Received: 21 December 2021 | Revised: 15 July 2022 | Accepted: 3 January 2023

DOI: 10.1111/fare.12874

RESEARCH

Family Relations
Interdisciplinary Journal of Applied Family Science

Dyadic coping and sexual well-being in couples seeking assisted reproductive technology

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Funding information
Canadian Institutes of Health Research (CIHR).

Abstract

Objective: This study examined whether perceptions of the partner's dyadic coping (DC) and of how partners cope together (common DC) are associated with sexual well-being in couples seeking assisted reproductive technology.

Background: Although infertility has been associated with significant sexual concerns, little is known about the relational processes underlying couples' sexual well-being.

Method: A sample of 232 couples with medical infertility completed questionnaires assessing DC and sexual well-being (infertility-related sexual concerns, distress, and satisfaction).

Results: Individuals who perceived that their partner engaged in higher negative DC reported lower sexual well-being (actor effects). Men who perceived that their partner engaged in higher positive DC reported higher sexual satisfaction, whereas women reported greater infertility-related sexual concerns (actor effects). Perceptions of higher common DC were associated with higher sexual well-being for men and women (actor effects). Women whose partners reported perceptions of higher common DC also reported fewer infertility-related sexual concerns (partner effect). Analyses adjusted for relationship satisfaction.

Conclusion: These findings highlight the need for future longitudinal research to gain a better understanding of the associations between dyadic factors and infertile couples' sexual well-being.

Author note: We acknowledge the fertility clinics associated with our research project for their contributions, as well as thank all graduate and undergraduate students who have participated in the data collection for the study. The data underlying this article are available in the Open Science Framework at https://osf.io/xwg4u/?view_only=517f6bc16fa64472bce650f5c6d20b64

Implications: These results suggest that the interpersonal context surrounding infertile couples' sexual well-being should be routinely discussed and could be facilitated by promoting greater common DC.

KEYWORDS

assisted reproductive technology, dyadic coping, infertility, sexual distress, sexual satisfaction, sexual well-being

Infertility affects approximately 12% of couples worldwide (Sun et al., 2019). It is a major life crisis and a dyadic stressor for couples (Molgora et al., 2019) that has been associated with significant concerns and distress related to sexuality, as well as sexual dissatisfaction (Starc et al., 2019). Although studies have begun to examine the impact of infertility on intimate relationships, questions remain concerning sexual experiences and the relational processes of infertile couples seeking assisted reproduction technology (ART), which may play a role in individuals' own and their partner's sexual well-being.

Research on sexuality in the context of infertility has almost exclusively focused on individual experiences, mainly the women's experience. The neglect of the dyadic context is striking given that most sexual expression is interpersonal and that partners are inherently interdependent in cultivating a mutually satisfying sexual relationship (Rosen & Bergeron, 2019). Infertility has an impact on the couple as a whole (de Faria et al., 2012), taking into consideration both partners' perspectives and the dyadic context of couples' sexual experiences—especially how they cope together with infertility—is key to the development of effective sexual and reproductive health interventions. To address these limitations, this study aimed to examine the link between dyadic coping, that is, how couples cope with a shared stressor (Bodenmann, 1997), and the infertility-related sexual concerns, sexual distress, and sexual satisfaction of both members of couples seeking ART.

SEXUAL WELL-BEING OF COUPLES SEEKING ART

Couples who require ART may do so due to physiological causes (e.g., medical infertility) or because of their sexual orientation and/or gender identity (e.g., same-sex and/or gender couples). Infertility and undergoing ART can lead to changes in couples' sexual well-being. Research suggests that couples seeking treatment due to physiological causes may be at a high risk of experiencing issues related to sexuality (Starc et al., 2019). Indeed, these couples often have a long history of failed attempts at conceiving through regular sexual intercourse, and when they undergo fertility treatments, they often face stressful demands related to sexual activities (e.g., scheduled timing, increased frequency) to increase their chances of conception.

Sexuality may thus translate into a desire to conceive, rather than a pleasure-oriented motivation, making spontaneous sex more difficult to maintain (Marci et al., 2012; Starc et al., 2019). As a result, women and men experiencing infertility often report negative feelings toward sexual activity (Starc et al., 2019). Side effects of hormone medication (e.g., mood swings) can also lead to alterations in women's sexual experiences (Marci et al., 2012). Treatment procedures, including the necessity to produce semen samples on demand, can affect men's sexuality as well, by arousing a sense of anxiety and affecting their masculinity (Ohl et al., 2009). As a result, individuals with infertility often report a reduction in the enjoyment and frequency of sexual activity, and a deflated level of sexual self-esteem (Tao et al., 2011).

To date, however, research on the sexuality of infertile couples seeking ART has been mostly descriptive and focused on medical variables, rather than nonmedical factors that may

be associated with these couples' sexuality. As such, little is known about the risk and protective factors for the sexual well-being of these couples. Moreover, few studies have included infertility-specific sexual measures, thus omitting consideration of the specific sexual concerns of couples coping with infertility, such as being afraid of disappointment during sex or feeling like a failure at sex. These concerns and the negative effects of infertility on sexual well-being may be obscured by using general measures of sexuality.

Sexual distress is a key component of partners' experience of sexuality. It is defined as negative and distressing emotions (e.g., anxiety, frustration, inadequacy) experienced in relation to one's sexual function and relationship (Santos-Iglesias et al., 2020). Although it is a criterion for the diagnosis of sexual dysfunctions in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2013), the construct has surprisingly received less attention within sexuality outcome research (Santos-Iglesias et al., 2018), particularly in the context of infertility. Most past research has focused on the rates of sexual dysfunction in couples seeking ART. These studies have yielded varying results (for a review, see Starc et al., 2019), highlighting the need to consider other sexual outcome variables that may help us better understand infertile couples' sexual well-being.

The few cross-sectional studies that have examined sexual distress in infertile individuals seeking ART have reported a significant association between higher age (Aydın et al., 2015), higher infertility-related stress (Facchin et al., 2019), and sexual distress in women. Given the significant emotional burden of infertility and the pressure it puts on sexuality (Starc et al., 2019), examining sexual distress in men and women facing infertility and the factors that may make couples more vulnerable to reporting higher sexual distress could contribute to the development of targeted interventions for this neglected population.

Sexual satisfaction is defined as "an affective response arising from one's subjective evaluation of the positive and negative dimensions associated with one's sexual relationship" (Lawrance & Byers, 1995). This definition recognizes that an individual's sexual satisfaction can be influenced by characteristics in both partners (Lawrance & Byers, 1995). Although several studies have examined sexual satisfaction in the context of infertility, they have yielded conflicting findings. Some researchers have found that infertile men and women tend to report greater sexual dissatisfaction (Ozkan et al., 2015; Smith et al., 2015) compared with fertile control subjects. A study by Masoumi et al. (2016) revealed, however, that couples with infertility reported higher sexual satisfaction. Findings regarding gender differences in sexual satisfaction are also inconsistent, with some studies reporting lower sexual satisfaction in women seeking ART (de Faria et al., 2012; Marci et al., 2012) and others showing no gender differences (Ying et al., 2015).

Lower sexual satisfaction in couples with infertility has been associated with individuals' lower levels of optimism, life satisfaction, social support, and coping (Mahadeen et al., 2020), as well as with poorer fertility-related quality of life in women (Smith et al., 2015). However, studies have failed to examine specific relationship processes that may be associated with the sexual well-being, including sexual satisfaction, of both members of infertile couples seeking ART.

DYADIC COPING

According to the systemic–transactional model, dyadic coping is defined as the interplay between the "stress signals of one partner and the coping reactions of the other to these signals" (Bodenmann, 1997). It is considered a multidimensional construct, comprising positive, negative, and common dyadic coping (Bodenmann, 2008). Positive dyadic coping involves providing problem- or emotion-focused support to one's partner to help them in coping and taking over responsibilities to alleviate one's partner's stress (Bodenmann et al., 2018). In contrast, negative

dyadic coping refers to actions or words of a superficial, ambivalent, or hostile nature communicated with harmful intentions (Bodenmann et al., 2018). Common dyadic coping refers to the joint efforts of both members of the couple to work together when faced with a stressful situation, as well as the sharing of feelings and mutual commitment (Bodenmann et al., 2018).

Dyadic coping is distinct from social support, most notably for its inclusion of support from one's partner specifically, in addition to the commitment of both partners to each other's well-being and their engagement in other types of stress management and common problem-solving strategies (Chaves et al., 2019; Falconier & Kuhn, 2019). Dyadic coping thus aims to reduce both partners' stress levels and enhance relationship quality (Bodenmann et al., 2010). It is indeed a robust predictor of how couples deal with chronic illness (Berg & Upchurch, 2007). Despite the increasing acknowledgment of the need to consider coping through a dyadic lens (Berg & Upchurch, 2007; Papp & Witt, 2010), little remains known about the association between dyadic coping and the sexual well-being of infertile couples seeking ART.

Dyadic coping and sexuality

The handful of studies that have examined dyadic coping in the context of infertility have focused on its associations with relationship adjustment and demonstrated that perceptions of one's own and their partner's greater dyadic coping (e.g., positive and common) were associated with greater relationship adjustment (Chaves et al., 2019; Molgora et al., 2019). Yet to our knowledge, no study to date has examined the role of dyadic coping in the sexual well-being of both members of couples seeking ART. Dyadic coping aims to promote couples' functioning through mutual closeness, intimacy, and a sense of "we-ness," aspects that are considered to build the basis for satisfaction in sexual activities (Bodenmann, 2000; Bodenmann et al., 2006). Indeed, greater dyadic coping has been associated with higher sexual satisfaction and more frequent orgasms in a sample of female students (Bodenmann et al., 2010, 2019). Two recent studies have also revealed associations between lower levels of positive and higher levels of negative dyadic coping and sexual dissatisfaction in a community sample of men and women (Wawrziczny et al., 2021) and between higher perceptions of common dyadic coping and lower sexual distress in new parent couples (Tutelman et al., 2022).

In light of these findings, the interdependence of individuals in intimate relationships (Papp & Witt, 2010) and the fact that partners constitute the primary source of support for each other in the context of infertility (Kroemeke & Kubicka, 2018), dyadic coping can be expected to play a significant role in individuals' own and their partner's sexual well-being (Chaves et al., 2019). Indeed, theoretical frameworks, such as the interpersonal emotion regulation model of sexual dysfunction (Rosen & Bergeron, 2019), have stressed the critical role of interpersonal factors in couples' sexual well-being. Moreover, recent calls in the literature (e.g., Molgora et al., 2019) have advocated for more research on how dyadic variables may affect the adjustment of infertile couples seeking ART.

PRESENT STUDY

This study aimed to investigate the associations between dyadic coping and infertility-related sexual concerns, sexual distress, and sexual satisfaction in couples seeking ART. An individual's perceptions of what their partner does to help them cope with a stressful situation (i.e., dyadic coping by the partner) and how they cope together as a couple (i.e., common dyadic coping) have been found to be stronger predictors of an individual's relationship satisfaction than an individual's own efforts to help their partner cope, which may deplete their personal resources and amplify their stress (Falconier et al., 2015; Rusu et al., 2020). Therefore, we were

particularly interested in individuals' perceptions of common dyadic coping and of positive and negative dyadic coping strategies used by their partner. The associations between these perceptions and both partners' sexual well-being were examined to better capture the dyadic context of couples' sexuality.

On the basis of prior research on dyadic coping and relationship adjustment (Bodenmann et al., 2006; Falconier et al., 2015; Papp & Witt, 2010; Rusu et al., 2020), we hypothesized that an individual's perceptions that their partner helps them cope with stress using supportive strategies and by taking over some of their responsibilities (positive dyadic coping) or that they are able to cope with stress efficiently as a couple (common dyadic coping) would be associated with fewer infertility-related sexual concerns, lower sexual distress, and higher sexual satisfaction for the individual and their partner. We hypothesized that an individual's perceptions that their partner helps them cope with stress using hostile, ambivalent, or superficial strategies (negative dyadic coping) would be associated with greater infertility-related sexual concerns, higher sexual distress, and lower sexual satisfaction for the individual and for their partner. Given the close link between dyadic coping and relationship satisfaction (Falconier et al., 2015) and between relationship and sexual satisfaction (Henderson et al., 2009), we adjusted for relationship satisfaction in our analyses to examine the independent effect of dyadic coping on couples' sexual well-being. Gender differences in these associations were also examined, although no a priori hypotheses were put forward due to the inconsistencies of past studies on the sexual well-being of couples faced with infertility.

METHODS

The present cross-sectional study used data from a larger research project on the factors associated with treatment burden (psychological, relationship, and sexual strain) in couples seeking ART. The project has been approved by the researchers' university review boards and the fertility clinics participating in the study. Another study on the infertility-specific personal and relational stressors associated with couples' sexual health has been published (El Amiri et al., 2021). The study used a subset of this sample and a sample of couples from a different database. It focused on variables associated with the experience of infertility and examined their associations with couples' sexual function and satisfaction.

Participants

Couples were eligible to participate in the overall study if they were within 6 months of seeking any type of assisted reproductive services at a fertility clinic to capture the experiences of couples beginning their journey with ART most accurately. Other inclusion criteria included (a) both partners participating in the study, (b) being 18 years of age or older, (c) participants having Internet access to complete the online questionnaires, and (d) having a good comprehension of French or English. Couples were excluded if a member reported experiencing a major psychiatric disorder (e.g., psychosis, bipolar disorder) with symptoms they considered were not well-managed.

This study focused on the 232 couples with a medical diagnosis of infertility who had ART within the past 6 months. Couples' demographic and clinical information are presented in Table 1.

Procedure

Participants were recruited in person (56.9%) or through advertisements (43.1%) placed in various fertility clinics and posted on several infertility-related association websites and social media

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TABLE 1 Participant demographic and clinical characteristics

Variable	Women ($N = 232$)	Men ($N = 232$)
Age (years)	32.5 ± 4.4	34.4 ± 5.2
Language spoken from early childhood		
French	36.4	33.3
English	57.6	60.6
Additional languages[a]	6.0	6.1
Ethnic group		
White	88.0	88.8
Black	4.3	4.3
Asian	4.3	2.2
Hispanic	1.7	1.3
Middle Eastern	1.3	1.7
Indigenous	.4	1.7
Education level		
Less than high school	.4	4.2
High school diploma or GED	8.7	20.7
Pre-undergraduate degree	18.2	22.5
University degree	68.9	50.3
Additional education levels[b]	3.8	2.3
Annual income		
Less than CAN$ 30,000	17.4	5.6
CAN$ 30,000–69,999	47.8	48.8
CAN$ 70,000–109,999	30.9	35.2
Over CAN$ 110,000	3.9	10.4
Married	62.3	
Duration of couple relationship (years)	8.2 ± 4.4	
Duration of difficulties to conceive		
Less than 1 year	13.6	
1–5 years	75.0	
More than 5 years	11.4	
Cause of infertility		
Male infertility	22.4	
Female infertility	26.7	
Combined factors	13.8	
Unexplained infertility	20.7	
Under investigation	16.4	

Note: Values are given as percentages (%) or $M \pm SD$.
[a]Additional languages included Spanish, German, Arabic, Portuguese, Gujarati, Sinhala, Kirundi, Bisaya, Filipino, Hindi, Nepali, Italian, Persian, Russian, and Swedish.
[b]Additional education levels included attending a private college, skilled trades, or other professional programs.

in Canada and the United States. Interested participants contacted the research team by phone or email for online recruitment or in-person at their fertility clinic to receive detailed study information. They were screened by a research assistant by telephone or in-person to verify their eligibility for the study and to ensure that both partners were interested in participating. Both

partners were asked to complete the consent form and separate online questionnaires via a secure online platform. Each member of the couple had 4 weeks to complete the survey before it expired and received a compensation of $15 in gift cards for their participation.

Measures

We collected participants' demographic (e.g., age, education, income), medical (e.g., presence of a diagnosis, cause of infertility, use of fertility medication, duration of conceiving difficulties, treatment type), and relationship (e.g., duration, status) information.

Dyadic coping

Dyadic coping was assessed using the Dyadic Coping Inventory (DCI; Bodenmann, 2008). This instrument measures perceived stress communication and dyadic coping within intimate relationships, when one or both partners are stressed. The scale comprises 37 items and includes individuals' perceptions of their own and their partner's attempts to reduce each other's stress and a common endeavor between partners to deal with external stress that affects their relationship.

Given that our primary interest was in the interpersonal context surrounding couples undergoing assisted reproductive technology's sexual well-being, the present study focused on the subscales assessing perceptions of positive (seven items) and negative dyadic coping (four items) of the partner, as well as common dyadic coping (four items). The decision to focus on individuals' perceptions of positive and negative dyadic coping received by their partner was further supported by our review of the literature, which suggests that perceived dyadic coping provided by the partner and common dyadic coping play a more important role than one's own dyadic coping in couples' relationship satisfaction (Falconier et al., 2015; Rusu et al., 2020). One item from the common dyadic coping scale, "We are affectionate to each other, make love and try that way to cope with stress," was removed from our analyses to avoid artificially inflating the strength of the association with the sexual outcomes measured.

Each item is rated on a 5-point scale ranging from *very rarely* (1) to *very often* (5). Subscale scores are the sum of the included items. Higher scores indicate higher perceived positive and negative dyadic coping by the partner, as well as higher common dyadic coping. Sample items include "When I am too busy, my partner helps me out" (positive dyadic coping), "When I am stressed, my partner tends to withdraw" (negative dyadic coping), and "We help one another to put the problem in perspective and see it in a new light" (common dyadic coping). The scale showed good predictive validity of relationship satisfaction and adequate internal consistency for its subscales (α ranging from .71 to .92; Bodenmann, 2008). In the current sample, the internal consistency of the positive ($\alpha = .85$ for women, $\alpha = .88$ for men) and negative ($\alpha = .72$ for women, $\alpha = .69$ for men) dyadic coping by the partner and common dyadic coping ($\alpha = .82$ for women, $\alpha = .82$ for men) subscales was satisfactory.

Relationship satisfaction

Relationship satisfaction was measured using a brief version of the Dyadic Adjustment Scale (DAS-4; Sabourin et al., 2005). The DAS-4 is an abbreviated form of the Dyadic Adjustment Scale (DAS; Spanier, 1976), which has good psychometric properties and has been shown to accurately distinguish distressed couples (Spanier, 1976). The four-item version has also been proven to be informative at all levels of couple satisfaction, effectively predicting couple dissolution and less contaminated by socially desirable responding (Sabourin et al., 2005). Sample

items include "In general, how often do you think that things between you and your partner are going well?" and "Do you confide in your partner?" Three of the items are rated on a 6-point scale ranging from *all the time* (0) to *never* (5), whereas the final item is rated on a 7-point scale ranging from *extremely happy* (0) to *perfect* (6). Internal consistency in the current study was satisfactory ($\alpha = .72$ for women; .74 for men).

Infertility-related sexual concerns

Infertility-related sexual concerns were assessed using three items from the sexual concern subscale of the Fertility Problem Inventory (FPI; Newton et al., 1999). The FPI is a measure of perceived infertility-related stress in five areas: social, sexual, and relationship concerns; need for parenthood; and rejection of a childfree lifestyle. The three items from the sexual concern subscale are rated on a 6-point scale ranging from *strongly disagree* (1) to *strongly agree* (6). The items include "I feel like I've failed at sex," "During sex, all I can think about is wanting a child (or another child)," and "Having sex is difficult because I don't want another disappointment." The total sexual concerns score is the sum of the included items. Higher scores represent a higher level of infertility-related sexual concerns. The sexual concern subscale previously demonstrated good internal consistency (Newton et al., 1999). In the current study, the level of internal consistency was acceptable ($\alpha = .72$ for women, $\alpha = .64$ for men).

Sexual distress

Sexual distress was measured using the Sexual Distress Scale—Short Form (SDS-SF; Santos-Iglesias et al., 2020). The short form consists of five items that assess sexual distress in men and women. Items are rated on a 5-point scale from *never* (0) to *always* (4), with total scores ranging from 0 to 20. The total score is the sum of the five items. Higher scores indicate greater sexual distress. Sample items include "How often do you feel distressed about your sex life?" and "How often do you feel frustrated by your sexual problems?" The scale has been shown to have adequate internal consistency reliability for men and women and to be positively correlated with sexual bother and negatively correlated with sexual satisfaction and function (Santos-Iglesias et al., 2020). The SDS-SF also had an adequate internal consistency in the current sample ($\alpha = .91$ for women, $\alpha = .93$ for men).

Sexual satisfaction

The Global Measure of Sexual Satisfaction (GMSEX; Lawrance et al., 2020) was used to assess participants' global sexual satisfaction. Participants are asked to rate the quality of their sexual relationship on five 7-point bipolar scales (*very bad–very good*; *very unpleasant–very pleasant*; *very negative–very positive*; *very unsatisfying–very satisfying*; *worthless–very valuable*). The total score is the sum of the five items. Scores range from 5 to 35, with higher scores indicating greater sexual satisfaction. The GMSEX has been shown to have good reliability and validity (Lawrance et al., 2020). The level of internal consistency in this sample was adequate ($\alpha = .90$ for women, $\alpha = .95$ for men).

Statistical analyses

SPSS Statistics 26.0 (IBM Corp, 2019) was used for preliminary data analyses. Data were screened for outliers, missing values, and normality before performing the main analyses. The

main variables were normally distributed. Within the main variables, 3.9% to 13.4% of data were missing. Little's (1988) missing completely at random test suggested that these values were missing completely at random ($p = .563$). Previous studies (e.g., Drosdzol & Skrzypulec, 2009; Facchin et al., 2019) have yielded inconsistent results regarding the association between clinical (diagnosis- and treatment-related) variables and the sexual well-being of men and women seeking ART. Therefore, preliminary correlations and repeated-measures analysis of variance (ANOVA) were performed to identify potential covariates among the sociodemographic and clinical variables. These analyses yielded low ($rs < .25$) or nonsignificant associations among age, income, relationship duration, marital status, conceiving difficulties duration, use of fertility medication, diagnosis and treatment type, and the sexual well-being variables for men and women. Therefore, these variables were not included as covariates in the main analyses. Relationship satisfaction was significantly associated with the sexual well-being variables for men and women ($rs > .25$) and was included as a covariate in the main analyses. Repeated-measures ANOVAs were conducted to examine gender differences in the perceptions of positive, negative, and common dyadic coping, and in the sexual outcomes. Intraclass correlation coefficients were also calculated for the dyadic coping and sexual well-being variables and suggested a good concordance between the partners' scores on these variables (women: interclass correlations coefficient [ICC] = .79 and .77, respectively; men: ICC = .75 and .71, respectively).

Path analyses using the actor–partner interdependence model (Kenny et al., 2006) were performed with the SPSS Amos software (version 25; Arbuckle, 2017) to examine the associations among positive, negative, and common dyadic coping and sexual distress, satisfaction and infertility-related sexual concerns. This approach addresses the nonindependence of dyadic data and allows us to test gender differences in actor and partner effects. It also treats the couple as the unit of analysis and integrates both actor and partner effects. Missing values were handled using the full information maximum likelihood method.

The model included each partner's perceptions of positive and negative dyadic coping strategies used by their partner and of common dyadic coping as predictors of infertility-related sexual concerns, sexual distress, and sexual satisfaction. Both partners' relationship satisfaction was included as a covariate in the model. The model fit was judged to be adequate as per a nonsignificant chi-square, a value of the comparative fit index (CFI) greater than .95, and a value of the root mean square error of approximation (RMSEA) below .06 and its 90% confidence interval (CI; Kline, 2015). Given the cross-sectional nature of the study, an alternative model including the sexual outcomes as predictors of the different forms of dyadic coping was also tested. However, the model's lower fit indices, $\chi^2(22) = 53.668$, $p = .000$; CFI = .974; RMSEA = .079, 90% CI [.052, .106], and higher Akaike information criterion (AIC = 247.668), indicated an overall lower fit in comparison to our final model, $\chi^2(22) = 25.569$, $p = .271$; CFI = .997; RMSEA = .026, 90% CI [.000, .063]; AIC = 219.569. To test gender differences in actor and partner effects, a within-dyad test of distinguishability was performed (Kenny et al., 2006).

RESULTS

The descriptive statistics and the bivariate correlations between the forms of dyadic coping, relationship satisfaction, and the sexual well-being variables are shown in Table 2. The analyses revealed that men and women did not differ in terms of their perceptions of negative dyadic coping by partner, positive dyadic coping by partner, or common dyadic coping. Men and women also reported similar levels of sexual satisfaction. However, women reported significantly greater infertility-related sexual concerns, $F(1, 175) = 64.632$, $p < .001$; $\eta_p^2 = .27$, and higher levels of sexual distress, $F(1, 175) = 24.843$, $p < .001$; $\eta_p^2 = .12$, than men.

TABLE 2 Descriptive statistics and bivariate correlations between dyadic coping and men's and women's relationship satisfaction and sexual outcomes.

Variable	*M*	*SD*	2	3	4	5	6	7	8	9	10	11	12	13	14
1. Negative DC by partner W	15.59	3.28	−.59***	−.50***	−.50***	.30***	−.33***	.11	−.27***	−.23***	−.29***	−.33***	.10	−.22**	.04
2. Positive DC by partner W	26.44	5.14	–	.69***	.54***	−.25***	.34***	.01	−.29***	.26***	.38***	.26***	−.16*	.22**	−.03
3. Common DC W	15.18	3.11		–	.49***	−.37***	.43***	−.14*	−.31***	.24***	.33***	.27***	−.23***	.25***	−.14
4. Relationship satisfaction W	16.87	2.61			–	−.31***	.44***	−.12	−.21**	.12	.24***	.33***	−.17*	.29***	−.06
5. Sexual distress W	6.97	4.84				–	−.70***	.49***	.13	−.15*	−.20**	−.25***	.41***	−.45***	.20**
6. Sexual satisfaction W	26.42	6.12					–	−.40***	−.12	.14	.23***	.26***	−.35***	.45***	−.26***
7. Infertility-related sexual concerns W	8.34	4.23						–	.18*	−.17*	−.21**	−.21**	.33***	−.28***	.36***
8. Negative DC by partner M	16.09	3.10							–	−.51***	−.43***	−.45***	.41***	−.36***	.25***
9. Positive DC by partner M	26.00	5.26								–	.68***	.50***	−.32***	.52***	−.17*
10. Common DC M	15.00	3.07									–	.54***	−.31***	.42***	−.18**
11. Relationship satisfaction M	16.57	2.94										–	−.36***	.50***	−.23***
12. Sexual distress M	4.95	4.58											–	−.63***	.53***
13. Sexual satisfaction M	27.14	6.65												–	−.36***
14. Infertility-related sexual concerns M	6.00	3.20													–

Note: DC = dyadic coping; M = men; W = women.
*$p < .05$.**$p < .01$.***$p < .001$.

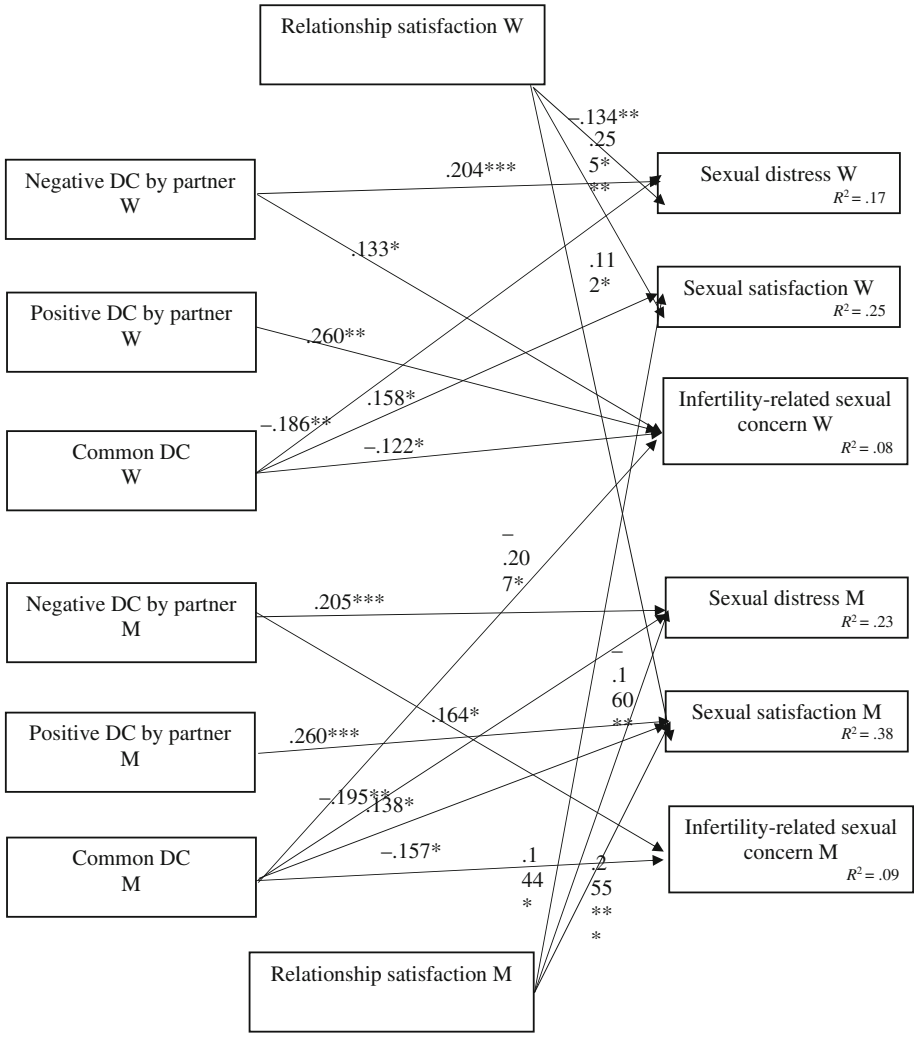

FIGURE 1 Path analyses showing the associations between perceptions of dyadic coping and men and women's sexual outcomes. *Note.* $N = 232$ couples. All possible direct paths between the different forms of perceived dyadic coping and sexual distress, satisfaction, and infertility-related sexual concerns were tested. Relationship satisfaction was added as a covariate in the model. Only significant standardized path coefficients are shown. Correlations between exogenous variables and between endogenous variables were tested but not shown in the figure. DC = dyadic coping; M = men; W = women* $p < .05$. ** $p < .01$. *** $p < .001$.

Dyadic coping and sexuality

When comparing a model in which all parameters were free to vary and a model in which all the effects were constrained to be equal between men and women, a nonsignificant difference in chi-square, $\Delta\chi^2(24) = 35.366$, $p = .063$, indicated that there were no significant differences between men's and women's actor and partner effects. However, a semiconstrained model was retained because it achieved a better fit (lower AIC). This semiconstrained model constrained only the actor and partner effects that did not differ significantly between men and women. The semiconstrained model also yielded a nonsignificant difference in chi-square compared with a model in which all parameters were free to vary, $\Delta\chi^2(20) = 18.357$, $p = .564$. The final path model is displayed in Figure 1.

Results indicated that men and women who perceived that their partner engaged in higher levels of negative dyadic coping reported greater infertility-related sexual concerns and higher sexual distress (actor effects). Men and women's perceptions of negative dyadic coping by their partner were not associated with their own sexual satisfaction. In contrast, men who perceived that their partner engaged in higher levels of positive dyadic coping reported higher sexual satisfaction, whereas women who perceived that their partner engaged in higher levels of positive dyadic coping reported greater infertility-related sexual concerns (actor effects). Men and women's perceptions of negative and positive dyadic coping by their partner were not associated with their partners' infertility-related sexual concerns, sexual distress, or sexual satisfaction (partner effects). Lastly, men and women who perceived that they and their partner engaged in higher levels of common dyadic coping reported fewer infertility-related sexual concerns, lower sexual distress, and higher sexual satisfaction (actor effects). Women whose partners reported perceptions of higher common dyadic coping also reported fewer infertility-related sexual concerns (partner effect). Men's and women's perceptions of common dyadic coping were not associated with their partner's sexual distress and sexual satisfaction.

DISCUSSION

The objective of this study was to examine the associations between perceptions of dyadic coping and infertility-related sexual concerns, sexual distress, and sexual satisfaction in couples seeking ART. Overall, the findings suggest that perceptions of dyadic coping by the partner and of common dyadic coping were associated with the sexual well-being of both members of the couple.

Positive and negative dyadic coping by the partner

Our results supported the expected associations between one's perceptions of their partner's use of higher levels of negative dyadic coping and greater infertility-related sexual concerns and higher sexual distress. Previous research has shown that among individuals coping with other medical conditions, engagement in overprotectiveness (e.g., acting aggressively to avoid emotional involvement), protective buffering (e.g., minimizing worries, yielding to the partner), and hostile or ambivalent coping strategies (e.g., distancing, offering support unwillingly) have been associated with negative outcomes for the individual and the relationship (Falconier & Kuhn, 2019). Hostile and ambivalent dyadic coping strategies in particular have been linked with more destructive communication and conflict resolution as well as relationship dissatisfaction (Falconier & Kuhn, 2019). These negative responses from a partner may be perceived as a lack of understanding or sensitivity and may create a negative interpersonal context for sexual activity (Rosen et al., 2010). Thus, given the stressful and sensitive nature of infertility, it is understandable that individuals who perceive that their partner blames them or dismisses their stress may experience greater distress and difficulty managing changes to their sex lives due to infertility-related challenges.

As hypothesized, our results also revealed that men who perceived that their partner engaged in higher levels of positive dyadic coping reported higher sexual satisfaction. In the context of infertility, support from one's partner has been associated with infertility stress reduction (Gibson & Myers, 2002), which has been related to higher sexual satisfaction (Nakić Radoš et al., 2022). Therefore, it is possible that for men, who tend to adopt a supportive role in this context (Chaves et al., 2019), perceiving that one's partner engages in positive strategies to relieve one's stress could help free up more personal resources to adapt themselves to infertility. This may, in turn, allow for more room for a positive appraisal of and satisfaction with their

sexual activities (Rosen & Bergeron, 2019). Given our limited understanding of men's adjustment to infertility, this finding highlights the importance of examining the experiences of men with infertility, and the protective role that positive partner coping behaviors may play in their sexuality.

Contrary to our hypothesis, the association between perceptions of positive dyadic coping by the partner and sexual satisfaction was not significant for women. In addition, perceptions of positive dyadic coping by the partner were associated with greater infertility-related sexual concerns for women. Previous studies have reported associations between solicitous partner responses and higher pain intensity and sexual difficulties in women with genito-pelvic pain (Rosen et al., 2010, 2014). Relatedly, women appear to be more adversely affected by infertility, reporting more negative consequences on their self-esteem, stress, depression, anxiety (Ying et al., 2015), and sexual quality of life (de Faria et al., 2012). Indeed, in our sample, women reported greater infertility-related sexual concerns than men. It is possible that partners of women whose infertility may have a more negative impact on their well-being, including their sexual well-being, may feel a greater urge to engage in additional positive dyadic coping strategies to alleviate their partner's stress. This may, in turn, be associated with negative consequences for women's self-worth, with feelings of guilt or a sense of being a burden (Leuchtmann & Bodenmann, 2017), potentially exacerbating their infertility-related sexual well-being.

Perceptions of positive and negative dyadic coping by the partner were not associated with partners' infertility-related sexual concerns, sexual distress, and sexual satisfaction (i.e., no partner effects). Past research has demonstrated a stronger effect of perceived dyadic coping provided by the partner than dyadic coping by self on relationship satisfaction (Falconier et al., 2015; Rusu et al., 2020). Partners are considered to rely primarily on each other for support while navigating infertility (Kroemeke & Kubicka, 2018), thus they may be more attuned to how their partner is supporting them during this process.

Common dyadic coping

In support of our hypotheses, our results revealed that perceptions of higher levels of common dyadic coping were associated with men and women's own higher sexual satisfaction and lower sexual distress. Individuals who reported that their couple engaged in higher levels of common dyadic coping also reported fewer infertility-related sexual concerns. Because infertility is considered a life crisis affecting the couple as a unit, joint involvement in emotion- or problem-focused coping, such as mutual commitment, seeking solutions together, and sharing of feelings (Bodenmann et al., 2006), may be most effective when navigating this stressor. This is consistent with previous research showing that common dyadic coping is associated with lower depression and negative emotional expression and improved physical well-being and individual coping in couples dealing with various medical conditions (Berg et al., 2008; Bodenmann et al., 2004; Falconier & Kuhn, 2019; Rottmann et al., 2015).

Common dyadic coping has also been related to better cohesion within couples (Rottmann et al., 2015) and found to be a strong predictor of relationship satisfaction (Falconier et al., 2015). In couples seeking ART, common dyadic coping has also been associated with higher relational adjustment (Molgora et al., 2019), suggesting that perceiving infertility as a couple issue may promote feelings of greater emotional closeness, validation, and intimacy within relationships, which could help partners be more focused on the present moment, making spontaneous and intimate sexual activities easier to maintain, and, accordingly, could be associated with better sexual adjustment for partners. Engaging in higher levels of common dyadic coping may also be associated with better communication, including sexual communication, which has been shown to facilitate greater sexual satisfaction (Freihart et al., 2020).

Therefore, above and beyond relationship satisfaction, couples engaged in higher levels of common dyadic coping may be increasingly able to concentrate on the less distressing thoughts and emotions related to infertility and to be more attentive to their own and each other's emotional, physical, and sexual needs, rendering sexual interactions more pleasure-oriented.

Men's perceptions of higher common dyadic coping were also associated with their partner's fewer infertility-related sexual concerns. This association was not significant for women. Perceptions of common dyadic coping were not, however, associated with partners' sexual distress and satisfaction. Given that couples who engage in ART procedures share a strong desire to conceive, partners' joint efforts to cope together may further enhance their commitment toward their common goal of having a child. Moreover, women tend to express a stronger desire to have a baby (Deka & Sarma, 2010) and may more closely tie sex to reproduction, which may justify why women may engage in, and men subsequently perceive, their greater efforts to cope jointly with infertility. The fact that couples engage in higher common dyadic coping speaks to their ability to put forth actions to manage a stressor, such as infertility, together. It is therefore not surprising that this is associated with a reduction in infertility-related concerns specifically; a stressor-specific effect rather than an effect on more general sexual outcomes that do not take into account the experience of infertility. This further highlights the importance of measuring not just overall sexual outcomes but the specific impact of infertility on sexuality. Otherwise, more subtle effects of infertility on sexuality may be overlooked. Future studies should investigate the mechanisms (e.g., communication, intimacy) through which common dyadic coping facilitates the sexual well-being of couples seeking ART.

Research and clinical implications

Building on previous research that focused on individual adjustment to infertility, this study included a considerably large sample of couples seeking ART, allowing us to gain a better understanding of the sexual well-being of both members of the couple. Moreover, the sample was relatively heterogeneous with respect to couples' cause of infertility. Studies examining sexuality in this context have generally focused on sexual function. The present study provides a better understanding of other important aspects of couples' sexual experiences as they are going through the process of ART, notably their sexual satisfaction, sexual distress, and infertility-related sexual concerns. The use of a measure of infertility-related sexual concerns also allowed us to assess the unique sexual difficulties that these couples experience. Moreover, the inclusion of relationship satisfaction as a covariate in the analyses increases our confidence in the associations observed in the present study.

The findings from the present study highlight the necessity of paying increased attention to couples seeking ART's sexual experiences—not solely from a research viewpoint but also from a clinical perspective. Given that couples are often reluctant to discuss their sexual concerns with health care providers (Risen, 2010), our results suggest that sexual well-being (i.e., infertility-related sexual concerns, sexual distress, sexual satisfaction), beyond just sexual function, should be routinely discussed with couples to facilitate the early detection and proper management of sexual difficulties and possibility reduce the negative impact that infertility and ART may have on their sexual well-being and overall adjustment. The study's findings also emphasize the importance of understanding the sexual well-being of couples seeking ART from a dyadic rather than an individual lens. Indeed, by including both partners and assessing couple-related dyadic processes such as their dyadic coping strategies, medical and mental health professionals may be better equipped to identify couples that may be more vulnerable to developing sexual difficulties during the ART process. Addressing couples' sexual concerns and their dyadic coping strategies may also help normalize partners' concerns and increase their understanding of their shared experience. This could also help assist clinicians in the detection

of potential intervention avenues and targets that may better help couples during ART. As the findings suggest, interventions aimed at helping couples engage in joint strategies to cope with infertility as a shared stressor may assist couples in building a stronger sense of mutual understanding, relieving some of the pressures on sex related to fertility treatments, thereby improving their sexual well-being.

Limitations

The findings of the present study should be considered in light of some limitations. The study included couples seeking ART who were involved in mixed-sex relationships, were primarily White, and had a high level of education. The sample thus may not be representative of all couples seeking ART; future studies should include a more heterogeneous sample to improve the generalizability of the findings. Because our results rely on self-reported and cross-sectional data, they do not allow for any inference about causation between our main variables. Longitudinal studies testing the temporal order of these associations are warranted and would allow further examination of the complex interplay between dyadic coping and sexual well-being in couples with infertility. Finally, given that the culture's communication style and orientation have been found to influence individuals' coping responses (Falconier et al., 2016; Falconier & Kuhn, 2019), future research should consider cultural differences, particularly given the sensitive nature of sexuality and infertility.

Conclusion

Little is known about the relational processes that may make certain infertile couples seeking ART more vulnerable to reporting sexual difficulties than others. The present study's results extend our knowledge of the sexual well-being of infertile couples seeking ART and highlight the importance of examining sexuality from an interpersonal angle and the associations between dyadic factors, specifically dyadic coping, and couples' sexual well-being. Moreover, we found actor and partner effects for both men and women, emphasizing the necessity of including both members of couples seeking ART, from an empirical as well as a clinical perspective. Results may also guide clinical interventions for infertile couples by providing information regarding the interpersonal context surrounding their sexual well-being, which could be facilitated by promoting greater common dyadic coping within couples.

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How to cite this article: El Amiri, S., Rosen, N. O., Brassard, A., Rossi, M. A., Bergeron, S., & Péloquin, K. (2023). Dyadic coping and sexual well-being in couples seeking assisted reproductive technology. *Family Relations*, *72*(5), 3134–3151. https://doi.org/10.1111/fare.12874