

IMPACT OF GRATITUDE DYADIC COPING, STRESS MANAGEMENT AND QUALITY OF LIFE AMONG MARRIED COUPLES

Original Article

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Conflict of Interest: None

Grant Support & Financial Support: None

Acknowledgment: The authors sincerely thank all participants for their time and honest responses.

ABSTRACT

Background: Gratitude-based dyadic coping (DC-G) is an emerging concept in relationship psychology, focusing on how couples express and receive gratitude while navigating stress. In marital relationships, this reciprocal gratitude can promote emotional resilience, relational satisfaction, and overall well-being. Within collectivist cultures such as Pakistan, where family obligations and social expectations often heighten stress, understanding the role of DC-G in enhancing stress management and quality of life is especially crucial.

Objective: To examine the impact of gratitude-based dyadic coping on stress management and quality of life among married couples in Pakistan, and to explore gender-based differences in these associations.

Methods: A correlational survey research design was employed. The study included 115 married couples ($n = 230$; 115 husbands and 115 wives) aged 20–50 years, with a minimum marriage duration of five years. Data were collected using convenience sampling from Bhakkar city. Instruments included the Dyadic Coping Based Gratitude Questionnaire ($\alpha = .83-.84$), Stress Management Skills Scale ($\alpha = .73-.74$), and WHOQOL-BREF ($\alpha = .87$). Data were analyzed using Pearson correlation, linear regression, and paired sample t-tests.

Results: Partner-expressed DC-G significantly predicted stress management ($\beta = .43, p < .01$) and quality of life ($\beta = .32, p < .01$) among husbands. For wives, self-expressed DC-G had a stronger effect on quality of life ($\beta = .26, p < .01$). Correlation analysis showed strong associations between DC-G and quality of life ($r = .384, p < .01$), while stress management correlated positively only with quality of life ($r = .623, p < .01$). Partial gender differences were found in self-expressed gratitude, but not in stress management or quality of life.

Conclusion: Gratitude-based dyadic coping contributes positively to emotional well-being, particularly in managing stress and improving life satisfaction. Its integration into marital counseling can serve as a culturally sensitive and effective intervention strategy.

Keywords: Adaptation, Psychological; Gratitude; Interpersonal Relations; Married Couples; Quality of Life; Stress Management; Surveys and Questionnaires.

INTRODUCTION

Gratitude dyadic coping (DC-G) is a relatively recent concept in positive relationship psychology that combines the expression of thankfulness with mutual stress management strategies between two individuals, typically romantic partners. It refers to the dynamic process in which couples jointly navigate stress by acknowledging and appreciating each other's support—both emotional and practical—thereby reinforcing the strength and satisfaction of their relationship. The emergence of DC-G emphasizes a shift from individualistic coping mechanisms to relational models that underline emotional interdependence and mutual growth. The importance of this concept is particularly relevant in the context of intimate relationships, where unresolved stress can significantly impair emotional well-being, communication, and overall quality of life (1,2). Stress, first formally defined by Hans Selye in 1936, is the body's nonspecific response to any demand, and has long been understood to influence physiological and psychological health. The evolution of stress theory—from Selye's General Adaptation Syndrome to Lazarus and Folkman's transactional model—has laid the foundation for exploring both individual and interpersonal coping strategies (3,4). Within intimate relationships, the Systemic Transactional Model (STM) further conceptualizes stress as a shared phenomenon, where the supportive or unsupportive responses of partners shape emotional outcomes. This model aligns with gratitude-based dyadic coping, as both underscore the importance of communication, empathy, and joint problem-solving in mitigating stress and enhancing relationship quality (5).

In the South Asian context, especially in collectivist cultures like Pakistan, expressions of gratitude often intersect with religious, cultural, and familial norms. The role of gratitude is not merely individualistic but embedded in moral and spiritual obligations that define social harmony and marital stability (6). Despite its significance, limited research exists on how gratitude and dyadic coping co-function in Pakistani marriages, where pressures such as financial instability, societal expectations, and work-life imbalance contribute to rising marital stress and declining life satisfaction (7). Research in other cultural contexts has demonstrated the protective role of gratitude in romantic relationships, with individuals reporting higher emotional security, trust, and resilience in the face of stress when gratitude is actively practiced and reciprocated (8,9). Furthermore, the "find-remind-and-bind" theory posits that gratitude enhances the ability to identify supportive partners, strengthens memory of shared positivity, and deepens emotional bonds over time—factors that are essential in navigating relational stress (10). Empirical studies reinforce the relevance of DC-G in various relational contexts. For instance, a study found that couples practicing positive dyadic coping reported higher relationship satisfaction and better goal functioning (11). Similarly, a study demonstrated that gratitude fosters emotion-focused coping and reduces psychological distress in caregivers (12). Such findings underscore the potential of gratitude to buffer the adverse effects of chronic stress by enhancing emotional regulation, empathy, and mutual understanding. However, most of these insights are derived from Western or East Asian populations, with minimal generalizability to South Asian cultures where gender roles, extended family dynamics, and cultural scripts distinctly shape marital interactions. In Pakistani society, gratitude is also deeply intertwined with religious values, which may amplify its psychological impact in marital contexts.

Moreover, gender differences in the expression of gratitude and coping strategies remain a critical consideration. Studies suggest that women often express gratitude more frequently and benefit more from it in relational contexts, whereas men may struggle with the vulnerability associated with emotional openness (13). This dimension becomes even more relevant in patriarchal societies where emotional expression is often gendered, potentially influencing the effectiveness of dyadic coping. The literature also indicates that gratitude exists on multiple levels: as a stable personality trait, a transient emotional response, and a daily fluctuating experience—each of which may differentially affect dyadic coping outcomes (14). In terms of health-related quality of life (QOL), gratitude dyadic coping contributes positively by facilitating adaptive responses across various stress domains, including emotional, financial, occupational, and social. The World Health Organization defines QOL as an individual's perception of their position in life in the context of their culture and value systems, with relationship satisfaction playing a central role (15). As stress and coping significantly shape QOL, integrating gratitude into dyadic coping provides a holistic and culturally sensitive approach to enhancing relational and emotional well-being. Despite growing global evidence supporting the benefits of gratitude and dyadic coping in improving relationship dynamics and mental health, there remains a critical research gap in the Pakistani context. The combined impact of these constructs within marital relationships has not been thoroughly explored, particularly regarding their role in managing chronic stress and promoting life satisfaction. Therefore, this study aims to investigate the relationship between gratitude-based dyadic coping, stress management, and quality of life among married couples in Pakistan. The objective is to provide culturally grounded, evidence-based insights into how DC-G may serve as a protective mechanism, enhancing relationship quality and psychological resilience in an environment shaped by unique societal pressures and expectations.

METHODS

This study employed a cross-sectional survey design to examine the impact of gratitude-based dyadic coping on stress management and quality of life among married couples. A quantitative methodology was adopted to gather data from a convenience sample of 115 married couples (comprising 115 husbands and 115 wives), aged between 20 and 50 years, residing in Bhakkar city. Inclusion criteria required participants to have been married for at least five years to ensure relational stability and sufficient shared experience relevant to dyadic coping. Participants with severe psychiatric illness, communication disabilities, or who were widowed, separated, or divorced were excluded. Ethical approval was obtained from the Institutional Review Board (IRB) of the concerned research committee and written informed consent was obtained from all participants prior to data collection. Data were collected using physical, self-administered questionnaires in Urdu and English, depending on participant preference. The instruments employed in this study included the Dyadic Coping-Based Gratitude Questionnaire (DC-GQ), the Stress Management Skills Scale, and the WHOQOL-BREF. The DC-GQ consisted of 12 items assessing participants' perceptions of their partner's gratitude when receiving practical (problem-focused) or emotional (emotion-focused) support. Responses were recorded on a 5-point Likert scale ranging from 1 (never) to 5 (very often). The scale demonstrated excellent internal consistency with a Cronbach's alpha of 0.92 (16).

The Stress Management Skills Scale comprised 19 items designed to assess decision-making abilities, social interaction skills, and goal-setting competencies. Participants responded using a 5-point scale ranging from 1 (strongly disagree/never) to 5 (strongly agree/all of the time), although this phrasing is slightly ambiguous and would benefit from standardization. The scale's internal consistency reliability was reported at 0.85 (17). The item-response format presented inconsistencies such as blending frequency-based and agreement-based options (e.g., "never" with "strongly agree"), which is methodologically illogical and may lead to response bias or confusion. For future studies, clearly distinguishing whether the scale assesses frequency or agreement is essential for valid interpretation. Quality of life was assessed using the WHOQOL-BREF instrument developed by the World Health Organization. It consisted of 26 items measuring four domains: physical health, psychological well-being, social relationships, and environmental factors. Items were rated on a 5-point scale ranging from 1 (not at all/very poor/very dissatisfied) to 5 (completely/very good/very satisfied), with reverse scoring applied to three negatively worded items. The instrument demonstrated excellent reliability with a Cronbach's alpha of 0.93 (WHO, 1996). Demographic variables collected included gender, age, education level, occupation, family system (nuclear or joint), and socio-economic status. Data were analyzed using IBM SPSS. Descriptive statistics were calculated to summarize demographic data. Pearson correlation analysis was conducted to examine the relationships between gratitude-based dyadic coping, stress management, and quality of life. Multiple regression analysis assessed the predictive strength of dyadic coping-based gratitude on stress management and quality of life, while paired sample t-tests were used to explore intra-couple variations. Statistical significance was established at $p < 0.05$.

RESULTS

Descriptive analysis revealed that most participants were aged between 31 and 40 years. Educational attainment was balanced, with approximately one-third of both husbands and wives having either intermediate or bachelor's-level education. A large proportion of participants resided in nuclear families. In terms of occupation, husbands were primarily engaged in business (46.1%), while the majority of wives were housewives (54.8%). The most common marital duration was between 1–10 years, and most couples reported a middle-class socio-economic background (72.2%). In assessing descriptive statistics for study variables, husbands reported slightly higher scores in dyadic coping-based gratitude provided to partners across both problem-focused ($M = 12.06$, $SD = 1.61$) and emotion-focused dimensions ($M = 11.89$, $SD = 1.83$), while wives reported slightly higher scores in gratitude-based dyadic coping by self (PFDCGS: $M = 12.10$, $SD = 1.66$; EFDCGS: $M = 12.06$, $SD = 1.75$). For stress management skills (SMSS), husbands and wives showed comparable scores ($M = 59.15$, $SD = 5.17$ vs. $M = 59.40$, $SD = 5.15$). Quality of life scores were marginally higher in husbands ($M = 104.09$, $SD = 9.18$) than in wives ($M = 102.45$, $SD = 9.01$). All three instruments demonstrated good to excellent internal consistency. Cronbach's alpha values for the Dyadic Coping-Based Gratitude Questionnaire were .83 for husbands and .84 for wives, while the Stress Management Skills Scale yielded .73 and .74 respectively. The WHOQOL-BREF scale showed the highest reliability at .87 for both genders. Pearson correlation analyses showed significant positive relationships between gratitude-based dyadic coping by partner (PFDCGP, EFDCGP, and PFAEFDCGP) and quality of life (r ranging from .324 to .384, $p < .01$). Similarly, strong intercorrelations were found among the different gratitude dimensions. Stress management skills correlated significantly with quality of life ($r = .623$, $p < .01$) but not with any gratitude-based variables. This pattern held across both husbands and wives.

Correlations between gratitude-based dyadic coping by self (PFDCGS, EFDCGS, and PFAEFDCGS) and quality of life were also positive and significant for most comparisons, especially for wives. Notably, PFDCGS in wives showed a higher correlation with quality of life ($r = .436, p < .01$) than in husbands. Again, stress management maintained a significant correlation with quality of life ($r = .623, p < .01$) but was not associated with gratitude variables. Regression analyses revealed that for husbands, combined problem-focused and emotion-focused dyadic gratitude by partner (PFAEFDCGP) significantly predicted both stress management ($\beta = .43, p < .01$) and quality of life ($\beta = .32, p < .01$). In contrast, husbands' own gratitude (PFAEFDCGS) did not significantly influence either outcome. These models explained 14% of the variance in stress management and 15% in quality of life. For wives, neither PFAEFDCGP nor PFAEFDCGS significantly predicted stress management. However, both significantly predicted quality of life, with the effect stronger for self-gratitude (PFAEFDCGS: $\beta = .26, p < .01$) compared to partner gratitude (PFAEFDCGP: $\beta = .20, p < .01$). The regression model accounted for 18% of variance in wives' quality of life. Paired sample t-tests showed no statistically significant gender differences across most gratitude dimensions, stress management, or quality of life. A minor but statistically significant difference was found in self-expressed combined gratitude (PFAEFDCGS), where wives scored slightly higher ($t = 3.30, p = .038, d = .038$). However, this effect size was very small and of limited clinical relevance.

Table 1: Descriptive statistics of the demographic variables (N = 115)

Variables	Husband (f)	%	Wife (f)	%
Age				
20 – 30 years	30	26.1	34	29.6
31 – 40 years	43	37.4	52	45.2
41 – 50 years	42	36.5	29	25.2
Education				
Intermediate	38	33	41	35.7
Bachelor	38	33	41	35.7
Master	39	33.9	33	28.7
Family system				
Joint	36	31.3	36	31.3
Nuclear	79	68.7	79	68.7
Occupation				
Govt. job	35	30.4	17	14.8
Private job	27	23.5	34	29.6
Business	53	46.1	1	.9
House wife	-	-	63	54.8
Duration of marriage				
1 – 10 years	48	41.7	48	41.7
11 – 20 years	34	29.6	34	29.6
21 – 30 years	33	28.7	33	28.7
Socio economic status				
Upper class	26	22.6	26	22.6
Middle class	83	72.2	83	72.2
Lower class	6	5.2	6	5.2

Table 2: Descriptive statistics of the study variables (N=115)

Variables	Husband (Mean)	SD	Wife (Mean)	SD
PFDCGP	12.06	1.61	11.48	1.69
EFDCGP	11.89	1.83	11.49	1.77
PFAEFDCGP	23.96	3.12	22.98	3.01
PFDCGS	11.67	1.77	12.10	1.67
EFDCGS	11.67	1.65	12.06	1.75
PFAEFDCGS	23.33	3.01	24.16	3.10
SMSS	59.15	5.17	59.40	5.15
WHOQOLB	104	9.18	102.45	9.01

Table 3: Reliability of all scales used in study (N=115)

Sr.no	Scales	No. of items	Husband (α)	Wife (α)
1	Dyadic Coping Based Gratitude Questionnaire	12	.83	.84
2	Stress Management Skills Scale	19	.73	.74
3	WHO-Quality of Life Scale -Brief	26	.87	.87

Table 4: Bivariate Correlation Matrix between Dyadic Coping-Based Gratitude (by Partner and Self), Stress Management, and Quality of Life (N = 115)

Variables	1	2	3	4	5	6	7	8	9	10	MH (SDH)	MW (SDW)
1) PFDCGP	--	.641**	.893**	.357**	.334**	.510**	.863**	-.124	.324**		12.06 (1.61)	11.48 (1.69)
2) EFDCGP	.641**	--	.918**	.307**	.361**		.875**	-.096	.327**		11.89 (1.83)	11.49 (1.77)
3) PFAEFDCGP	.893**	.918**	--	.364**	.384**			-.127	.374**		23.96 (3.12)	22.98 (3.01)
4) SMSS	.357**	.307**	.364**	--	.623**	.098	.159	--	-.131		59.15 (5.17)	59.40 (5.15)
5) WHOQOL-B	.334**	.361**	.384**	.623**	--	.142	.297**	-.131	--		104.09 (9.18)	102.45 (9.01)
6) PFDCGS	.510**			.098	.142	--	.537**	.886**	.436**		11.67 (1.77)	12.10 (1.66)
7) EFDCGS	.863**			.184*	.387**	.537**	--	.867**	.289**		11.67 (1.65)	12.06 (1.75)
8) PFAEFDCGS	-.124			.159	.297**	.886**	.867**	--	.397**		23.33 (3.01)	24.16 (3.10)
9) SMSS	.324**	.327**	.374**	-.131	.623**	.098	.184*	.159	--		59.15 (5.17)	59.40 (5.15)
10) WHOQOL-B					.436**	.289**	.397**	-.131	--		104.09 (9.18)	102.45 (9.01)

Note: PFDCGP = Problem-focused dyadic coping-based gratitude by partner, EFDCGP = Emotion-focused dyadic coping-based gratitude by partner, PFAEFDCGP = Combined problem- and emotion-focused gratitude by partner, PFDCGS = Problem-focused dyadic coping-based gratitude by self, EFDCGS = Emotion-focused dyadic coping-based gratitude by self, PFAEFDCGS = Combined problem- and emotion-focused gratitude by self, SMSS = Stress Management Skills Scale, WHOQOL-B = WHO Quality of Life – Brief, $p < .05$, $p < .01$.*.

Table 5: Regression Coefficients of Dyadic Coping Based Gratitude, Stress Management and Quality of Life (N=115)

Variables	B	β	SE
1. Constant	46.42**		3.90
PFAEFDCGP	.71**	.43	.18
PFAEFDCGS	-.19	-.11	.19
R2	.14		
2. Constant	74.46**		6.88
PFAEFDCGP	.95	.32	.32
PFAEFDCGS	.28	.09	.33
R2	.15		

Note. ** $p < .01$, PFAEFDCGP = Problem-focused and Emotion-focused dyadic coping-based gratitude by partner, PFAEFDCGS = Problem-focused and Emotion-focused dyadic coping-based gratitude by self, Constant.1 = Stress management skills scale, Constant.2 = WHO-Quality of life scale-brief.

Table 6: Regression Coefficients of Dyadic Coping Based Gratitude, Stress Management and Quality of Life (N=115)

Variables	B	β	SE
1. Constant	66.02**		4.11
PFAEFDCGP	-.09	-.05	.20
PFAEFDCGS	-.18	-.11	.20
R2	.02		
2. Constant	69.84**		6.58
PFAEFDCGP	.60	.20	.33
PFAEFDCGS	.77	.26	.32
R2	.18		

Note. **p <.01, PFAEFDCGP = Problem-focused and Emotion-focused dyadic coping-based gratitude by partner, PFAEFDCGS = Problem-focused and Emotion-focused dyadic coping-based gratitude by self, 1) Constant = Stress management skills scale, 2) Constant = WHO-Quality of life scale-brief.

Table 7: Paired sample T-test, mean, standard deviation and t-values of husband and wife on study variables (N=115)

Variables	Husband		Wife		t	Sig.	Cohen's d
	M	SD	M	SD			
PFDCGP	45.93	33.42	46.51	33.62	10.94	.30	.017
EFDCGP	46.10	33.22	46.50	33.38	11.14	.54	.012
PFAEFDCGP	34.03	33.36	35.09	33.70	3.49	.83	.031
PFDCGS	46.32	33.63	45.89	33.42	10.87	.30	.012
EFDCGS	46.34	33.35	45.93	33.42	10.98	.97	.012
PFAEFDCGS	34.66	33.69	33.83	33.56	3.30	.56	.038
SMSS	-1.15	33.58	-1.40	34.70	-18.59	.22	.007
WHOQOLB	-46.09	34.77	-44.45	34.50	-42.55	.91	.047

Note. PFDCGP = Problem-focused dyadic coping based gratitude by partner, EFDCGP = Emotion-focused dyadic coping based gratitude by partner, PFAEFDCGP = Problem-focused and Emotion-focused dyadic coping based gratitude by partner, PFDCGS = Problem-focused dyadic coping based gratitude by self, EFDCGS = Emotion-focused dyadic coping based gratitude by self, PFAEFDCGS = Problem-focused and Emotion-focused dyadic coping based gratitude by self, SMSS = Stress management skills scale, WHOQOLB = WHO-Quality of life scale-brief.



Figure 1 Correlation Between Gratitude Dimension and Quality of Life

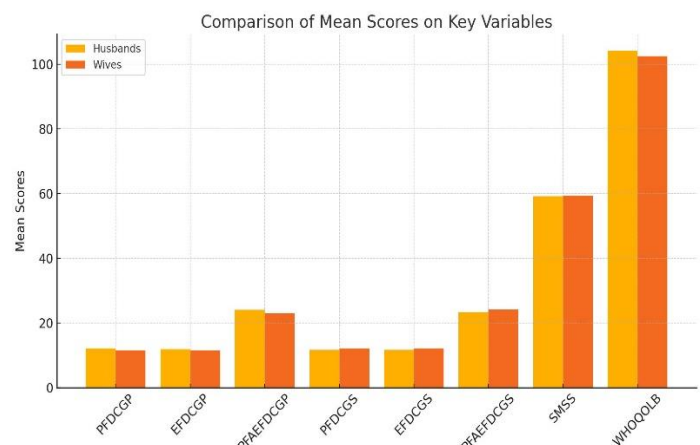


Figure 2 Comparison of Mean Scores on Key Variables

DISCUSSION

The present study highlighted the critical role of gratitude-based dyadic coping in shaping stress management capabilities and enhancing quality of life within marital relationships. Both self-expressed and partner-expressed forms of gratitude were found to have meaningful associations with emotional and relational well-being. Partner-expressed gratitude emerged as a particularly strong predictor of improved outcomes, especially among husbands, where it significantly influenced both stress regulation and life satisfaction. In contrast, for wives, self-expressed gratitude was more impactful in enhancing quality of life, indicating a nuanced gender dynamic in how gratitude functions within intimate partnerships. These findings align with existing literature that positions gratitude as a foundational element of positive relationship dynamics, fostering mutual appreciation, trust, and emotional safety (18,19). Prior research supports the notion that gratitude strengthens interpersonal bonds by enhancing communication and empathy while reducing psychological distress, particularly when expressed in emotionally vulnerable contexts such as marital stress or caregiving roles (20,21). This study contributes to that body of work by demonstrating that gratitude-based dyadic coping is not only associated with improved individual well-being but also serves as a shared relational resource that buffers against chronic stress and strengthens overall marital functioning.

The correlation analyses underscored that gratitude in both its problem-focused and emotion-focused forms significantly contributes to perceived quality of life, although its association with stress management was weaker and inconsistent across self and partner domains (22). This suggests that while gratitude supports broader psychosocial well-being, its direct role in active stress regulation may depend on contextual or dispositional moderators, such as the nature of the stressor, communication style, or attachment orientation. Moreover, the gendered patterns observed, wherein husbands benefited more from gratitude received and wives from gratitude expressed, reflect underlying socio-emotional expectations and roles prevalent in culturally traditional marital frameworks (23). One of the strengths of this study lies in its use of well-validated psychometric tools with high internal consistency, and its balanced sample of husbands and wives, allowing for meaningful gender comparisons. The inclusion of both self and partner perspectives in dyadic coping adds depth to the understanding of how gratitude operates reciprocally within couples. Additionally, conducting the study in a collectivist cultural context provides valuable insights into how culturally embedded values like emotional interdependence and familial obligations intersect with psychological constructs like gratitude.

However, several limitations must be acknowledged. The cross-sectional design restricts the ability to draw causal inferences, limiting the understanding of how gratitude-based coping may evolve or influence long-term relationship dynamics. The reliance on self-report measures introduces potential bias, including social desirability effects, particularly in a cultural setting where emotional expression is often gendered and subject to normative expectations. Furthermore, the convenience sampling from a single urban location limits generalizability, as the findings may not fully capture rural, lower-income, or non-traditional marital experiences. Future research should adopt longitudinal and mixed-methods designs to capture the temporal dimension of gratitude-based coping and its sustained effects on relational health. Expanding the sample to include diverse socioeconomic, geographic, and cultural subgroups would improve representativeness and offer more nuanced insights into contextual moderators of gratitude's effects. Investigating gratitude under the influence of acute external stressors—such as illness, bereavement, or financial instability—would be valuable in understanding its adaptive utility across high-stress contexts. Furthermore, experimental studies assessing the efficacy of structured gratitude interventions within couples therapy or marital counseling could illuminate the practical application of these findings in clinical settings. Despite its limitations, the study underscores the therapeutic potential of fostering gratitude in romantic relationships. Encouraging intentional gratitude practices may promote not only individual emotional resilience but also collective relational strength. Integrating gratitude-based modules into marital counseling frameworks could serve as a culturally sensitive and psychologically robust approach to mitigating marital stress and enhancing quality of life.

CONCLUSION

This study concluded that gratitude-based dyadic coping plays a vital role in enhancing stress management and improving quality of life among married couples. The findings emphasize that both expressing and receiving gratitude within relationships can foster emotional resilience, deepen connection, and support overall well-being. The differential impact of partner-expressed versus self-expressed gratitude across genders highlights the need for personalized approaches in marital support strategies. By recognizing gratitude as more than a moral virtue—rather, as a functional coping mechanism—this research offers meaningful insights for relationship counseling and psychological interventions aimed at promoting healthier, more satisfying partnerships.

AUTHOR CONTRIBUTION

Author	Contribution
Umarah Kanwal	Substantial Contribution to study design, analysis, acquisition of Data Manuscript Writing Has given Final Approval of the version to be published
Samia Noureen*	Substantial Contribution to study design, acquisition and interpretation of Data Critical Review and Manuscript Writing Has given Final Approval of the version to be published
Muniba Sami	Substantial Contribution to acquisition and interpretation of Data Has given Final Approval of the version to be published
Tayyaba hanif	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published
Rimsha Sohail	Contributed to Data Collection and Analysis Has given Final Approval of the version to be published

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