmonious husband–wife relationships likewise emphasize mutual understanding, communication, support, and relational adaptation as important characteristics of enduring marital functioning (Idulfilastri et al., 2024).

Perceived partner responsiveness may be especially important for understanding burnout because chronic relational exhaustion can develop not simply from exposure to stress, but from the perception that one is facing that stress without adequate emotional recognition or support from a spouse. When individuals perceive their partners as responsive, stressful experiences may be interpreted as more manageable because the relationship itself functions as a source of emotional and instrumental resources. By contrast, feeling misunderstood or unsupported may transform external stress into internal relational stress. Research examining couples under intensive stress provides indirect support for this mechanism. For example, qualitative findings among couples coping with endometriosis demonstrate that chronic health problems affect not only the individual experiencing symptoms but also the shared relational journey of both partners (Shinan-Altman et al., 2024). Research involving parents affected by neurofibromatosis similarly indicates that health-related demands can influence the couple relationship in complex ways (Wiener et al., 2023). Such findings reinforce the importance of understanding how partners respond to each other when relational systems are challenged.

The relationship between intimacy, responsiveness, and marital burnout may be further explained by dyadic coping. Dyadic coping refers to the process through which partners

communicate stress, recognize each other's needs, provide support, coordinate coping responses, and manage stress jointly. It is conceptually different from individual coping because the stress of one partner can affect both members of the couple and may become a shared relational concern. Dyadic coping therefore includes supportive responses by one partner to the other, delegated coping in which responsibilities are redistributed, and common coping in which both partners actively address stress together. Contemporary research increasingly treats dyadic coping as a central component of couple resilience because it captures how intimate partners transform individual or shared stress into coordinated relational action (Grané-Morcillo et al., 2026). Recent dyadic evidence among patients with stroke and their spouses further demonstrates that coping processes can have both actor and partner effects, underscoring the fundamentally interdependent nature of adaptation within close relationships (Yuan et al., 2026).

The importance of dyadic coping is also supported across diverse health and family contexts. Among couples undergoing maintenance hemodialysis, dyadic coping has been linked with marital adjustment and psychological growth, suggesting that the manner in which couples manage adversity together is associated with both relational and individual outcomes (Zhang & Cao, 2024). Studies of infertility have similarly identified multiple factors influencing dyadic coping and have emphasized its relevance to relational adaptation during prolonged reproductive stress (Tang et al., 2022). Within cancer contexts, dyadic approaches have become increasingly prominent because psychosocial adaptation often depends on interactions between patients and partners rather than on isolated individual coping (Castro et al., 2024). Couple-based interventions for women with genital or breast cancer and their partners have likewise demonstrated the clinical importance of targeting the couple as an interacting unit when attempting to improve marital outcomes (Zahedi et al., 2024). A systematic transaction model-guided dyadic coping intervention for patients with breast cancer and their spousal caregivers further illustrates the growing application of dyadic coping principles within structured interventions (Wang et al., 2025).

The significance of dyadic coping is not limited to medical adversity. Daily-life stress can spill over into couple functioning, and the way partners jointly respond to external and internal stress appears to influence relational outcomes. Daily diary research has shown that external stress, internal stress, dyadic coping, and relationship functioning are

dynamically interconnected, supporting the view that couple functioning varies partly according to partners' day-to-day management of stress (Temiz & Bilican, 2024). During the COVID-19 pandemic, parental exhaustion was also linked with relationship outcomes and dyadic coping, demonstrating that intense family demands can influence marital functioning through shared coping processes (Carvalho & Matias, 2023). More generally, reviews of caregiver burden and resilience suggest that coping resources are central to adaptation when prolonged demands are imposed on family systems (Zhang et al., 2023). These findings are particularly relevant to marital burnout because burnout itself can be understood as an outcome of sustained demands combined with insufficient relational resources.

Dyadic coping may therefore function as a mechanism through which emotional intimacy and perceived partner responsiveness influence marital burnout. Individuals who feel emotionally close to their spouses may be more comfortable expressing stress, vulnerability, and needs, making effective dyadic coping more likely. Similarly, individuals who perceive their spouses as responsive may be more willing to seek support and may interpret their partner's coping efforts more positively. In turn, effective dyadic coping may decrease the accumulation of unresolved stress and prevent emotional exhaustion from becoming chronic. Evidence from couples transitioning to parenthood supports such a mediating perspective, as common dyadic coping has been found to mediate associations between attachment-related characteristics and marital satisfaction (Kuswanto et al., 2024). This suggests that broader relational characteristics may affect marital outcomes partly because they influence how partners cope together. In the same way, emotional intimacy and perceived partner responsiveness may contribute to lower marital burnout both directly and indirectly by strengthening dyadic coping.

Attachment-related research further supports this integrative framework. Insecure attachment is associated with poorer psychological functioning in married couples, demonstrating that relational security is closely connected to both interpersonal and mental health outcomes (Karaköse & Ledermann, 2026). Attachment patterns influence expectations of support, emotional accessibility, responses to vulnerability, and interpretations of partner behavior, all of which can shape both intimacy and perceived responsiveness. Accordingly, individuals with greater relational security may be more likely to experience their partners as available and supportive, whereas insecurity may interfere with support-seeking and collaborative coping.

These processes also align with clinical evidence showing that emotionally focused couple therapy can improve relational functioning by targeting emotional accessibility, responsiveness, and attachment-related patterns, including among couples coping with complex medical and sexual difficulties (Diest et al., 2023). Systematic reviews of couple-focused interventions likewise indicate that therapeutic approaches designed to strengthen dyadic interactions can improve important dimensions of couple functioning (Naseh et al., 2024).

An additional reason to examine these variables simultaneously is that marital outcomes are rarely determined by a single interpersonal factor. Personality characteristics, attachment orientations, expectations, emotion regulation patterns, contextual demands, and coping processes interact over time. A systematic review and meta-analysis of perfectionism and marital outcomes, for example, demonstrates that stable individual tendencies can influence relational functioning, but such effects occur within the broader interpersonal context of the couple (Hamedani et al., 2024). Assortative mating research also indicates that partner similarity and personality configurations may contribute to the complexity of relationship functioning (Nguyen, 2023). Consequently, a model that focuses only on individual vulnerabilities may overlook the relational mechanisms through which partners protect each other from stress or contribute to exhaustion.

The distinction between emotional intimacy and perceived partner responsiveness is particularly important in this regard. A person may experience a generally close marriage but still perceive the partner as insufficiently responsive during specific moments of need, while another person may regard the partner as caring and supportive despite fluctuations in subjective emotional closeness. Examining both constructs in the same model therefore provides a more differentiated account of relational functioning. Emotional intimacy captures the quality of felt closeness and emotional connection, whereas perceived partner responsiveness captures the belief that the partner understands, validates, and cares for the individual. Both may influence marital burnout, but their pathways may differ in magnitude. Their overlap with dyadic coping also requires empirical examination because effective coping depends not only on behavioral strategies but also on the relational climate in which stress communication and support exchanges take place.

This perspective is consistent with emerging models of couple resilience, which conceptualize successful adaptation

as a dynamic process involving relational resources rather than simply the absence of pathology (Grané-Morcillo et al., 2026). Couples facing major life challenges often demonstrate considerable variability in their adjustment, even under similar objective conditions. Studies of chronic illness, caregiving, infertility, and parenting consistently indicate that relational processes can either buffer or intensify the psychological consequences of stress (Castro et al., 2024; Tang et al., 2022; Wanget al., 2025). Furthermore, dyadic interventions increasingly recognize that strengthening communication, mutual responsiveness, shared meaning, and collaborative coping can produce benefits extending beyond the individual partner receiving treatment (Zahedi et al., 2024). This relational perspective has direct implications for marital burnout because preventing burnout may depend less on eliminating stress altogether and more on increasing the couple's capacity to respond to stress in a mutually supportive manner.

Despite the expanding literature on dyadic coping and relationship functioning, several limitations remain. Much of the existing evidence has been generated in populations confronting specific stressors, including cancer, stroke, infertility, chronic disease, autism spectrum disorder, and pandemic-related family demands (Carvalho & Matias, 2023; Xie et al., 2025; Yuan et al., 2026; Zhang & Cao, 2024). Although such studies are essential for understanding adaptation under adversity, their findings do not fully establish whether the same interpersonal mechanisms account for marital burnout in broader community samples. Moreover, previous studies frequently focus on marital satisfaction, adjustment, intimacy, psychological growth, or illness adaptation rather than marital burnout as the primary outcome. Research has also often examined intimacy, attachment, self-disclosure, or dyadic coping separately, leaving less clarity regarding how emotional intimacy and perceived partner responsiveness operate concurrently and whether their associations with marital burnout are transmitted through dyadic coping.

Theoretical and clinical integration of these constructs is therefore warranted. Marital burnout represents a cumulative negative outcome; emotional intimacy and perceived partner responsiveness represent relational resources; and dyadic coping represents an interpersonal regulatory process through which those resources may be translated into adaptive responses to stress. If dyadic coping mediates the associations of intimacy and responsiveness with burnout, interventions aimed only at increasing emotional closeness may be less effective than approaches that also teach couples

how to communicate stress, recognize each other's coping needs, and coordinate supportive responses. Conversely, if substantial direct effects remain after accounting for dyadic coping, emotional intimacy and responsiveness may have protective functions extending beyond stress management itself. Such distinctions are relevant to relationship education, preventive interventions, and couple therapy, particularly given growing evidence that relational treatments can improve couple functioning by strengthening emotional connection and adaptive interaction patterns (Diest et al., 2023; Naseh et al., 2024).

Accordingly, the aim of the present study was to predict marital burnout from emotional intimacy and perceived partner responsiveness and to examine the mediating role of dyadic coping among married adults in Canada.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quantitative, cross-sectional, correlational design to investigate the predictive roles of emotional intimacy and perceived partner responsiveness in marital burnout and to examine the mediating role of dyadic coping in these relationships. The study population consisted of married adults residing in Canada during 2026. A total of 384 participants were recruited from several Canadian provinces, with participants primarily residing in Ontario, British Columbia, Alberta, and Quebec. Participants were selected using a combination of convenience and online purposive sampling through community organizations, family and relationship support networks, social media advertisements, and online research recruitment platforms. The sample size was considered adequate for the proposed mediation and structural equation analyses and provided sufficient statistical power for estimating both direct and indirect relationships among the study variables. Eligibility criteria included being at least 20 years of age, being legally married at the time of participation, having been married to the current spouse for at least one year, currently living with the spouse, residing in Canada, being able to read and understand English, and providing informed consent to participate. Individuals who were separated from their spouse, currently involved in formal divorce proceedings, or unable to complete the questionnaires independently were excluded from the study. To reduce the likelihood of non-independent observations, only one spouse from each marital relationship was permitted to participate. Participants were informed that

participation was voluntary, that they could discontinue participation at any point without penalty, and that their responses would remain anonymous and confidential. Data were collected through a secure online questionnaire. Before accessing the study instruments, participants were presented with an electronic informed-consent form describing the purpose of the study, the procedures involved, the approximate completion requirements, confidentiality protections, and their right to withdraw. No personally identifying information was included in the analytical dataset. The study was conducted in accordance with accepted ethical principles for research involving human participants.

2.2. Measures

Data were collected using a demographic information form and four standardized self-report instruments assessing marital burnout, emotional intimacy, perceived partner responsiveness, and dyadic coping. The demographic information form was developed for the present study and collected information regarding participants' age, gender, educational level, employment status, duration of marriage, number of children, province of residence, and general socioeconomic characteristics. These variables were collected to describe the sample and to identify potentially relevant demographic covariates in the preliminary analyses.

Marital burnout was assessed using the Couple Burnout Measure developed by Pines (1996). The instrument consists of 21 items designed to assess the degree of physical, emotional, and mental exhaustion experienced within an intimate marital relationship. The measure comprises three related dimensions: physical exhaustion, emotional exhaustion, and mental or psychological exhaustion. Physical exhaustion reflects experiences such as fatigue, weakness, and depleted energy; emotional exhaustion reflects experiences such as hopelessness, depression, and emotional depletion; and mental exhaustion encompasses feelings such as frustration, disillusionment, worthlessness, and negative attitudes toward the marital relationship. Participants indicate how frequently they experience each condition on a seven-point Likert-type scale ranging from 1 (never) to 7 (always). After reverse scoring positively worded items where appropriate, item scores are combined to obtain an overall marital burnout score, with higher scores indicating a greater degree of burnout within the marital relationship. The instrument has been widely used in

research on intimate relationships and has demonstrated satisfactory internal consistency and construct validity.

Emotional intimacy was assessed using the Emotional Intimacy Scale developed by Sinclair and Dowdy (2005). The scale is a brief five-item self-report instrument designed to assess perceived emotional closeness within a specific significant relationship. For the present study, participants were instructed to respond specifically with reference to their spouse. The instrument assesses central characteristics of emotional intimacy, including the ability to share personal thoughts and feelings, perceived emotional closeness, expectations of understanding and affirmation, and perceptions that the partner communicates care and acceptance. Each item is rated on a five-point Likert-type scale ranging from 1 (strongly disagree) to 5 (strongly agree). Item responses are summed or averaged to produce a global emotional intimacy score, with higher scores indicating greater perceived emotional intimacy with the spouse. The original validation study demonstrated strong internal consistency as well as satisfactory test-retest reliability and evidence of convergent and criterion-related validity.

Perceived partner responsiveness was measured using the Perceived Partner Responsiveness Scale developed by Reis and colleagues. The 18-item romantic-partner version was used in the present study to measure the extent to which participants perceived their spouse as understanding, validating, caring, attentive, and responsive to their personal needs and experiences. The scale captures key components of perceived partner responsiveness, particularly perceptions that the partner understands the individual's thoughts, feelings, characteristics, and needs; values and respects the individual; and communicates interest, encouragement, and responsiveness. Participants were asked to consider their current spouse when responding to all items. Items are rated on a Likert-type response scale ranging from low endorsement of the statement to high endorsement, with higher aggregate scores reflecting stronger perceptions of partner responsiveness. A total mean score was calculated across the items, such that higher scores represented greater perceived responsiveness from the spouse. Previous research has reported high levels of internal consistency for the scale and has supported its validity as a measure of responsiveness within romantic relationships.

Dyadic coping was assessed using the Dyadic Coping Inventory developed by Bodenmann (2008). The inventory contains 37 items and evaluates how partners communicate stress, provide support to one another, delegate

responsibilities during stressful circumstances, engage in negative coping responses, and cope jointly with shared stressors. The instrument assesses several components of dyadic coping, including stress communication, supportive dyadic coping, delegated dyadic coping, negative dyadic coping, and common dyadic coping. It also includes items evaluating respondents' overall satisfaction with the manner in which the couple manages stress together. Participants respond to each item on a five-point Likert-type scale ranging from 1 (very rarely) to 5 (very often). In the present study, scoring procedures followed the standard recommendations for the inventory. Items measuring negative dyadic coping were reverse scored when calculating the global dyadic coping score so that higher overall scores consistently represented more adaptive and effective coping within the couple. The total dyadic coping score was used as the mediating variable in the primary statistical model. The Dyadic Coping Inventory has been extensively used in couple and relationship research and has demonstrated satisfactory factorial validity, internal consistency, and cross-cultural applicability.

Prior to the main analyses, the internal consistency of all study measures was evaluated in the present sample using Cronbach's alpha and composite reliability coefficients. Coefficients of .70 or higher were considered indicative of acceptable internal consistency. The distributions of item and total scores were also examined to identify missing responses, extreme observations, and potential scoring errors before constructing the final analytical dataset.

2.3. Data Analysis

Data were analyzed using IBM SPSS Statistics and IBM SPSS AMOS. Data screening was conducted before the main statistical analyses. The dataset was examined for incomplete responses, duplicate submissions, coding errors, univariate outliers, multivariate outliers, and violations of the assumptions underlying multivariate analysis. Missing values were evaluated with respect to both their frequency and pattern. Univariate normality was assessed by examining skewness and kurtosis coefficients, whereas multivariate normality was evaluated through appropriate multivariate diagnostics. Mahalanobis distance was used to identify potentially influential multivariate observations. Linearity and homoscedasticity were assessed using scatterplots and residual diagnostics. Multicollinearity among emotional intimacy, perceived partner responsiveness, and dyadic coping was examined using

intercorrelations, tolerance statistics, and variance inflation factor values. Variance inflation factor values below 5 and tolerance values above .20 were interpreted as indicating the absence of problematic multicollinearity.

Descriptive statistics, including mean, standard deviation, minimum, maximum, frequency, and percentage, were calculated as appropriate to summarize demographic characteristics and the principal study variables. Pearson product-moment correlation coefficients were calculated to determine the bivariate associations among emotional intimacy, perceived partner responsiveness, dyadic coping, and marital burnout. Internal consistency was assessed using Cronbach's alpha coefficients, and measurement quality was further evaluated through confirmatory factor analysis before testing the hypothesized structural relationships. The adequacy of the measurement and structural models was evaluated using multiple goodness-of-fit indices, including the chi-square statistic divided by degrees of freedom (χ^2/df), Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Square Residual (SRMR). Values of χ^2/df below 3, CFI and TLI values of approximately .90 or higher, and RMSEA and SRMR values below .08 were considered indicative of an acceptable model fit.

Structural equation modeling was subsequently performed to evaluate the hypothesized predictive model. Emotional intimacy and perceived partner responsiveness were specified as exogenous predictor variables, dyadic coping was specified as the mediator, and marital burnout was specified as the endogenous outcome variable. The model simultaneously estimated the direct effects of emotional intimacy and perceived partner responsiveness on marital burnout, the effects of both predictors on dyadic coping, and the effect of dyadic coping on marital burnout. Standardized path coefficients, standard errors, critical ratios, and corresponding probability values were reported for all structural paths. The proportion of variance explained in dyadic coping and marital burnout was assessed using squared multiple correlations.

The mediating role of dyadic coping was evaluated using a nonparametric bootstrap procedure with 5,000 resamples. Bias-corrected 95% confidence intervals were calculated for the indirect effects of emotional intimacy and perceived partner responsiveness on marital burnout through dyadic coping. An indirect effect was considered statistically significant when its 95% bootstrap confidence interval did not include zero. Both direct and indirect effects were examined to determine whether the observed mediation was

partial or complete. Where demographic variables demonstrated significant associations with marital burnout during preliminary analyses, they were entered into the structural model as covariates to reduce potential confounding. All statistical tests were two-tailed, and a significance level of $p < .05$ was adopted.

3. Findings and Results

A total of 384 married adults residing in Canada were included in the final analysis. Of the participants, 205 (53.4%) were women and 179 (46.6%) were men. Participants ranged in age from 24 to 64 years, with a mean age of 41.27 years ($SD = 9.18$). Regarding educational attainment, 49 participants (12.8%) had completed high school or an equivalent qualification, 78 (20.3%) held a college diploma, 147 (38.3%) held a bachelor's degree, 86 (22.4%) held a master's degree, and 24 (6.3%) held a doctoral or professional degree. With respect to employment status, 281 participants (73.2%) were employed full-time, 54

(14.1%) were employed part-time, 22 (5.7%) were self-employed, and 27 (7.0%) were unemployed, retired, or otherwise not currently engaged in paid employment. The duration of marriage ranged from 1 to 38 years, with a mean marital duration of 13.46 years ($SD = 8.21$). A total of 108 participants (28.1%) reported having no children, 101 (26.3%) had one child, 119 (31.0%) had two children, and 56 (14.6%) reported having three or more children. In terms of province of residence, 168 participants (43.8%) resided in Ontario, 72 (18.8%) in British Columbia, 65 (16.9%) in Alberta, 46 (12.0%) in Quebec, and 33 (8.6%) in other Canadian provinces. Preliminary demographic analyses indicated that marital burnout did not differ significantly according to gender or educational level, whereas a small negative association was observed between marital duration and marital burnout. Because the magnitude of this association was relatively small, marital duration was retained as a control variable in the subsequent structural analyses.

Table 1

Descriptive Statistics, Distributional Characteristics, and Reliability Coefficients of the Main Study Variables

Variable	Possible Range	Observed Range	Mean	SD	Skewness	Kurtosis	Cronbach's α	Composite Reliability
Emotional Intimacy	5–25	7–25	18.74	4.11	-0.46	-0.31	.91	.92
Perceived Partner Responsiveness	18–90	31–90	67.28	11.52	-0.39	-0.22	.94	.95
Dyadic Coping	37–185	71–181	134.61	21.73	-0.27	-0.16	.93	.94
Marital Burnout	21–147	25–128	68.42	20.36	0.41	-0.28	.95	.95

As shown in Table 1, the mean emotional intimacy score was 18.74 ($SD = 4.11$), indicating that participants generally reported moderate to relatively high levels of emotional closeness with their spouses. Perceived partner responsiveness also showed a comparatively high average level, with a mean score of 67.28 ($SD = 11.52$), suggesting that many participants perceived their partners as understanding, validating, attentive, and caring. The mean dyadic coping score was 134.61 ($SD = 21.73$), indicating that adaptive coping processes within the marital relationship were relatively common in the sample. In contrast, the mean marital burnout score was 68.42 ($SD = 20.36$), reflecting substantial interindividual variability in emotional, physical,

and psychological exhaustion within the marital relationship. Examination of skewness and kurtosis coefficients indicated no serious deviation from univariate normality, because the absolute values of skewness and kurtosis for all variables were well below commonly accepted thresholds. The reliability coefficients were also satisfactory. Cronbach's alpha values ranged from .91 to .95, and composite reliability coefficients ranged from .92 to .95, confirming a high degree of internal consistency for all four constructs. These results supported the adequacy of the measurement instruments for subsequent correlational and structural analyses.

Table 2

Pearson Correlations Among Emotional Intimacy, Perceived Partner Responsiveness, Dyadic Coping, and Marital Burnout

Variable	1	2	3	4
1. Emotional Intimacy	1			
2. Perceived Partner Responsiveness	.64***	1		
3. Dyadic Coping	.58***	.67***	1	
4. Marital Burnout	-.61***	-.66***	-.71***	1

Table 2 presents the zero-order correlations among the principal study variables. Emotional intimacy was positively and significantly associated with perceived partner responsiveness ($r = .64, p < .001$) and dyadic coping ($r = .58, p < .001$), indicating that individuals who experienced greater emotional closeness with their spouse also tended to perceive their partner as more responsive and reported more constructive dyadic coping patterns. Emotional intimacy was negatively and significantly associated with marital burnout ($r = -.61, p < .001$), demonstrating that greater emotional intimacy was related to lower levels of marital exhaustion and disengagement. Perceived partner responsiveness showed a strong positive correlation with dyadic coping ($r = .67, p < .001$) and a strong inverse

correlation with marital burnout ($r = -.66, p < .001$). Thus, participants who perceived their spouses as more understanding, validating, and caring were more likely to report effective coping as a couple and less likely to experience marital burnout. Dyadic coping demonstrated the strongest bivariate association with marital burnout ($r = -.71, p < .001$), suggesting that couples' ability to communicate stress, provide mutual support, and manage shared difficulties represented a particularly important correlate of reduced marital burnout. Although several predictor variables were moderately to strongly associated with one another, none of the correlations exceeded .80, providing no indication of problematic multicollinearity and supporting their simultaneous inclusion in the structural model.

Table 3

Goodness-of-Fit Indices for the Measurement and Structural Models

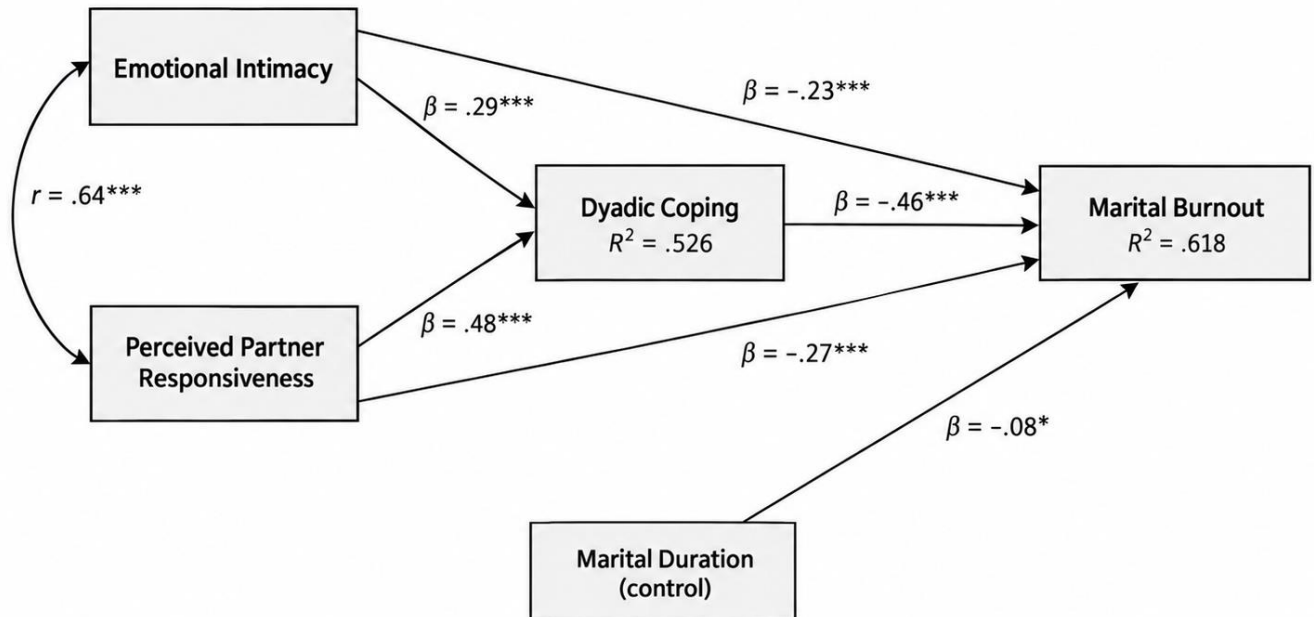
Model	χ^2	df	χ^2/df	CFI	TLI	RMSEA	90% CI for RMSEA	SRMR
Measurement Model	742.36	312	2.38	.943	.936	.060	.055–.066	.046
Structural Model	758.91	316	2.40	.941	.934	.061	.055–.066	.048

The goodness-of-fit indices presented in Table 3 indicated that both the measurement model and the hypothesized structural model provided an acceptable representation of the observed data. For the measurement model, the ratio of chi-square to degrees of freedom was 2.38, which was below the recommended upper limit of 3. The Comparative Fit Index (CFI = .943) and Tucker–Lewis Index (TLI = .936) both exceeded .90, indicating satisfactory incremental fit. The Root Mean Square Error of Approximation was .060, with a 90% confidence interval ranging from .055 to .066, and the Standardized Root Mean

Square Residual was .046, both of which indicated good approximate model fit. The structural model yielded highly comparable indices, with $\chi^2/df = 2.40$, CFI = .941, TLI = .934, RMSEA = .061, and SRMR = .048. The similarity between the fit indices of the measurement and structural models indicated that imposing the hypothesized directional relationships among the constructs did not substantially reduce model fit. Taken together, these values supported the adequacy of the proposed model and justified interpretation of the estimated structural paths and mediation effects.

Figure 1

Structural Model of Emotional Intimacy and Perceived Partner Responsiveness Predicting Marital Burnout Through Dyadic Coping



The structural model demonstrated that emotional intimacy, perceived partner responsiveness, and dyadic coping were all meaningfully related to marital burnout. Emotional intimacy and perceived partner responsiveness were specified as exogenous predictors, dyadic coping was entered as the mediating variable, and marital burnout was modeled as the endogenous outcome variable. The model accounted for 52.6% of the variance in dyadic coping and 61.8% of the variance in marital burnout, indicating substantial explanatory power. Emotional intimacy and perceived partner responsiveness jointly explained more than half of the variability in participants' dyadic coping, whereas the combined direct and indirect effects of

emotional intimacy, perceived partner responsiveness, and dyadic coping explained nearly two-thirds of the variance in marital burnout. The direction of the estimated effects was consistent with the theoretical model: higher emotional intimacy and greater perceived partner responsiveness predicted more adaptive dyadic coping, while more effective dyadic coping was associated with lower marital burnout. Direct protective effects of both emotional intimacy and perceived partner responsiveness on marital burnout also remained significant after dyadic coping was introduced into the model, suggesting that the mediation process was partial rather than complete.

Table 4

Standardized Direct Effects in the Structural Model

Structural Path	B	SE	β	CR	p
Emotional Intimacy → Dyadic Coping	1.54	0.22	.29	7.00	<.001
Perceived Partner Responsiveness → Dyadic Coping	0.89	0.08	.48	11.13	<.001
Emotional Intimacy → Marital Burnout	-1.12	0.21	-.23	-5.33	<.001
Perceived Partner Responsiveness → Marital Burnout	-0.47	0.08	-.27	-5.88	<.001
Dyadic Coping → Marital Burnout	-0.43	0.05	-.46	-8.60	<.001
Marital Duration → Marital Burnout	-0.19	0.09	-.08	-2.11	.035

As presented in Table 4, all hypothesized structural paths were statistically significant. Emotional intimacy significantly and positively predicted dyadic coping ($\beta = .29$, $p < .001$), demonstrating that greater emotional closeness

between spouses was associated with more adaptive responses to stress at the dyadic level. Perceived partner responsiveness exerted an even stronger positive effect on dyadic coping ($\beta = .48$, $p < .001$), indicating that perceptions

of being understood, valued, and cared for by one's spouse were strongly related to collaborative stress management and mutual support within the relationship. Both emotional intimacy and perceived partner responsiveness also demonstrated significant direct negative effects on marital burnout. Emotional intimacy predicted lower marital burnout ($\beta = -.23$, $p < .001$), while perceived partner responsiveness similarly predicted reduced marital burnout ($\beta = -.27$, $p < .001$). Dyadic coping exerted the strongest direct effect on marital burnout among the variables in the model ($\beta = -.46$, $p < .001$), indicating that participants who reported more effective joint coping experienced

substantially lower levels of physical, emotional, and psychological marital exhaustion. Marital duration was included as a control variable and had a small but statistically significant inverse association with marital burnout ($\beta = -.08$, $p = .035$), suggesting slightly lower burnout among participants in longer marriages after accounting for the principal psychosocial predictors. Overall, the path coefficients supported the proposed predictive model and indicated that emotional intimacy and perceived partner responsiveness were associated with marital burnout both directly and through their relationship with dyadic coping.

Table 5

Bootstrap Analysis of the Indirect Effects of Emotional Intimacy and Perceived Partner Responsiveness on Marital Burnout Through Dyadic Coping

Indirect Path	Standardized Indirect Effect	Boot SE	95% Bootstrap CI Lower	95% Bootstrap CI Upper	p
Emotional Intimacy → Dyadic Coping → Marital Burnout	-.133	.027	-.190	-.084	<.001
Perceived Partner Responsiveness → Dyadic Coping → Marital Burnout	-.221	.035	-.293	-.158	<.001

The bootstrap mediation results shown in Table 5 provided clear support for the mediating role of dyadic coping. The indirect effect of emotional intimacy on marital burnout through dyadic coping was statistically significant ($\beta = -.133$, Boot SE = .027, 95% CI [-.190, -.084], $p < .001$). Because the bootstrap confidence interval did not contain zero, higher emotional intimacy was associated with lower marital burnout partly because greater emotional intimacy predicted more adaptive dyadic coping, which in turn predicted reduced burnout. The indirect effect of perceived partner responsiveness on marital burnout through dyadic coping was also statistically significant and larger in magnitude ($\beta = -.221$, Boot SE = .035, 95% CI [-.293, -.158], $p < .001$). This finding indicated that individuals who perceived their partners as more understanding, validating, responsive, and caring tended to report more effective joint coping with stress, and this enhanced dyadic coping was subsequently associated with lower levels of marital burnout. Since the direct effects of emotional intimacy and perceived partner responsiveness on marital burnout remained statistically significant after inclusion of the mediator, dyadic coping functioned as a partial mediator in both relationships. Comparison of the standardized indirect effects further indicated that the mediating pathway was stronger for perceived partner responsiveness than for

emotional intimacy, suggesting that responsiveness may be particularly influential in shaping the manner in which couples manage stress together. Overall, the mediation model confirmed that emotional intimacy and perceived partner responsiveness were not merely direct protective factors against marital burnout; a meaningful portion of their effects operated through the quality of dyadic coping processes within the marital relationship.

4. Discussion

The present study examined the prediction of marital burnout from emotional intimacy and perceived partner responsiveness and tested the mediating role of dyadic coping among married adults in Canada. The findings provided consistent support for the proposed model. Emotional intimacy and perceived partner responsiveness were both negatively associated with marital burnout and positively associated with dyadic coping. Dyadic coping showed the strongest negative bivariate association with marital burnout and emerged as the strongest direct predictor of reduced marital burnout in the structural model. Emotional intimacy and perceived partner responsiveness also retained significant direct effects on marital burnout after dyadic coping was entered into the model. In addition, bootstrap analyses demonstrated significant indirect effects

of both emotional intimacy and perceived partner responsiveness on marital burnout through dyadic coping, indicating partial mediation. Overall, these findings suggest that marital burnout is influenced not only by the degree of emotional closeness and responsiveness experienced within the relationship, but also by the extent to which couples are able to transform these relational resources into constructive, coordinated responses to stress.

The finding that emotional intimacy significantly predicted lower marital burnout is consistent with the assumption that emotional closeness serves as a protective resource against progressive relational exhaustion. Emotional intimacy provides spouses with a sense of psychological connection, trust, acceptance, and interpersonal safety. When individuals experience their marital relationship as emotionally intimate, they are more likely to feel that personal concerns, vulnerabilities, and emotional needs can be expressed without fear of rejection or invalidation. This relational climate can reduce the accumulation of unresolved tension and emotional withdrawal, both of which may contribute to marital burnout. The present result is consistent with evidence demonstrating an important association between marital strain and emotional intimacy among midlife couples, with empathy serving as an additional relational resource in this process (Carasso & Segel-Karpas, 2024). It also accords with dyadic evidence showing that intimacy is shaped through interacting attachment and coping processes rather than functioning merely as an isolated individual perception (Wendolowska et al., 2022). From this perspective, emotional intimacy may reduce marital burnout by maintaining a sense of connection even when couples are exposed to routine stress, conflict, or demanding life transitions.

The negative association between emotional intimacy and marital burnout may also be explained in terms of emotional regulation and attachment processes. Intimate relationships can function as important regulatory systems in which spouses help one another interpret stressful experiences, regulate negative emotions, and restore psychological equilibrium. When emotional intimacy is high, partners may be more likely to seek comfort from each other, disclose distress, and experience their spouse as a secure source of support. Conversely, reduced intimacy may contribute to emotional isolation, avoidance, and the perception that relational burdens must be managed individually. Such mechanisms are consistent with literature emphasizing the importance of emotional regulation in family relationships

(Duca et al., 2023) and with evidence linking attachment processes, emotional regulation, and relational outcomes in couple therapy (Ibrahim et al., 2023). The present findings therefore support the view that marital burnout may emerge partly when the emotional bond between partners becomes insufficient to offset persistent demands and disappointments.

Perceived partner responsiveness was also found to have a significant negative direct effect on marital burnout. This result suggests that spouses who perceive their partners as understanding, validating, caring, and attentive are less likely to experience emotional, mental, and physical exhaustion in the marital relationship. Perceived responsiveness may protect against burnout because it communicates to individuals that their needs and experiences matter to the partner. Such perceptions are likely to strengthen relational security, reduce uncertainty about support availability, and increase confidence that stressors can be managed within the relationship rather than alone. The importance of mutual support, emotional availability, and interpersonal understanding has been emphasized in research on harmonious marital relationships (Idulfilastrri et al., 2024). In addition, studies of couples confronting chronic health-related difficulties illustrate how partner responses can influence the shared emotional experience of stress and adaptation (Shinan-Altman et al., 2024; Wiener et al., 2023). Although these studies were conducted in more specific populations, they support the broader interpretation that feeling accompanied, understood, and supported by one's spouse may reduce the likelihood that chronic stress will be experienced as relational depletion.

The present findings also indicated that perceived partner responsiveness was more strongly associated with dyadic coping than emotional intimacy was. This result is theoretically meaningful because dyadic coping depends heavily on the perception that the partner is attentive to stress signals and willing to engage in supportive responses. A spouse may experience a generally intimate relationship, but effective dyadic coping additionally requires the perception that the partner recognizes specific needs and responds appropriately when stress occurs. Perceived responsiveness may therefore represent a more proximal interpersonal mechanism through which support exchanges are activated. This interpretation is consistent with research demonstrating that intimacy and self-disclosure influence dyadic coping among parents managing substantial family-related stress (Xie et al., 2025; Xie et al., 2024). It is also compatible with studies emphasizing the role of marital self-disclosure as a

relational process that can facilitate supportive adjustment under conditions of health-related uncertainty (Zhao et al., 2023, 2024). In this sense, responsiveness may help convert emotional connection into observable coping behavior.

A central finding of the present study was that dyadic coping had the strongest direct negative effect on marital burnout. Participants who reported more adaptive dyadic coping experienced substantially lower levels of marital burnout. This finding is consistent with systemic and transactional perspectives in which stress is not viewed only as an individual burden but as an event that enters the relational system and requires joint adaptation. Effective dyadic coping includes stress communication, emotional and practical support, coordinated problem solving, delegated coping, and common coping efforts. These behaviors may prevent external pressures from becoming internal relational stress. The result is consistent with contemporary work conceptualizing dyadic coping as a major component of couple resilience (Grané-Morcillo et al., 2026) and with actor-partner research showing that dyadic coping processes may affect outcomes for both members of a couple (Yuan et al., 2026). The strong association found in the current study therefore reinforces the idea that marital burnout is partly determined by whether stress is handled cooperatively or becomes a source of disconnection between spouses.

The importance of dyadic coping is further supported by research across diverse clinical and family contexts. Studies of couples undergoing maintenance hemodialysis have linked dyadic coping with marital adjustment and psychological adaptation (Zhang & Cao, 2024), while research on infertility has demonstrated that dyadic coping is influenced by multiple relational and psychological factors and plays an important role in adaptation to prolonged stress (Tang et al., 2022). In cancer-related contexts, dyadic approaches have been increasingly emphasized because adjustment to illness is often shaped by interactions between patients and their partners (Castro et al., 2024). Similarly, couple-based interventions for women with genital and breast cancer and their partners have shown the value of targeting relational processes when attempting to improve marital outcomes (Zahedi et al., 2024). The development of structured dyadic coping interventions for patients with breast cancer and spousal caregivers further demonstrates the practical relevance of strengthening joint coping capacities (Wang et al., 2025). These lines of evidence align closely with the present finding that effective dyadic coping is a major protective factor against marital burnout.

The observed mediation effects provide a more nuanced understanding of how relational resources may influence burnout. Emotional intimacy significantly predicted dyadic coping, which in turn predicted lower marital burnout. This indirect pathway suggests that emotionally close spouses may be more capable of communicating stress, requesting support, coordinating responses, and engaging in common coping. Emotional intimacy may therefore protect against burnout partly because it creates the interpersonal conditions necessary for collaborative coping. This interpretation is supported by findings showing that attachment and dyadic coping jointly contribute to relational intimacy (Wendolowska et al., 2022) and by evidence that common dyadic coping can mediate associations between attachment-related variables and marital satisfaction during the transition to parenthood (Kuswanto et al., 2024). The present study extends this line of reasoning by suggesting that dyadic coping may similarly transmit the protective effect of emotional intimacy to marital burnout.

The indirect effect of perceived partner responsiveness through dyadic coping was even stronger than the indirect effect of emotional intimacy. This finding suggests that one important reason responsiveness protects against marital burnout is that it facilitates effective joint coping. When individuals believe that their partners understand and care about their experiences, they may be more willing to communicate stress openly and more likely to interpret supportive behavior positively. Perceived responsiveness may also reduce defensiveness and make collaboration under stress more efficient. Thus, responsiveness can be viewed as a relational signal that activates the dyadic coping system. Evidence showing that parental intimacy and disclosure are associated with dyadic coping among parents of children with autism is consistent with this mechanism (Xie et al., 2025). Likewise, research on couple-based coping under conditions of chronic illness supports the view that partner responsiveness and collaborative adaptation are interconnected processes (Castro et al., 2024; Wang et al., 2025). The present results therefore suggest that perceived responsiveness may be especially influential because it combines an emotional appraisal of the partner with expectations regarding actual support availability.

Importantly, dyadic coping only partially mediated the relationships of emotional intimacy and perceived partner responsiveness with marital burnout. Both predictors retained statistically significant direct effects on marital burnout after the mediator was included. This indicates that emotional intimacy and responsiveness likely protect against

burnout through additional mechanisms beyond stress management. Emotional intimacy may directly sustain affection, belonging, sexual and emotional connection, and relational meaning, while perceived responsiveness may directly reinforce feelings of security, validation, and personal significance. These processes may preserve relationship quality even in situations where no major stressor is present. The partial mediation finding is consistent with broader relational research suggesting that marital outcomes emerge from multiple interacting pathways rather than a single causal process (Hamedani et al., 2024; Nguyen, 2023). It is also compatible with evidence indicating that insecure attachment is associated with poorer mental health within married couples, underscoring the independent relevance of relational security (Karaköse & Ledermann, 2026).

The results may also be interpreted in relation to chronic and daily stress accumulation. Marital burnout is unlikely to arise from a single event; rather, it may develop when unresolved stressors repeatedly tax the emotional and interpersonal resources of the couple. Daily diary evidence demonstrates that external stress, internal relational stress, dyadic coping, and relationship functioning are closely connected over time (Temiz & Bilican, 2024). Similarly, during the COVID-19 pandemic, parental exhaustion was associated with relationship outcomes and dyadic coping, illustrating how sustained environmental pressure can enter the couple relationship (Carvalho & Matias, 2023). Reviews of caregiver burden and resilience likewise emphasize the importance of coping resources in maintaining adaptation during prolonged demands (Zhang et al., 2023). Taken together, these findings support a cumulative-stress interpretation of marital burnout in which emotional intimacy and partner responsiveness serve as protective relational resources, while dyadic coping determines how effectively those resources are mobilized when stress occurs.

The present findings also have implications for couple resilience. Resilience in intimate relationships does not mean the absence of stress, conflict, or adversity; rather, it concerns the ability of partners to maintain or restore adaptive functioning in the presence of such challenges. The substantial proportion of variance in marital burnout explained by the present model suggests that resilience-related interpersonal processes may be highly relevant to understanding why some marriages remain psychologically sustainable despite substantial demands. This interpretation aligns with systematic evidence conceptualizing couple resilience as a multidimensional construct involving

relational, emotional, and coping resources (Grané-Morcillo et al., 2026). It is also consistent with clinical studies showing that interventions targeting emotional accessibility and responsiveness can improve marital functioning among distressed couples (Diest et al., 2023) and with systematic evidence supporting couple-focused therapeutic approaches for improving dyadic relationships (Naseh et al., 2024). Therefore, emotional intimacy, responsiveness, and dyadic coping may represent interconnected but distinct components of relational resilience.

The result showing a small negative association between marital duration and burnout should be interpreted cautiously. Although longer marital duration predicted slightly lower burnout after adjustment for the principal psychosocial variables, the effect was substantially smaller than those of emotional intimacy, perceived partner responsiveness, and dyadic coping. One possible explanation is that couples who remain married for longer periods may develop more stable coping routines, more realistic expectations, or greater knowledge of their partner's emotional needs. At the same time, duration itself should not be interpreted as inherently protective, because relationship quality may vary considerably within both newer and longer marriages. The comparatively modest effect observed in the present study reinforces the conclusion that the quality of interaction between partners appears more important than the mere length of the marital relationship.

5. Conclusion

Taken together, the results support an integrated relational model of marital burnout. Marital burnout appears less likely when spouses experience strong emotional intimacy, perceive one another as responsive, and engage in adaptive dyadic coping. The findings also suggest an ordered process in which emotional intimacy and responsiveness support more effective joint coping, which in turn reduces relational exhaustion. This pattern is consistent with contemporary approaches that understand intimate relationships as interdependent systems in which emotions, attachment, support, and coping processes continually influence one another (Grané-Morcillo et al., 2026; Yuan et al., 2026). The findings therefore extend previous research by integrating emotional intimacy, perceived partner responsiveness, and dyadic coping within a single explanatory model focused specifically on marital burnout rather than on marital satisfaction or adjustment alone.

6. Limitations & Suggestions

Several limitations should be considered when interpreting the findings. First, the cross-sectional design does not permit definitive causal conclusions regarding the direction of the relationships among emotional intimacy, perceived partner responsiveness, dyadic coping, and marital burnout. Although the structural model was theoretically specified, reciprocal relationships are plausible; for example, marital burnout may itself reduce emotional intimacy, diminish perceptions of partner responsiveness, and interfere with constructive dyadic coping. Second, all variables were assessed using self-report measures, which may have increased the influence of common-method variance, social desirability, response tendencies, and participants' current emotional states. Third, only one spouse from each marriage participated, preventing direct assessment of actor-partner effects and discrepancies between partners' perceptions. Fourth, the use of convenience and online purposive sampling may limit the representativeness of the sample, particularly with respect to couples with limited internet access, lower participation in online research, or severe marital distress. Fifth, although participants were recruited from several Canadian provinces, the study was conducted in English and may not fully represent the linguistic, cultural, ethnic, and family diversity of married couples across Canada. Finally, several potentially relevant variables, including attachment insecurity, relationship conflict, financial strain, parenting stress, mental health, physical illness, sexual satisfaction, and major life events, were not included in the model and may account for additional variance in marital burnout.

Future research should employ longitudinal and prospective designs to clarify the temporal ordering of emotional intimacy, perceived partner responsiveness, dyadic coping, and marital burnout and to determine whether changes in these relational processes predict subsequent increases or decreases in burnout. Dyadic studies collecting data from both spouses would be particularly valuable because they would permit actor-partner interdependence analyses and help determine whether one partner's intimacy, perceived responsiveness, or coping behavior influences the other partner's burnout. Future studies should also examine whether the mediation pathways differ according to gender, marital duration, parenthood status, cultural background, socioeconomic conditions, and exposure to chronic stress. Experimental and intervention studies could test whether deliberate improvements in responsiveness, emotional

communication, or dyadic coping lead to measurable reductions in marital burnout. It would also be useful to integrate observational measures of couple interaction, daily diary methods, ecological momentary assessment, and physiological indicators of stress rather than relying exclusively on retrospective self-report. Finally, future models could include attachment insecurity, emotion regulation, conflict management, sexual intimacy, perceived inequity, work-family conflict, and individual burnout in order to provide a more comprehensive account of the development and maintenance of marital burnout.

The findings suggest that professionals working with couples should assess marital burnout not only as an individual experience of exhaustion but also as a relational outcome shaped by emotional connection, perceptions of responsiveness, and the couple's capacity to cope with stress together. Couple therapists, marriage counselors, and family practitioners may benefit from evaluating whether partners feel emotionally understood, whether they can express vulnerability safely, and whether supportive responses are available when stress occurs. Intervention programs can emphasize concrete skills such as recognizing a partner's stress signals, communicating needs without criticism or withdrawal, validating emotional experiences, providing appropriate practical and emotional support, negotiating delegated responsibilities, and engaging in collaborative problem solving. Preventive relationship education may also help couples identify early signs of emotional depletion before burnout becomes entrenched. In clinical practice, strengthening emotional intimacy should be accompanied by exercises that translate closeness into responsive action and effective dyadic coping, because the present findings indicate that coping processes constitute an important pathway through which relational resources are associated with lower burnout.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

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

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References

- Carasso, E., & Segel-Karpas, D. (2024). Marital Strain and Emotional Intimacy in Midlife Couples: The Moderating Role of Empathy. *Personal Relationships*, 31(3), 648-663. <https://doi.org/10.1111/pere.12559>
- Carvalho, M., & Matias, M. (2023). Parental Exhaustion During COVID-19 Pandemic: Links to Relationship Outcomes and Dyadic Coping. *Current Psychology*, 43(18), 17007-17017. <https://doi.org/10.1007/s12144-023-04658-2>
- Castro, R., Araújo, S., Marques, A., Ferreira, D., Rocha, H., Aguiar, S., Pieramico, S., Quinta-Gomes, A. L., Tavares, I. M., Carvalho, J., & Nobre, P. (2024). Mapping the Contributions of Dyadic Approaches to Couples' Psychosocial Adaptation to Prostate Cancer: A Scoping Review. <https://doi.org/10.31234/osf.io/ef6nd>
- Diest, S. L. v., Oudsten, B. L. D., Aaronson, N. K., Beaulen, A., Verboon, P., Aarnoudse, B., & Lankveld, J. v. (2023). Emotionally Focused Couple Therapy in Cancer Survivor Couples With Marital and Sexual Problems: A Replicated Single-Case Experimental Design. *Frontiers in psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1123821>
- Duca, D. S., Ursu, A., Bogdan, I., & Rusu, P. P. (2023). Emotions and Emotion Regulation in Family Relationships. *Revista Romaneasca pentru Educatie Multidimensionala*, 15(2), 114-131. <https://doi.org/10.18662/rrem/15.2/724>
- Grané-Morcillo, J., López-i-Martín, X., Lorente-De-Sanz, J., Castillo-Garayoa, J. A., Testor, C. P., & Vall, B. (2026). Couple Resilience Assessment and Related Constructs: A Systematic Review. *Psychological Trauma Theory Research Practice and Policy*. <https://doi.org/10.1037/tra0002210>
- Hamedani, K. H., Majzoobi, M. R., & Forstmeier, S. (2024). The Relationship Between Perfectionism and Marital Outcomes: A Systematic Review and Meta-Analysis. *Frontiers in psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1456902>
- Ibrahim, M., Palit, M., & Matthews, R. (2023). Intergenerational Attachment Styles, Emotional Regulation and Relational Outcomes in Couples Therapy. <https://doi.org/10.5772/intechopen.108492>
- Idulfilastri, R. M., Khaerunissa, M. R., & Zakaria, S. M. (2024). Harmonious Husband and Wife Relationship. *Edunty Kajian Ilmu Sosial Dan Pendidikan*, 3(1), 14-31. <https://doi.org/10.57096/edunty.v3i1.208>
- Karaköse, S., & Ledermann, T. (2026). Insecure Attachment and Mental Health in Married Couples. *Couple and Family Psychology Research and Practice*, 15(1), 16-31. <https://doi.org/10.1037/cfp0000276>
- Kuswanto, M. S., Ginanjar, A. S., & Rumondor, P. C. B. (2024). The Role of Common Dyadic Coping as Mediator Between Attachment Styles and Marital Satisfaction in Transition to Parenthood. *Jppi (Jurnal Penelitian Pendidikan Indonesia)*, 10(2), 665. <https://doi.org/10.29210/020243058>
- Naseh, M., Badiezhadeh, S., Rafieifar, M., Taridashti, S., Reddy, S. M., & Panisch, L. S. (2024). Solution-Focused Brief Therapy for Improving Couple Dyadic Relationships in Iran: A Systematic Review. *Journal of marital and family therapy*, 51(1). <https://doi.org/10.1111/jmft.12758>
- Nguyen, P. (2023). Investigating Assortative Mating Patterns by Expanding Personality Assessments Beyond Static and Universal Personality Traits: Written Doctoral Preliminary Exam. <https://doi.org/10.31234/osf.io/c3q7x>
- Obioma, I. F., Raina, M., Jaga, A., Asekun, W. A., Misurya, P., & Bark, A. S. H. (2025). Gender and Marital Burnout Within Four Countries: Examining the Effects of Conflict Negotiation Styles. *Journal of Social and Personal Relationships*, 42(12), 3509-3533. <https://doi.org/10.1177/02654075251371383>
- Shinan-Altman, S., Wertheimer, A., Frankel, B.-E., & Hamama-Raz, Y. (2024). Her, His, and Their Journey With Endometriosis: A Qualitative Study. *Frontiers in Global Women's Health*, 5. <https://doi.org/10.3389/fgwh.2024.1480060>
- Tang, N., Jia, Y., Zhao, Q., Liu, H., Li, J., Zhang, H., Lin, H., & Huangfu, C. (2022). Influencing Factors of Dyadic Coping Among Infertile Women: A Path Analysis. *Frontiers in Psychiatry*, 13. <https://doi.org/10.3389/fpsyg.2022.830039>
- Temiz, Z. T., & Bilican, F. I. (2024). Daily External Stress, Internal Stress, Dyadic Coping, and Relationship Functioning of Turkish Couples During the COVID-19: A Daily Diary Study. *Stress and Health*, 40(5). <https://doi.org/10.1002/smi.3455>
- Thompson, A. E., Theis, R., Willhite, R. M., & Dębska, J. (2025). Love on Empty: The Development and Validation of a Comprehensive Scale to Measure Burnout in Modern Relationships. *Behavioral Sciences*, 15(12), 1737. <https://doi.org/10.3390/bs15121737>
- Wang, Y., Zhang, J., Wang, S., Wu, Y., Hang, L., Hua, Y., & Shi, W. (2025). Feasibility and Preliminary Efficacy of a Systematic Transaction Model-Guided Dyadic Coping Nursing Intervention for Patients With Breast Cancer and Their Spousal Caregivers: A Pilot Study. *Asia-Pacific Journal of Oncology Nursing*, 12, 100621. <https://doi.org/10.1016/j.apjon.2024.100621>
- Wondolowska, A., Czyżowska, N., & Czyżowska, D. (2022). The Role of Attachment and Dyadic Coping in Shaping Relational Intimacy: Actor-Partner Interdependence Model. *International journal of environmental research and public health*, 19(23), 16211. <https://doi.org/10.3390/ijerph192316211>

- Wiener, L., Bedoya, S. Z., Goyal, A., Gordon, M., Deutch, N., & Widemann, B. C. (2023). The Perceived Influence of Neurofibromatosis Type 1(NF1) on the Parents' Relationship. *Children*, 10(3), 448. <https://doi.org/10.3390/children10030448>
- Xie, B., Ma, D., Sun, X., Ouyang, Y.-Q., & Xu, Y. (2025). Influences of Parental Intimacy and Self-Disclosure on Dyadic Coping Among Parents Raising School-Aged Children Diagnosed With Autism Spectrum Disorder. *Journal of Family Medicine and Primary Care*, 14(7), 2774-2781. https://doi.org/10.4103/jfmpe.jfmpe_1875_24
- Xie, B., Xu, Y., & Ouyang, Y.-Q. (2024). Effects of Parental Intimacy and Self-Disclosure on Dyadic Coping in Parents of Children With Autism Spectrum Disorder Entering School. <https://doi.org/10.21203/rs.3.rs-3844754/v1>
- Yuan, H., You, J., Huang, J., Zhao, W., Jin, X., & Xu, W. (2026). An Actor-Partner Interdependence Mediation Model for Assessing the Association Between Dyadic Coping and Post-Traumatic Growth in Dyads of Patients With Stroke and Their Spouses: Cross-Sectional Study. *BMC psychology*, 14(1). <https://doi.org/10.1186/s40359-026-04497-3>
- Zahedi, H., Alizadeh-Dibazari, Z., Mirghafourvand, M., Sahebhiagh, M. H., & Hosseinzadeh, M. (2024). The Effectiveness of Couple-Based Interventions on the Marital Outcomes of Women With Genital and Breast Cancer and Their Partners: A Systematic Review and Meta-Analysis. *BMC Cancer*, 24(1). <https://doi.org/10.1186/s12885-024-12088-x>
- Zhang, N., Zheng, T., Liu, X., Yu, X., & Wang, L. (2023). Burden, Coping and Resilience Among Caregivers for Patients With Chronic Obstructive Pulmonary Disease: An Integrative Review. *Journal of clinical nursing*, 33(4), 1346-1361. <https://doi.org/10.1111/jocn.16954>
- Zhang, Q., & Cao, H. (2024). Relationships Between Dyadic Coping, Marital Adjustment, and Post-Traumatic Growth in Patients With Maintenance Hemodialysis Patients and Their Spouses. *Frontiers in psychology*, 15. <https://doi.org/10.3389/fpsyg.2024.1487355>
- Zhao, H., Zhou, Y., Chin, C., Chong, M. C., Zheng, Y., Hou, Y., Chen, C., & Zhu, Y. (2023). Marital Self-Disclosure Intervention for the Fear of Cancer Recurrence in Chinese Patients With Gastric Cancer: Protocol for a Quasiexperimental Study (Preprint). <https://doi.org/10.2196/preprints.55102>
- Zhao, H., Zhou, Y., Chin, C., Chong, M. C., Zheng, Y., Hou, Y., Chen, C., & Zhu, Y. (2024). Marital Self-Disclosure Intervention for the Fear of Cancer Recurrence in Chinese Patients With Gastric Cancer: Protocol for a Quasiexperimental Study. *Jmir Research Protocols*, 13, e55102. <https://doi.org/10.2196/55102>