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## Tracing the Roots of Coping: The Impact of Parental Bonding on Dyadic Coping

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### ABSTRACT

This study explored the impact of parental bonding on dyadic coping in adulthood when faced with stress or conflict. Specifically, it examined how parental care and overprotection during childhood influenced the way individuals coped with stressful life events. A cross-sectional, correlational survey design was used, with a sample of 300 individuals aged 18 to 40 years (M=122, F=178), recruited through purposive sampling technique. Standardized scales including Parental Bonding Instrument (PBI) and Dyadic Coping Inventory (DCI) were used to measure the variables. Results showed that parental bonding was significantly correlated with dyadic coping ( $p < 0.01$ ): higher levels of parental care were positively correlated with dyadic coping ( $r = 0.219$ ), while higher levels of parental overprotection were

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negatively correlated with it ( $r = -0.213$ ). These findings highlight the long-term influence of early caregiving experiences on individuals' stress management and coping strategies in adulthood. The study suggests that fostering positive parenting practices may enhance coping capacities later in life.

**keywords:** Parental Bonding, Dyadic Coping, Parental Care, Parental Overprotection, Coping, Trust, Mistrust

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## INTRODUCTION

An individual's early relationships play a crucial role in determining their subjective well-being and overall life satisfaction. Parental bonding, shaped through interactions with primary caregivers, contributes to the development of emotional stability and social functioning. These early caregiving experiences provide individuals with a sense of safety and value, helping to fulfill the innate human drive for connection and belonging, "the need to belong". However, while the desire for connection is universal, human relationships especially the romantic ones, often involve challenges and stress. How individuals manage these interpersonal difficulties is deeply influenced by their early childhood experiences, particularly the nature and quality of parental care and control.

Parental bonds are the most critical bond in a child's life, shaping the child's early experiences and emotional framework. Parker et al. (1979) define parental bonding as the parents' input into the parent-child relationship that is usually assessed using the Parental Bonding Instrument (PBI). The care that parents provide to an infant shapes the parental bond, and these early attachment bonds serve as emotionally significant relationships that infants form during a period of critical development occurring in the very first year of their lives.

The two dimensions of Parental Bonding are care and overprotection (Parker, 1994). Parental Bonding aids a child's emotional development if a balance between care and overprotection is maintained; however, an excess or imbalance of these will impede the child's development and influence the child's future relationships and coping mechanisms in life. Behaviors that communicate care, acceptance and love, such as offering positive attention and providing encouragement fall under parental support or care (Felson & Zeilsinski, 1989). Parental Care is associated with positive development, it includes a balanced level of protection and aids the child in a way that allows room for growth and independence. On the other hand, there can be psychological or behavioral control or overprotection, which includes rules/regulations and maintaining a disciplinary decorum, that have significantly varying effects on children depending upon different types of parental control (Barber et al., 2005). Parental control or overprotection is associated more with negative consequences; it can harm the child psychologically and stifle their development. Excessive control or overprotection can instill defiance in a child and damage their self-esteem. It also hinders their coping, and when met with challenges, they are unable to make independent decisions.

Dyadic Coping is the collaborative approach by couples towards coping with

stressors in a relationship (Guy Bodenmann, 1995). It involves communicating openly about challenges, offering your partner support, and working collectively to solve problems. As humans, we define ourselves by our relationships and they are an important component of our lives. People who have healthy intimate relationships experience greater psychological and physical well-being. (Reis, 1984). When an individual is in a relationship, their overall frame of mind and aura extend and influence their partner's as well, which in turn determines the dynamic of the relationship. Guy Bodenmann details the mechanism of interdependence between romantic partners, affirming the fact that when one partner in a relationship is affected by stress, eventually the other partner will also be affected by means of the process of stress spillover. As a result, the process of joint and common stress leads to the mechanism of mutual dyadic coping, where either one of the partners aids the other one in their efforts to cope or the couple collaboratively engages in joint problem-solving efforts or collective emotional regulation.

Early caregiving behavior such as emotional responsiveness, shapes an individual's ability to later engage in relationship-focused coping in life (Bodenmann, 1997; Mukilincer and Shaver, 2007). In general life, the support and love a child receives in the early years of childhood nurture their self-esteem and make them confident enough to enhance their ability to adjust in different social engagements.

## **LITERATURE REVIEW**

Dyadic coping has been studied in the context of Adverse Childhood Experiences or ACE's in a Turkish sample, where the study aimed to explore whether dyadic coping contributed towards any protective benefits to individuals who had gone through any ACEs. It also sought to explore if ACE's impacted the quality of future intimate relationships of these individuals in any way. To conduct this research, a sample of 361 adults was obtained, who were asked to fill out online surveys. These individuals were from the age range of 18-30 years, unmarried but currently in a relationship, whose timespan was required to be six months at the very least. Results revealed there to be no moderating factors in the study; however, a mediating role by dyadic coping was played in the relationship between Adverse childhood experiences (ACE) and satisfaction of individuals in their relationships. Moreover, Dyadic coping techniques yielded valuable results for individuals with ACE who experienced a lower quality in intimate relationships (Eyisoğlu & Erdem, 2023).

In another study, the collaborative efforts made by partners to adapt to each other were examined in the context of their ramifications, either positive or negative, on the collective functioning and well-being of the family. Research findings uncovered that these collaborative efforts had a profound impact on the capacity of a family to work effectively as a single unit and were a determinant of their psychological functioning. It was found that dyadic adjustment between couples was positively intercorrelated with parenting alliance or co-parenting, was effective in helping at times of stressful life events, and contributed to family efficacy (Picón et

al., 2021).

Another study was conducted to investigate the psychometric properties of the Dyadic Coping Inventory (DCI) in the context of Bangladesh where the data were collected from 400 married individuals. In the first phase of the assessment, data was analyzed in terms of reliability and validity. In the second phase of the study, the DCI was assessed to check variations in terms of gender, age, educational background, socioeconomic status, and marital duration. Results showed that dyadic coping varied in all these domains. Greater levels were found in females than males and increased with educational qualification. Furthermore, dyadic coping was also found to be greater in the age group of 18-29. In the context of socioeconomic status, the individuals with middle class scored higher, while people aged 40 and above showed comparatively lower levels of dyadic coping. In the context of marital duration, dyadic coping was higher at the start of marriage and decreased with time. The final phase of the research investigated whether dyadic coping was a predictor of marital adjustment and the results using linear regression supported this claim (Md sazzad, 2024).

This study sought to add to the existing literature pertaining to the parenting approaches employed in South Asia which differ greatly from the more dominant western approaches. This study explored how mental health of individuals is affected in adulthood due to the quality of their early caregiving experiences. To put this to test a sample of mothers' residing in rural Pakistan was selected to find out how they view their early caregiving behaviors provided by their mothers using the Parental Bonding Inventory (PBI). Depression was measured using the Clinical Interview for DSM Disorders (SCID). Results revealed parental care to be related with a lower probability of depression meanwhile overprotective parenting behaviors proved to contribute towards having a higher chance of developing depression in adulthood. Overprotection had further two types, one of which was behavioral control which also contributed towards a higher chance of having depression. On the other hand, psychological control was related to a lesser chance of developing depression in adulthood. (Frost et al., 2024).

### **Research Objective**

To assess the relationship between parental bonding and dyadic coping in adult relationships.

### **Research Question**

What is the relationship between parental bonding and dyadic coping in adulthood?

### **Research Hypothesis**

- 1a. Higher levels of parental care are positively related to dyadic coping.
- 1b. Lower levels of parental control are negatively related to dyadic coping.

## **RESEARCH METHODOLOGY**

### **Research Design**

This research utilized a quantitative correlational study with a cross-sectional approach that explores the relationship between parental bonding and dyadic coping. The type of sampling used was purposive sampling.

### Population and Sample

A total of 300 people participated in this research study. The minimum age required for participants was 18 years and the maximum 40 years of age, and they were involved in a romantic relationship (married, engaged, or dating). The gender distribution ratio was approximately 40% males and 60% females.

### Research Measures

#### 1. Parental Bonding Instrument (PBI)

This 25-item self-report scale assesses parental behavior during the first 16 years of life (Parker, 1994). It comprises two subscales: Care and Overprotection, scored using a 4-point Likert scale. Higher scores on each subscale reflects more care or more overprotection. The scale demonstrates strong internal consistency that is 0.88 for care and 0.74 for overprotection and test-retest reliability; however, a satisfactory construct and convergent validity were shown.

#### 2. Dyadic Coping Inventory (DCI)

This 37-item self-report scale measures individual and joint coping behaviors in relationships (Bodenmann, 2008). It includes supportive, delegated, negative, and joint coping styles. Responses are rated on a 5-point Likert scale. This scale has high internal consistency ( $\alpha = .71-.92$ ) with cross-cultural reliability and shows convergent and divergent validity too.

### Procedure & Ethical Considerations

A cross-sectional correlational design was employed. Participants were recruited through convenience and purposive sampling. After obtaining informed consent, participants completed demographic forms and the two scales. Participants were fully informed about the study and provided written consent. Their confidentiality was ensured, and they had the right to withdraw at any time without consequences. No deception was involved, and care was taken to prevent any psychological or physical harm.

## RESULTS OF STUDY

Table 1

Frequency and Percentages of Demographic Variable (N=300)

Variables	<i>f</i>	%	<i>M</i>	<i>SD</i>
Age	-	-	2.373	.6234
18-24	211	70.3		
25-30	66	22.0		
31-35	23	7.7		
Gender	-	-	1.593	.4920
Male	122	40.7		
Female	178	59.3		

Relationship Status	-	-	1.927	.9004
Committed	133	44.3		
Engaged	56	18.7		
Married	111	37.0		
Duration	-	-	2.000	.0000
less than 6 months	0	00		
6 months and above	300	100		
Socio-economic Status	-	-	3.127	1.2092
Low Income	36	12.0		
Lower Middle	50	16.7		
Middle Income	98	32.7		
Upper Middle	72	24.0		
High Income	44	14.7		
Education Level	-	-	3.130	.5664
Matric/O'Levels	0	00		
Inter/A Levels	31	10.3		
Undergraduate	199	66.3		
Postgraduate	70	23.3		
Employment	-	-	1.517	.5006
Yes	145155	48.3		
No		51.7		
Diagnosis			2.000	.0000
Yes	00	.00		
No	300	100		

**Table 2**

Pearson Product Moment Product Correlations of Parental Bonding Dimensions (Parental Care & Parental Overprotection) and Dyadic Coping (N=300)

Variables	1	2	3
1. PBI Parental Care	-	-.519**	.219**
2. PBI Parental Overprotection		-	-.213**
3. DCI			-

*Note.* \*\*p<0.01

As shown in Table 2, both the dimensions of Parental Bonding; Parental Care and Parental Overprotection have a significant, strong correlation with Dyadic Coping. The subscale of Parental Care has a significant, positive correlation with Dyadic Coping. Meanwhile, the subscale of Parental Overprotection has a significant, negative correlation with Dyadic Coping. Hence it can be concluded that the majority of the variables display a strong correlation albeit in different directions.

**Table 3**

Simple Linear Regression Analysis Showing Parental Bonding (PBI) as a Predictor of Dyadic Coping (DCI) (N=300).

	Dyadic Coping							
	R	R <sup>2</sup>	$\Delta R^2$	$\beta$	t	P	95% CI	
							LL	UL
Parental Bonding	.248	.062	.055	.248	3.822	<0.001	0.171	0.522

*Note.*  $\beta$ =Standardized beta, R<sup>2</sup>=R-squared,  $\Delta R^2$ =Adjusted R-squared CI=Confidence Interval, LL=Lower limit, UL= Upper limit

Table 3 shows that parental bonding significantly predicted dyadic coping. The results revealed a significant model,  $R = .25$ ,  $R^2 = .06$ ,  $F(1, 298) = 17.16$ ,  $p < .001$ , indicating that parental bonding explained 6% of the variance in dyadic coping. The regression coefficient was significant,  $B = 134.32$ ,  $t(298) = 17.16$ ,  $p < .001$ , with a 95% confidence interval [118.92, 149.73]. These findings suggest that higher perceived parental bonding is associated with greater dyadic coping ability in adulthood.

**Table 4**

Stepwise Regression showing Subscales of Parental bonding (Care, Overprotection) as Predictors of Dyadic Coping (N=300)

Predictors	Dyadic Coping							
	R	R <sup>2</sup>	$\Delta R^2$	$\beta$	P	95% CI		
						LL	UL	
<b>Step I</b>								
Parental Care	.219	.048	.045	.219	<.001	0.171	0.522	
<b>Step II</b>								
Parental Care	.248	.062	.013	.149	.024	.031	.439	
Parental Overprotection				-.136	.040	-.475	-.011	

*Note.*  $\beta$ =Standardized beta, R<sup>2</sup>=R-squared,  $\Delta R^2$ =Adjusted R-squared, CI=Confidence Interval, LL=Lower limit, UL= Upper limit

Table 4 shows hierarchical multiple regression analysis which determined the predictive value of parental care and overprotection on dyadic coping. In Step 1,

parental care significantly predicted dyadic coping,  $R = .22$ ,  $R^2 = .05$ ,  $F(1, 298) = 15.07$ ,  $p < .001$ . In Step 2, the inclusion of parental overprotection led to a significant improvement in the model,  $\Delta R^2 = .01$ ,  $F(1, 297) = 4.26$ ,  $p = .040$ , with the final model explaining 6% of the variance in dyadic coping,  $R^2 = .06$ . In the final model, parental care remained a positive predictor,  $B = 0.24$ ,  $p = .024$ , while parental overprotection emerged as a significant negative predictor,  $B = -0.24$ ,  $p = .040$ . These results suggest that greater parental care facilitates dyadic coping, whereas higher parental overprotection diminishes it.

## DISCUSSION

The present study examined the relationship between the dimensions of parental bonding (parental care and parental overprotection) and dyadic coping in adulthood. It was predicted that Parental bonding is correlated with dyadic coping, such that higher levels of parental care subdomain are positively correlated with Dyadic coping and lower levels of Parental Overprotection subdomain are negatively correlated with Dyadic coping.

Consistent with the hypothesis 1(a), results revealed Parental Care to have a significant and positive correlation with Dyadic coping. This means that higher levels of Parental Care is a predictor of better Dyadic coping in adulthood. Individuals who have experiences of highly caring parents in their childhood go on to form trusting relationships and have effective coping skills with their significant others. It was supported by prior research by Lampis, Bussonera & Tommasi (2025) which discovered that increased levels of parental care experienced by individuals in childhood lead to better adaptation or dyadic adjustment in couples in adulthood through fostering a strong sense of self. Individuals who experience optimal quality of maternal bond characterized by higher levels of care, experience superior quality of close intimate relationships in adulthood than individuals who experience affectionless control characterized by lower levels of care (Schmoeger et al., 2018). Moreover, lower levels of care experienced by individuals in childhood was a predictor of a fear of intimate connections in adulthood (M Perez, 2023). Parental Care and a secure nurturing environment is a key predictor of better emotional regulation in adults, which also determines their relational functioning. The research by Tani et al., (2018) confirms that positive associations between perceived parental care (both paternal and maternal) and better emotion regulation abilities suggest that individuals who experienced higher parental care are likely to possess better emotional regulation skills.

In contrast, the second sub-hypothesis pertaining to the Parental Overprotection subdomain was also affirmed by the results. Parental Overprotection had a significant and negative correlation with dyadic coping, implying that lower levels of Parental Overprotection is a predictor of better dyadic coping in adulthood. Excessive levels of Parental Overprotection impedes the formation of autonomy in an individual and leads to development of emotional dependency (Choe et al., 2013; Pérez et al., 2021). Individuals with experiences of excessive parental overprotecting

behaviors have a higher chance of struggling to deal with stressors in a relationship, thus impacting their relationship well-being and Dyadic Coping. The research by Lampis, Bussonera and Tommasi (2025) also supports this hypothesis, which discovered that higher levels of maternal control has impeding effects on the individual's emotional autonomy, harming their sense of self and in turn affecting dyadic adjustment in relationships. Moreover, Individuals that experience an optimal quality of maternal bonding marked by low levels of maternal control are more likely to experience superior quality close relationships than individuals with experience of affectionless control where overprotective behaviors by mothers are elevated (Schmoeger et al., 2018). Elevated levels of overprotective behaviors by parents in childhood were also associated with a fear of intimate connections in adulthood (M Perez, 2023).

## CONCLUSION

This study confirmed that parental bonding significantly influences dyadic coping in adult romantic relationships. Higher parental care was linked to better dyadic coping, while overprotection was associated with poorer coping. These findings highlight the lasting impact of early caregiving experiences on how individuals manage stress within their relationships. Promoting positive parenting practices may contribute to healthier coping mechanisms in adult romantic partnerships.

### Limitations & Recommendations

This study faced several limitations, including the lengthy questionnaire, which may have affected participant engagement and response accuracy, and the potential influence of participants' mood during form completion. The sample lacked diversity, being limited to a single city, reducing the generalizability of the findings. Future research should streamline data collection tools to minimize fatigue and improve response quality. Broader and more diverse sampling across regions and age groups is recommended to enhance representativeness. Employing stratified sampling and incorporating mixed-method approaches, such as qualitative interviews, can yield deeper insights. These findings can inform therapeutic practices, relationship education, and parenting programs, while longitudinal studies could offer stronger evidence of long-term impacts of parental bonding on adult relationships.

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