

Intimate Partner Relationship, Coping Strategies and Somatic Symptoms in Married Women

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Abstract: *The present study examined the relationship between intimate partner relationships, coping strategies, and somatic symptoms in married women. A correlational research design was used in the research, with a total sample size of N=200 married women. Snowball sampling was used to gather data from married women. Standardized tools measured relationship quality, somatic symptoms, and coping styles, including emotion-focused and problem-focused coping. The results indicated that poor relationship quality was significantly associated with increased somatic complaints or symptoms in married women. Emotion-focused coping was positively correlated with higher somatic complaints, while problem-focused coping showed a negative relationship, indicating its protective role. Furthermore, dyadic coping partially mediated the link between relationship quality and somatic symptoms. Group comparisons revealed that unemployed women reported significantly more somatic symptoms than employed women. Similarly, women from nuclear families showed higher levels of somatic symptoms compared to those from joint family systems. These findings emphasize the psychosomatic impact of relationship stress and coping style and suggest the need for low-cost, culturally sensitive couple-based interventions for married women. Implications can be done in future for further guideline and clinical purpose.*

Keywords: Intimate Partner Relationships, Coping Strategies, Emotion-Focused Coping, Problem-Focused Coping, Somatic Symptoms, Dyadic Coping, Family Structure, Employment Status

Introduction

Intimate partner relationships are the personal and close connections between couples that are been characterized by deep connections, bonds, affection and commitment. These relationships often involve various forms of intimacy, including emotional, physical, intellectual, and spiritual dimensions (Solace Counselling Services, 2025). According to Kelly and colleagues (2003) intimate partner relations are defined as the interdependence and the psychological processes and wellbeing of one person that is intertwined with the same processes in another person so according to him successful intimate partner relationship is characterized by the very high level of trust, commitment, knowledge and intimacy.

In relation to this, Folkman and Lazarus (1984) defined the coping as cognitive and behavioral efforts that a person performs to manage or reduce the external environmental and the internal threats. Therefore, coping can be defined a chain of behaviors and cognitions aimed to manage difficult and anxiety provoking situations when an individual is focused on using ways that are more effective in dealing with problems by using analytical skills also known as active and passive styles (Jex et al., 2001).

Furthermore, Somatic complaints or somatic symptoms are broadly defined as physical symptoms that don't have a completely satisfactory medical cause and are thought to be related to mental health problems or psychological distress. These symptoms can vary from context to context that might include headaches,

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pain, exhaustion, nausea, vertigo, and other physical aches and pains. Even in cases when there isn't a definitive medical explanation, these problems can be extremely crippling to people, severely impairing their ability to function and quality of life (Kroenke et al., 2007; Henningsen et al., 2018).

In the support of this study previous literature had been reviewed given by different researchers. A study that explores the link between daily intimate relations and physical health mainly of which focuses on somatic symptoms such as headache and muscles pain named close relationship and health in a daily life. The findings of the study show a substantial negative relation between intimacy and somatic complaints, indicating that on a day when participant reported higher level of intimacy with their partner, they reported fewer somatic symptoms complaints. On the other hand, days marked by conflict or emotional distance were allied with increased physical complaints. Additionally, the study found that these effects were moderated by individual differences such as attachment style, with securely attached individuals benefiting more from intimacy in terms of reduced somatic symptoms. The study thus highlights the crucial role of close relationships, particularly daily emotional interactions, in influencing physical health outcomes. This research emphasizes the pivotal role of close relationships, specifically daily emotional interactions, in shaping physical health outcomes. (Meuwly et al., 2015).

Another significant study “The Impact of stigma weight from Romantic partners: Adaptive and Maladaptive Coping Mechanisms and Depressing Symptoms,” Hannah X. Wu and colleagues (2023) explore the effects of weight related stigma within the romantic Partner relationships. A quantitative survey method of analysis was used for those partners who were in romantic relations. Findings of the study shows that there is association between weight stigma experienced from loving partners and increased use of non-effective coping strategies besides higher levels of depressive symptoms while adaptive coping mechanisms may minimize these negative effects (Hannah X. Wu et al., 2023).

Another study by Slatcher and Selcuk highlights the crucial role that relationships, particularly romantic partnerships, perform in impacting both physical and mental health. The findings suggest that positive relationship dynamics can lead to better health outcomes by reducing stress and promoting psychological well-being, positive changes in behavior, and faster recovery from illnesses. Moreover, evidence showing that individuals in close relationships tend to experience quicker recovery from illness and lower inflammation levels compared to those in less supportive relationship hence the comprehensive review shows how close relationships, especially romantic partnerships, profoundly impact physical and mental health (Slatcher & Selcuk, 2017).

Another study, “A social and psychological perspective on the links between close relationship and health,” was conducted by Slatcher and Selcuk (2017). This study provided a thorough review of how close relationships, particularly romantic and marital bonds, impact both physical and mental health from a social psychological viewpoint. The authors synthesized findings from numerous studies over several decades to explore the underlying mechanisms that connect relationship quality with health outcomes. The article did not solely examine a single empirical study with a specific sample size, but instead reviewed a broad range of studies, including longitudinal research on couples, experimental work on stress, and cross-sectional research on social. Another way that positive relationships promote health is through their impact on mental health. The authors highlight that studies have demonstrated a strong link between relationship satisfaction and mental health, with relationships that are secure and supportive generally associated with better mental health outcomes. Conversely, relationships that are characterized by conflict, distance, or dissatisfaction are linked with more risk of depression and mental health problems.

This study by Nejatian et al., (2017) aimed to investigate occurrence of marital burnout and its connected factors among married women of Iran. Using a cross-sectional design and a structured survey administered to 300 participants, the study found that emotional, physical, and psychological exhaustion related to marital dissatisfaction was common among the respondents. The findings revealed that a considerable number of the women in this study experienced varying degrees of marital burnout, with emotional exhaustion appearing to be the most commonly reported symptom, the study indicated that women who perceived greater dissatisfaction in their marital relationship, particularly in terms of

emotional intimacy and spousal support, were more likely to experience marital burnout (Nejatian et al., 2017).

On the effects of relationship on married women another significant study conducted by Kiecolt-Glaser and Wilson (2017) titled "Lovesick: How Couples' Relationships Influence Health" presents a comprehensive evaluation of how the quality of intimate partnerships, specifically among couples, affects physical and mental health. The authors comprehensively synthesized findings from a myriad of research, delving into the physiological and psychological processes through which relationships have protective or harmful effects on individual health. The study's key findings stresses that positive, emotionally fulfilling relationships have several health benefits, including quicker recovery from illness and lower inflammation levels. On the other hand, chronic stress from negative interactions in a relationship can harm health by weakening the immune system, increasing inflammation, and raising the risk of cardiovascular disorders, diabetes, and other chronic conditions (Glaser & Wilson, 2017).

The important study on intimacy and somatic complaints by Stadler and other researchers that is Close relationship and Health in daily life investigated the link between daily intimacy in close relationships and physical health, specifically focusing on somatic symptoms. The study involved 94 couples (188 participants) who were asked to keep daily diaries for 35 days. These diaries recorded their daily experiences of intimacy, emotional support, and the presence of somatic symptoms, such as headaches, muscle pain, and fatigue. The study demonstrated that daily fluctuations in intimacy between partners had a significant impact on the experience of somatic symptoms. On days with higher levels of intimacy and emotional support, participants reported fewer instances of symptoms like headaches, muscle pain, and fatigue. However, days marked by conflict or emotional distance were associated with an elevated likelihood of experiencing these symptoms. This study also delved into how individual differences, particularly attachment style and emotional regulation, modified the association between intimacy and health. The researchers concluded that the daily quality of intimate relationships has a significant impact on physical health, underlining the critical role of emotionally supportive relationships in promoting overall well-being. (Stadler et al., 2012).

Another article sheds light on the crucial role of coping approaches in romantic relationships. The study by Papp and Witt (2010) conducted a mixed-methods analysis, combining self-reports and observational data from 100 couples. The findings suggest that dyadic coping, a collaborative and supportive way of dealing with stress, has a more significant positive impact on relationship functioning than individual coping strategies. Communication and collaboration during stress-inducing conversations were key factors influencing the effectiveness of dyadic coping (Papp & Witt, 2010).

In her doctoral thesis, "Understanding Functional Somatic Disorders in Romantic Relationships through a Mentalizing Lens," Yingying Ho conducted a mixed-methods study consists of 74 Taiwanese pairs. The quantitative aspect investigated the connections between attachment styles, mentalizing abilities, the intensity of functional somatic disorder (FSD) symptoms. Results showed significant relations between anxious attachment, impaired mentalizing, and increased FSD rigourousness (Yingying, 2024).

Taking together the researches presented here offer compelling evidence that intimate relationship plays a very significant role in the life of married women. The more satisfactory the intimate relationship the more successful the relationship will be. Those women who feels sense of security and love in their relationship reports fewer physical and mental issues and those who have experience neglect from their spouse's reports somatic or physiological symptoms. Similarly, the effective coping strategies to deal with the stressors related to somatic complaints also results in the fewer somatic symptoms.

Rationale of the Study

Intimate partner relation disturbance remains a significant public health concern, profoundly affecting the physical and psychological well-being of married women. Despite extensive research on this topic, there is a gap in understanding the specific coping strategies employed by married women and how these strategies correlate with somatic complaints. Somatic complaints, which include chronic pain, fatigue, and other physical symptoms, often arise from psychological distress linked to dissatisfied intimate partner

relationship. The problem is exacerbated in collectivistic cultures where societal norms may influence the prevalence of dissatisfied intimate partner relationship and the coping mechanisms available to women. This research aims to explore the relationship between intimate partner relationship dynamics, coping strategies, and somatic complaints in married women, providing a comprehensive analysis of how these factors interact and impact women's health. Understanding the interactions is important for formation of new efficient and effective interventions to support the health and welfare of married women experiencing unfulfilled intimate partner relations.

Objectives of the Study

1. To find out the relationship between intimate partner relationship, coping strategies and somatic complains.
2. To find out how coping strategies mediates the relationship between the intimate partner relationships and somatic complains.

Hypotheses

- There would likely to be a significant negative relationship between intimate partner relationships and somatic complains in women.
- There would likely to be a significant negative relationship between problem-focused coping and somatic complaints in women.
- There would likely to be a significant positive relationship between emotion-focused coping and somatic complaints in women.
- Effective coping strategies significantly mediate the relationship between the quality of intimate partner relationship and the somatic complaints of married women.
- There would be like significant difference in somatic complaint among women based on family structure, years of marriage and employment status.

Method

In this research on intimate partners' relationship coping strategies and somatic complaints in married women, a correlational research design was employed.

The study sample includes 200 married women with age range from 25 to 35 years. Snowball sampling was used for data collection. For inclusion, those women's were included who had martial relationship for at least 3 year and had at least one child. For exclusion, Women with diagnosed medical conditions were excluded from the study. Women under psychological treatment and Divorced, single parent mother and widow women were excluded from the study.

Table 1
Demographic Characteristics of the study participants (N=200)

Variables	F	%
Total particpates	200	100
Number of Children		
1	82	41.0
2	48	24.0
3	27	13.5
4	27	13.5
5	3	1.5
6	6	3.0
7	4	2.0
8	2	1.0
Family System		
Nuclear	81	40.5
Joint	119	59.5
Employment Status		
Working	100	50.0
House Wives	100	50.0

Table 1 reveals the total number of sample was 200 comprising of females. Out of the sample of 200, 100 were house wives and 100 were employed. 81 women belongs from nuclear family system and 119 from joint families. The table above also depicts different no of children they were having.

Assessment Measure

Coping Scale (Hamby et al., 2013)

Coping scale is an instrument used effectively and extensively to measure coping strategies. It was devised by Hamby, Grych and Banyard (2013). It assesses the cognitive, behavioral and emotional techniques for dealing with problems. It consists of 13 items. Each answer category was assigned value from 4 to 1 with, 1 for “Not true about me” and 4 for “Mostly true about me”. The internal consistency reliability of the scale is 0.88. The total score can be sum or mean of scores of items (Hamby et al., 2013).

Somatic Symptom Scale-8 (Gierk et al., 2014)

The Somatic Symptom Scale-8 (SSS-8) was primarily introduced by Bernd Lowe. The scale was developed and validated in a study by Gierk et al., published in 2014. SSS-8 is a Likert type scale with response options varies from 0-4 with 0 not at all to 4 very much. The Somatic Symptom Scale has shown good internal consistency with a Cronbach's alpha of 0.76. This indicates that the items on the scale are reliably measuring the same construct (Gierk et al., 2014).

Personal Assessment of Intimacy in relationship (PAIR) (Schaefer & Olson., 1981)

Personal Assessment of Intimacy in Relationship Scale consists of 36 items divided further in 6 sub scales with responses from 1 (strongly disagree) to 5 (strongly agree). The sub scales includes emotional intimacy, social intimacy, sexual intimacy, recreational intimacy and one faking scale. These subscales comprise emotional intimacy, social intimacy, sexual intimacy, intellectual intimacy, recreational intimacy, and one faking scale. Over all the PAIR scale have good reliability with Cronbach's Alpha of 0.77 where emotional intimacy achieved value of 0.74 (Schaefer & Olson, 1981).

Procedure

After taking permission from administration, participants were approached personally and electronically. A consent form was signed by each participant before filling the questionnaires. Then, the questionnaires were given to each of them and the confidentiality were be assured. They were also informed about the purpose of the study. To meet the requirement of size of sample, questionnaires were also made available on internet electronically and with personal interaction the data was collected. The respondents were directed to complete the survey in 20-30 minutes.

Ethical Considerations

The study's ethical issues included getting informed consent from participants prior to collecting their replies. Protecting participants' privacy was crucial, and both privacy and secrecy were guaranteed. The researchers wanted to maximize the research's advantages for participants and society by ensuring that the findings were used to improve support services and treatments for partners who were dissatisfied with their relationships. Cultural differences were also taken into account in this study, with the researcher remaining aware of and respecting the study sample's cultural settings and views. Participation was fully optional, and individuals might withdraw from the research at any moment.

Statistical Analysis

The data were statistically analyzed using Statistical Packages for Social Sciences SPSS version 25 will be used for the analysis purpose. That analysis include Descriptive statistics, Reliability analysis, Hierarchal Regression, for correlation Pearson Moment Correlation Analysis, Mediation Analysis and One Way Analysis of Variance ANOVA to test the stated hypotheses.

Results

Table 2

Pearson movement correlation analysis of intimate partner relationship, coping strategies and somatic complaints in married women (N=200)

Variables	M	SD	1	2	3	4	5	6	7	8	9
Emotional Intimacy-1	17.13	3.15	—	—	—	—	—	—	—	—	—
Social Intimacy-2	16.84	4.01	.571***	—	—	—	—	—	—	—	—
Sexual Intimacy-3	18.20	3.85	.388***	.481***	—	—	—	—	—	—	—
Intellectual Intimacy-4	18.06	4.03	.496***	.493***	.470***	—	—	—	—	—	—
Recreational Intimacy-5	19.49	4.47	.483***	.449***	.448***	.448***	—	—	—	—	—
Conventionality-6	18.71	3.96	.501***	.408***	.482***	.287**	.515***	—	—	—	—
Cog Emotional Coping-7	21.57	4.44	.423***	.271**	.258**	.351***	.331***	.212**	—	—	—
Behavioral Coping-8	13.98	4.03	.269**	.270**	.414***	.425***	.189	.162	.026	—	—
Somatic Symptoms Scale-8-9	11.55	6.26	-.161*	-.167*	-.240**	.063(ns)	-.226**	-.172*	-.047(ns)	0.21(ns)	—

Table 2 shows the value of correlation among 5 subscales of PAIR along with 2 subscales of Coping scale and the Somatic Symptoms Scale SSS. The Emotional and Sexual Intimacy shows moderate positive correlation with Problem-Focused Coping ($r = .28$ and $r = .25$) and Emotion-Focused Coping ($r = .19$ and $r = .29$). Similarly, the Intellectual and Recreational intimacy subscales exhibit positive correlations with Problem-Focused Coping ($r = .34$ and $r = .28$, respectively), suggesting that sharing thoughts and engaging in leisure activities may encourage more proactive approaches to stress management. While the Somatic Symptom Scale (SSS) has a small negative correlation with Problem-Focused Coping ($r = -.24$), signifying that using problem- focused strategies in intimate relations results in less somatic complaints. Meanwhile, SSS shows a slight positive correlation with Emotion-Focused Coping ($r = .15$), suggesting that coping strategies aimed managing emotional distress results in higher somatic complaints the relationship between the Personal Assessment of Intimacy in Relationship (PAIR) subscales and the Somatic Symptom Scale (SSS) is generally negative. Emotional Intimacy ($r = -0.162$, $p < .01$), Social Intimacy ($r = -0.161$, $p < .01$), Sexual Intimacy ($r = -0.240$, $p < .01$), Intellectual Intimacy ($r = -0.226$, $p < .01$), and Recreational Intimacy ($r = -0.172$, $p < .01$) all show significant negative correlations with SSS. This suggests that individuals with higher levels of perceived intimacy in different relationship domains tend to report fewer somatic complaints. The strongest negative relationship is observed between Sexual Intimacy and SSS ($r = -0.240$, $p < .01$), indicating that individuals who experience greater sexual closeness in their relationships report fewer somatic symptoms.

Table 3

Hierarchical Regression Analysis for Predication of Somatic complaints (N=200)

	B	95% CI for B		SEB	β	R^2	ΔR^2
		LL	UL				
Step 1						.08	.07**
Age	.12	.01	.22	.05	.15*		
Employment	2.52	.85	4.20	.84	.20**		
Family Type	2.56	.86	4.27	.86	.20**		
Step 2						.10	.088*
Emotional Intimacy	-.26	-.62	.08	.17	-.13		
Social Intimacy	-.17	-.43	.09	.13	-.11		
Sexual Intimacy	-.26	-.54	.01	.14	-.16*		
Intellectual Intimacy	.55	.29	.80	.13	.35***		
Recreational Intimacy	-.29	-.52	-.05	.11	-.20*		

Note. CI=Confidence Interval; LL=Lower Limit; UL=Upper Limit * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 3 shows a two-step hierarchical multiple regression that were done to test whether demographic variables and intimate partner relationships collectively predict somatic complaints. In step 1 demographic variables age, employment and family type were added and in step 2, variables of intimate partner relationship including Emotional, Social, Sexual, and Intellectual and Recreational intimacy were added.

The results reveals that the variable employment status and family type significantly predicts somatic complaints in Step 1, as reflected by their positive beta coefficient ($\beta = .02$, $p < .01$ for both). This indicates that both these variables contributes to the variations in somatic complaints. When variables related to intimacy were added in Step 2, findings suggest that people who experience more sexual and recreational intimacy tend to have fewer somatic complaints ($\beta = -0.16$, $p < .05$ and $\beta = -0.20$, $p < .05$, respectively). In contrast, higher intellectual intimacy is linked to more somatic complaints ($\beta = 0.35$, $p < .001$), meaning that engaging in deep conversations or intellectual discussions may relate to increased physical symptoms. However, emotional and social intimacy did not show a strong effect on somatic complaints.

Table 4

Mean, Standard Deviation, *t* and *p* Value of Family System of Married Women (N=200)

Variables	Nuclear (n=81)		Joint (n=119)		T	Cohens D	Sig
	M	SD	M	SD			
Emotional intimacy	16.56	3.62	17.51	2.73	-2.10	0.29	.037*
Social Intimacy	16.61	4.32	17.00	3.80	-.64	0.09	.519
Sexual Intimacy	18.81	4.01	17.78	4.00	1.85	0.25	.055*
Intellectual Intimacy	17.98	4.39	18.10	3.80	-.20	0.02	.835
Recreational Intimacy	19.45	4.02	9.52	4.77	-.09	2.25	.921
Cog Emotional Coping	21.56	4.41	21.57	4.48	-.01	0.002	.985
Behavioral Coping	21.56	4.41	21.75	4.48	1.54	0.04	.123
Somatic Symptoms Scale	10.14	5.32	12.51	6.68	-2.66	0.39	.008**

Note. $p < .05^*$, $p < .01^{**}$, $p < .001^{***}$

Comparison between nuclear and joint family systems shows significant differences in emotional intimacy ($p = .037$, $d = 0.29$) and somatic symptoms ($p = .008$, $d = 0.39$). Although these differences are statistically significant, the effect sizes suggest small to moderate practical significance. For sexual intimacy ($p = .055$, $d = 0.25$), the result is marginally significant, with a small effect size. Other variables, including social intimacy, intellectual intimacy, recreational intimacy, and coping strategies, do not show meaningful differences, as indicated by non-significant *p*-values and very small effect sizes ($d < 0.10$). Overall, these findings suggest that women in joint families experience more somatic complaints as compare to women in nuclear families.

Table 5

Mean, Standard Deviation, *t* and *p* Value of Employment of Married Women (N=200)

Variables	Employed (n=100)		Housewife (n=100)		t	Cohens D	Sig
	M	SD	M	SD			
Emotional intimacy	17.41	2.74	16.85	3.50	1.25	0.17	.210
Social Intimacy	17.16	3.10	16.52	4.747	1.12	0.15	.261
Sexual Intimacy	19.11	3.34	17.30	4.12	3.41	0.48	.001
Intellectual Intimacy	18.23	4.04	17.89	4.03	.59	0.08	.553
Recreational Intimacy	19.87	4.42	19.12	4.52	.14	0.16	.237
Cog Emotional Coping	22.11	4.74	21.04	4.08	.82	0.25	.089
Behavioral Coping	14.10	3.79	13.87	4.27	.19	0.05	.688
Somatic Symptoms Scale	10.24	6.36	12.87	5.90	.33	0.42	.003

Note. $P < .05^*$, $p < .01^{**}$, $p < .001^{***}$

The comparison between employed and housewife women reveals a significant difference in sexual intimacy ($p=.001, d=0.48p = .001$, $d = 0.48p=.001, d=0.48$) and somatic symptoms ($p=.003, d=0.42p = .003$, $d = 0.42p=.003, d=0.42$). The higher mean score for employed women in sexual intimacy suggests they experience slightly better sexual intimacy than housewives. Meanwhile, housewives report higher somatic symptoms, indicating they may experience more physical complaints compared to employed women. Other variables, including emotional intimacy ($p=.210p = .210p=.210$), social intimacy ($p=.261p = .261p=.261$),

intellectual intimacy ($p=.553$), recreational intimacy ($p=.237$), cognitive emotional coping ($p=.089$), and behavioral coping ($p=.688$), do not show significant variation between two groups.

Table 6
Mean, Standard Deviation, One Way Analysis of Variance of Levels of Years of marriage and Study Variables (N=200)

Variables	2-5 (Early Years) (n=32)		6-10 (Early Years) (n=73)		11-15 (Late Years) (n=57)		16-20 (Late Years) (n=36)		F
	M	SD	M	SD	M	SD	M	SD	
Emotional intimacy	18.28	2.56	17.63	2.97	16.12	3.54	16.55	2.85	3.10
Social Intimacy	17.21	3.17	17.82	3.85	15.70	4.64	16.05	3.30	3.11
Sexual Intimacy	18.71	3.75	19.06	4.06	17.52	3.85	17.00	3.14	2.06
Intellectual Intimacy	19.81	4.53	18.16	3.63	17.54	4.13	16.91	3.82	2.35
Recreational Intimacy	21.59	4.92	19.72	3.63	19.01	4.76	17.88	4.36	3.72
Cog Emotional Coping	23.12	5.23	21.53	4.44	21.31	3.85	20.61	4.49	1.22
Behavioral Coping	14.12	4.72	14.6	4.07	14.14	3.18	12.11	4.01	2.88
Somatic Symptoms Scale	10.59	7.09	11.21	6.21	12.22	6.09	12.19	6.07	.491

The ANOVA results examine variations in intimacy, coping strategies, and somatic symptoms across years of marriage. The findings suggest that recreational intimacy ($F = 3.72$) shows the strongest group differences, indicating that the level of engagement in shared leisure activities significantly varies across different marriage durations. Likewise, social intimacy ($F = 3.11$) and emotional intimacy ($F = 3.10$) also exhibit notable variations, implying that the emotional and social closeness between partners changes as the relationship progresses (decreases over time). Additionally, behavioral coping ($F = 2.88$), intellectual intimacy ($F = 2.35$), and sexual intimacy ($F = 2.06$) demonstrate moderate differences, suggesting that cognitive and behavioral responses to stress, as well as different forms of intimacy, fluctuate over time. In contrast, cognitive emotional coping ($F = 1.22$) and somatic symptoms ($F = 0.491$) have relatively low F-values, indicating minimal differences between groups

Discussion

The study was to examine the relationship between the intimate partner relations, coping strategy and somatic complaints in the married women. Correlation among the study variables were assessed through Pearson Product- Moment correlation. The results of the correlation table shows that all subscales of PAIR has negative correlation with the somatic symptoms, the results are significant hence our first hypothesis that is there would likely to be a significant negative relationship between intimate partner relationships and somatic complains in women is accepted. This result finding is also consistent with the literature by Stadler, Snyder, Horn, Shrout, and Bolger (2012) The study demonstrated that daily fluctuations in intimacy between partners had a significant impact on the experience of somatic symptoms, those women who were experiencing conflicts in their martial relationships and were not having satisfactory martial relationship among them reports more complaints, underlining the critical role of emotionally supportive relationships in promoting overall well-being. (Stadler et al., 2012).

The findings shows that our second hypothesis aims to assess the negative correlation between problem-focused coping and somatic complaints in women yields non-significant results hence is not accepted. The possible reasons for the rejection of the hypothesis are that it was formulated by reviewing the literature most of which were of western culture but in collectivistic culture, especially in the culture of Pakistan women relies more often on emotion-focused coping rather than problem-focused coping for example seeking emotional support from friends and family. The reason for this is that our family expectations and the cultural norms limited the autonomy of the women to solves their problems by their own using problem focused approach especially in the matters related to the intimate partner relations. Moreover, problem-focused coping strategies may be not that much effective in contexts where problems are deeply tied to family roles, societal expectations, or gender norms. In the results of which women who

tries to solve their problems using a problem-focused approach may not successfully resolve the conflict; instead, they rely more on seeking support of the elderly family members or other social figures which are more culturally reinforced. This cultural backdrop likely contributed to the absence of a significant relationship between problem-focused coping and somatic complaints in the present study.

The study results are also consistent with another objective hypothesizing that there is likely to be a significant positive relationship between emotion-focused coping and somatic complaints in women. Emotion-focused coping and somatic complaints show a significant positive correlation between them; hence, the third hypothesis is also accepted and is also consistent with the literature. The other objective of the research to test whether somatic symptoms would have a predictive relationship with demographic variables (family type, employment status) and with intimate partner relations and coping strategies. The findings reveal that employment status and family type significantly predict somatic complaints. This indicates that both these variables contribute to the variations in somatic complaints. Unemployed women reported more somatic complaints as compared to employed women as well as women from joint family systems also have more experiences of somatic complaints. This supports the hypothesis that **both** demographic and relational factors play a role in predicting somatic symptoms, with certain dimensions of intimacy being more influential than others. Consistent with literature suggesting that being employed fosters stronger perceived closeness with relationships. Literature also states that during the study the unemployed participant exhibits higher scores on depression and anxiety as well as on physiological symptoms scales relative to the employed participants (Glaser & Wilson, 2017).

The findings were also consistent with another hypothesis which states, women living in joint families would likely to have more somatic complaints than women living in nuclear families. Through statistical analysis it was confirmed that the comparison between nuclear and joint family systems shows significant differences in emotional intimacy ($p = .037$, $d = 0.29$) and somatic symptoms ($p = .008$, $d = 0.39$). For sexual intimacy ($p = .055$, $d = 0.25$), the result is marginally significant, with a small effect size. Other variables, including social intimacy, intellectual intimacy, recreational intimacy, and coping strategies, do not show meaningful differences, as indicated by non-significant p -values and very small effect sizes. Overall, these findings suggest that women in joint families experience more somatic complaints as compared to women in nuclear families. Similarly, the comparison between the working and non-working women in their relation to coping strategies and somatic complaints. Results indicate that employed participants show significantly higher Coping scores ($M = 7.18$, $SD = 2.81$) compared to unemployed participants ($M = 5.34$, $SD = 2.99$). The employed women also score lower on the somatic symptoms scale than their unemployed counterparts. Likewise, there were no statistically significant differences emerged for the relationship between the employment and the subscale variables of the intimate partner relationship scale. Hence, our first secondary hypothesis that is women living in joint families would likely to have more somatic complaints than women living in nuclear families is also accepted. The One Way Analysis of Variance (ANOVA) examining the differences in study variables across four groups of years of marriage which were our next secondary hypothesis. The difference groups of marriage duration: 2–5 years, 6–10 years. The results show that the mean scores for all the subscales i.e. emotional, intellectual, sexual, social and recreational intimacy tend to decrease as the years of marriage increase. This suggests that women in early years of marriage have more positive intimate relationships and fewer somatic complaints as compared to women in late years of marriage. For cognitive emotional coping and behavioral coping, the results show little differences, but no major significant variances between the groups are detected. Lastly, the somatic symptoms scale shows an increasing drift over time, suggesting that individuals with increasing years of marriage show an increase in the somatic symptoms as well.

Limitations and Suggestions

The current study had certain limitations, including dependence on self-reported data, a small and culturally homogeneous sample, and a cross-sectional design, which hindered generalizability and deeper analyses like mediation. Furthermore, the function of socioeconomic position, particularly its effect on women, was not thoroughly investigated. Future research should address these shortcomings using longitudinal designs and more varied groups. The findings included developing culturally sensitive coping

skills training, assisting jobless women in joint family systems, and implementing low-cost community-based initiatives to improve couples' communication, conflict resolution, and emotional reactivity.

Future Implications of the Study

The study's findings had future implications for the development of focused treatment strategies to improve relationship quality and manage somatic symptoms. Therapists and counsellors may integrate measures to improve couples' closeness and coping mechanisms, while future study might investigate varied demographics, cultural contexts, and longitudinal effects to widen knowledge. Individuals may also acquire vital insights into the correlation between relationship quality and physical health, motivating them to pursue personal growth possibilities.

Conclusion

The study was aimed to access the interaction between intimate partner relationship, coping strategies and somatic complaints in married women. The study findings shows that women who experience more satisfaction and connection in their marital relationship tends to report better physical wellbeing especially in area of emotional, social and recreational intimacy. Also, there were positive correlation between emotion focused coping and somatic symptoms which indicates that those women who use emotion focused coping to manage their stress related to martial relationships have more complaints of physical illness whereas those females who used problem focused coping did not shows a significant impact.

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