Geopsychiatry 3 (2026) 100049

Contents lists available at ScienceDirect

Geopsychiatry

journal homepage: www.sciencedirect.com/journal/geopsychiatry

Romantic relationships during COVID-19: A scoping review of early phase research☆

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ARTICLE INFO

Keywords:
Romantic relationships
COVID-19
Pandemic
Resilience
Dyadic resilience
Relationship quality
Scoping review

ABSTRACT

The COVID-19 pandemic deeply affected individuals in romantic relationships, with impacts upon both individual and relational well-being. The present review explored the emerging construct of dyadic resilience based on early phase pandemic research. Literature was screened between October 2022 and April 2023. Following PRISMA-ScR guidelines, 32 articles were identified for inclusion. Using thematic synthesis, six themes were constructed and categorized into two groups. Group one outlines "Impacts and Vulnerabilities" of the pandemic regarding: (1) Stress and Distress, (2) Conflict and Turbulence, and (3) Satisfaction and Quality. Group two identifies dyadic "Responsive Processes and Adaptations" to the pandemic, including: (4) Changing Communication Styles, (5) Building Intimacy and Closeness, and (6) Responding Creatively to Unique Circumstance. Findings demonstrate the multifaceted nature of the early pandemic, identifying that pre-existing vulnerabilities were a considerable risk factor but that many were able to maintain their relationship quality throughout via engagement with adaptive dyadic responsive processes. This review highlights that not all of the impacts of the pandemic were negative and that couple resilience seems to be found in many who engaged with adaptive dyadic responsive processes.

1. Introduction

The rapid spread and impact of the COVID-19 pandemic underscored how global interdependence can amplify large-scale emergencies. One of the most salient events in our recent memory, the pandemic led to widespread lockdowns and major reductions in social interactions. A growing body of work has examined its impacts on individuals in romantic relationships (e.g., [1–3]), including two early reviews exploring couples' experiences in the first year of the pandemic [4] and broader effects on close relationships [5]. Building on this work, the present scoping review surveys the early body of research focused specifically on individuals in romantic relationships. It aims to extend current understanding by spotlighting adaptive psychosocial processes that individuals and couples engaged with in response to the challenges posed by pandemic conditions.

1.1. COVID-19 and romantic relationships

The World Health Organization (WHO) declared COVID-19 a global pandemic in March 2020, as the virus rapidly spread across the globe [6]. To stem its transmission, the WHO recommended strict mitigation measures of quarantining, isolation, and social distancing [7]. Implemented measures disrupted familiar social landscapes, consequently reshaping lives and necessitating people to navigate a new way of living.

The COVID-19 pandemic and associated lockdowns had profound effects on individual health and well-being, with documented impacts upon stress, anxiety, depression and sleep disorders [8–10]. The initial implementation of restrictive measures temporarily heightened levels of psychological distress for those in romantic relationships [11,12]. Many were required to renegotiate shared living spaces, household responsibilities, and daily routines as the measures disrupted work, schooling, and care duties [13]. Increased household burdens and financial stress often became a source of couple conflict [14,15], social

☆ We have no known conflict of interest to disclose.

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https://doi.org/10.1016/j.geopsy.2026.100049
Received 14 November 2025; Received in revised form 30 December 2025; Accepted 9 January 2026
Available online 10 January 2026
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isolation was associated with increased irritability between partners [16], while the risk of intimate partner violence increased for those who were vulnerable [17,18].

However, global emergencies are inherently multifaceted events, generating a variety of outcomes based on a combination of risk and resilience factors [19]. Accordingly, pandemic-related impacts were not inclusively detrimental but affected individuals uniquely based on their contextual circumstances and enduring vulnerabilities [20]. In contrast to reported declines in mental health and negative impacts upon relationship functioning, it was also reported that many couples were able to maintain their relationship quality throughout [21]. Extra time together during the lockdowns was often an opportunity to focus positively on relationships [22], with some even reporting improvements in relationship quality through positive adaption [1,3].

Couples' ability to maintain stability during adversity is suggestive of resilience. Resilience can be characterized as a dynamic process of positive adaptation during significant adversity 23,24, with romantic relationships considered to play an integral role in the cultivation and promotion of individual resilience [25]. There are varied conceptualizations of dyadic resilience mechanisms in romantic relationships. Some suggest that couples may build resilience through mutual empathy [26] and positive communication, building emotional reserves that may be accessed during adversity [27]. Alternatively, the adversity itself may encourage partners to face challenges together [28], with successful navigation equipping couples with the ability to accommodate later and greater life challenges [29]. The COVID-19 pandemic certainly constituted a shared challenge for many couples, who likely responded differently depending on their individual strengths and vulnerabilities. Considering the valuable role of good quality romantic relationships for individual health and well-being [30,31], how individuals and couples may have engaged with resilience during a uniquely challenging period is paramount.

While reviews have examined the effects of COVID-19 on romantic and close relationships, none have specifically scoped the body of work produced during the earliest phase of the pandemic. Studies published during this period, spanning 2020 to mid-2022, were shaped by conditions of acute uncertainty and widespread social disruption. Focusing on this early-phase literature provides a snapshot of how romantic relationships were conceptualized and studied in real time, offering insight into the immediate adaptive processes that couples engaged with under crisis conditions. From a psychiatric perspective, the pandemic represents a large-scale biopsychosocial stressor with implications not only for individual symptomatology but also the relational contexts in which mental distress is expressed, buffered or amplified. Understanding how romantic relationships function under acute and prolonged uncertainty is relevant to psychiatric research and practice concerned with vulnerability, resilience and mental health trajectories under crisis.

1.2. Aims

Through a scoping approach, this review charts early findings on the pandemic's diverse effects on individuals in romantic relationships. Its discrete aims were: 1) to explore the impacts of pandemic-related stressors on relational functioning, and 2) to characterize the adaptive dyadic psychosocial processes that individuals in romantic relationships engaged with in response, particularly those indicative of relational resilience. Beyond mapping early pandemic impacts on romantic relationships, this review aims to clarify how adaptive dyadic processes observed during this period may inform psychiatric understandings of vulnerability, resilience and relational contexts during large-scale crises.

2. Method

2.1. Search strategy

The literature search was conducted in October 2022, at a point when the main threat of the pandemic had subsided, preventative restrictions had largely ceased, and a wealth of early phase research had been published. The review followed the Preferred Reporting Items for Systematic Review and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR; [32]) and JGI guidance for scoping reviews [33]. Four databases (Scopus, PubMed, Web of Science, and PsycINFO) were systematically searched using the following strategy:

((covid* OR lockdown* OR pandemic OR quarantine) AND ((intimate OR romantic OR interpersonal) AND relationship*))

Search terms were broad so as to capture the full scope of literature pertaining to the research aims. Search terms were agreed upon by the full research team. The search strategy was applied to each database on a single occasion. To capture early phase pandemic-related research, results were limited between January 2020–October 2022, yielding a total of 3021 results. Duplicate literature was removed totaling 1689 unique articles to undergo screening.

2.2. Screening

Screening was completed between October 2022–April 2023. Initial screening involved close reading of titles, keywords, and abstracts. Inclusion required all articles to be full-text, peer-reviewed, psychological, empirical studies in the English language, with a clear focus on adult romantic relationships during the COVID-19 pandemic. Review articles, full books, and research focused on other types of relationships were excluded. To keep focus on psychosocial responsive processes, articles on intimate partner violence and sexual functioning were excluded. Consequently, 257 articles were subject to full-text screening.

Full-text screening was led by the first author with consultation from the last author. Discrepancies were discussed with the full research team. Articles were read in full and included or excluded based on criteria set by the research team and directed by PRISMA guidelines [32]. The PRISMA Flow Diagram (Fig. 1) details the full screening process.

2.3. Quality assurance

Successfully screened articles underwent quality assurance. An adapted version of the Standard Quality Assessment Criteria (QualSyst Tool; [34]) was devised for the purpose of the present review. Full details of the quality assessment can be found in the supplementary materials.

2.4. Analysis

The final selection of 32 articles was synthesized using protocol for thematic synthesis for systematic reviews [35]. Data synthesis required repeated reading of the full-text articles. Descriptive themes were constructed through inductive coding of individual study results and article content and then used to address the research aims through third order interpretations. Analysis was conducted by the first author in collaboration with the last author. The full research team discussed identified themes within the data before agreeing upon the final thematic selection.

29 quantitative studies, three qualitative, and one mixed method study were included within the analysis. 21 studies were cross-sectional, nine were longitudinal, and three employed both methods. Three utilized a dyadic sample. 12 studies were from the US. Two studies each were from Austria, Germany, Italy, and Turkey, and one study each from Belgium, Britain, Croatia, Isreal, Korea, Netherlands, and Spain. Four studies were multinational and one used online forum data. Details of the selected articles can be found in Table 1: Characteristics of Selected Studies.

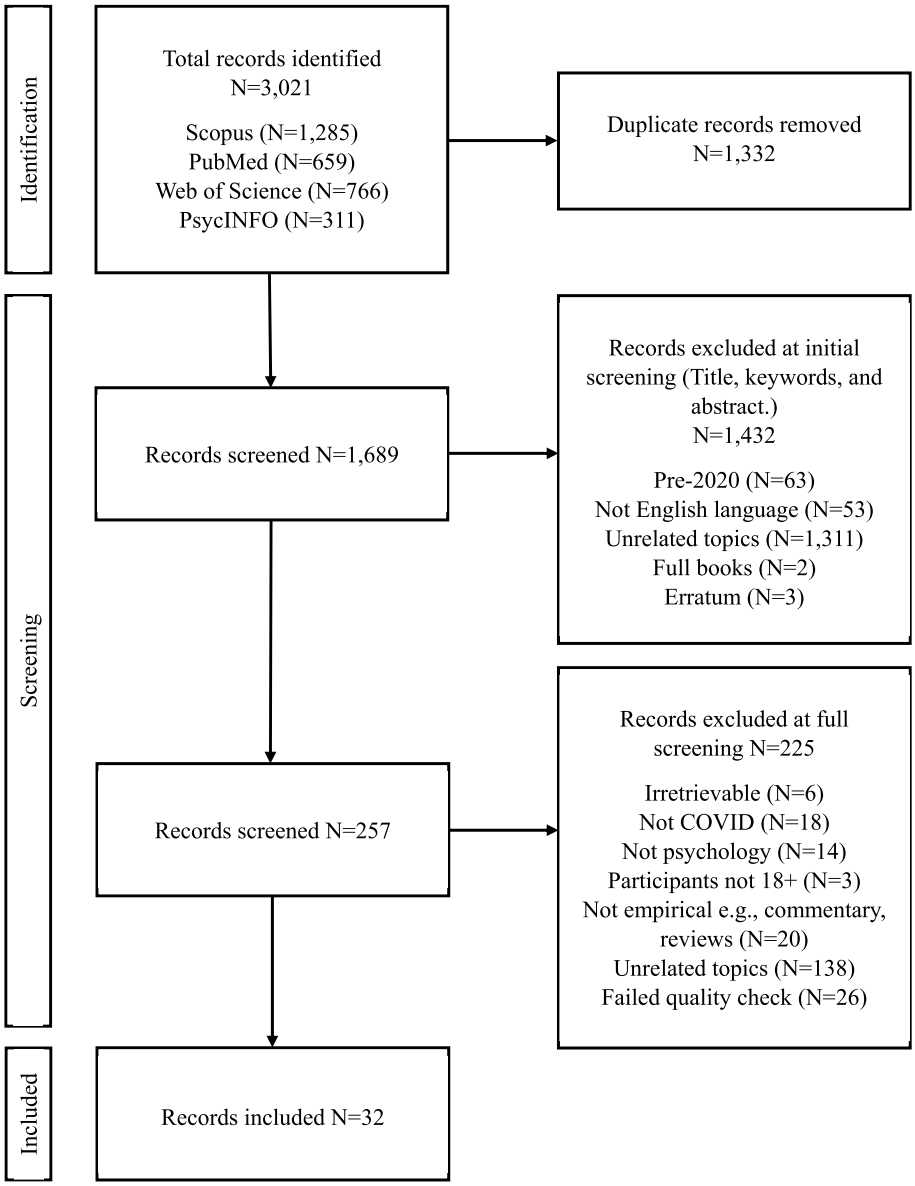


Fig. 1. Prisma flow diagram.

3. Results

Six themes were constructed and categorized into two groups, the first addressing research aim one and the second addressing aim two. The first group identifies interactions between pandemic-related *Impacts* and pre-existing *Vulnerabilities*, examining the inextricable links between impacts, vulnerabilities, and outcomes. The second group explores the adaptive psychosocial *Responsive Processes and Adaptations* that individuals and couples reflexively engaged with in relation to pandemic-related stressors, as mechanisms to mitigate and manage impacts upon individual and relational well-being. Themes are detailed in the Thematic Diagram (Fig. 2).

3.1. Impacts and vulnerabilities

The COVID-19 pandemic had varied, profound, and often unique impacts upon individuals in romantic relationships. This thematic group considers interactions between pandemic-related impacts and pre-existing vulnerabilities, through first identifying pandemic-related contributions to individual and relational *Stress and Distress*. Following is an exploration of associations between pandemic-related impacts and couple *Conflict and Turbulence*, before discussing what implications the identified impacts and vulnerabilities may have had for relationship *Satisfaction and Quality*.

3.1.1. Stress and distress

The pandemic and its associated mitigation measures caused a profusion of stressors for individuals in romantic relationships. Worries regarding the health of family members took precedence [3,41,54], with 91 % of participants in Williamson's [3] large-scale study endorsing this as their most pressing pandemic-related concern. As many couples transitioned to living, working, and often homeschooling under one roof, increased household responsibility had associations with increased stress [41,54,55]. The stress of isolation from social support networks [3] often became a source of irritability between romantic partners [16]. Overall, across countries, individuals in romantic relationships reported higher perceived levels of psychological distress with the implementation of COVID-19 restrictions than beforehand [12]. At country level, perceived stress levels were reportedly higher during the lockdowns [59]. However, a longitudinal study revealed that stress lowered during

Table 1
Characteristics of selected studies.

Author(s) (year)	Region	Data collection period	Sample population	Study design & analysis	Measures	Key results
Balzarini et al. [36]	Multinational	March 2020 -	N = 3593 at the onset of the pandemic. N = 1125 over subsequent three months. Women 77.7 %, heterosexual 82.1 %, age M = 32.25 (SD = 12.45), relationship M = 8.34 (SD = 9.97), cohabiting 83.7 %	Longitudinal; regression analysis; MLM.	Perceived Partner Responsiveness and Insensitivity Scale; The UCLA Loneliness Scale; Financial Strain; Positive and Negative Affect Scale; Perceived Relationships Quality Scale; Conflict.	COVID-related stressors negatively associated with relationship quality and positively associated with conflict. Perceived partner responsiveness mitigated associations between COVID-related stressors and relationship quality.
Brown et al. [37],[a]	Multinational	July–August 2020	N = 67 womxn, age M = 36.4, Caucasian 78 %, US based 70 %	Cross-sectional; thematic analysis.		Effective communication as a source of resilience and bolstered relationship satisfaction.
[38])	US	April 2020	N = 585. Female gender 50.3 %, of which are heterosexual 82.3 %. Male gender 49.7 %, of which are heterosexual 94.2 %. White 74.5 %, age M = 45.4 (SD = 15.3), cohabiting 81 %	Cross-sectional; Moderated mediation model.	Physical distancing; Affectionate Touch; General Health Questionnaire; Perceived Relationship Quality Components Scale; Touch for Affect Regulation; Perceived Coronavirus Threat Questionnaire; Social Touch Questionnaire.	Affectionate touch associated with lower psychological distress and better relationship quality for cohabiters.
Cornelius et al. [39]	US	August 2020–April 2021	N = 104 different-sex, cohabiting couples. White 51.0 %, age M = 28.86 (SD = 7.69), relationship M = 4.53 (SD = 3.98)	Longitudinal; dyadic; extended version of the Actor-Partner Interdependence Model.	COVID-19 Psychological Distress; COVID-19 Status; Emotional and Physical Intimacy; Loneliness.	Couple-level association between female COVID-related distress and male loneliness.
Donato et al. [40]	Italy	March–April 2020	N = 1823. Women 67.4 %, age range 35–44 (34.1 %), 45–54 (32.1 %)	Cross-sectional; serial mediation model.	COVID-19 Concerns; Explicit Stress Communication; Dyadic Coping Questionnaire; Mental Component Summary of the Short-Form Health Survey; Couple Satisfaction.	Individuals dissatisfied with their relationship showed less explicit stress communication, less positive dyadic coping, and lower psychological well-being. Explicit stress communication and dyadic coping responses serially mediated COVID-19 concern and psychological well-being.
Estlein et al. [4,11]	Israel	April–June 2020	N = 313. Women 82 %, age M = 44.48 (SD = 13.46), relationship M = 18.82 (SD = 14.88), cohabiting 100 %	Longitudinal; MLM.	Brief Symptom Inventory; Relational Uncertainty.	Self, partner, and relationship uncertainty all positively associated with partner interference and psychological distress, and negatively associated with partner facilitation. Relationship uncertainty predicted all psychological distress symptoms at all time points.
Fivecoat et al. [41]	US	May–June 2020	N = 146 (N = 67 husband-wife dyads, N = 12 individuals). Male 48.6 %, age M = 31.10 (SD = 5.86), Hispanic/Latine 69.9 %, married M = 44.45 months (SD = 33.49)	Cross-sectional with longitudinal element; dyadic; one-way ANOVA.	Pandemic-Specific Experiences; Couples Satisfaction Index; Relationship Instability; Conflict Tactics Scales-2; Inclusion of Other in the Self Scale; Positive and Negative Social Exchange Scale; Perceives Stress Scale; Positive and Negative Affect Scale.	On average, both partners scored high for positive support. Wives who reported feeling responsible for the health of another person in their household reported higher levels of negative affect and perceived stress and felt more emotionally close to husbands.
Genç et al. [42]	Turkey	/	N = 233. Female (65 %; age M = 32.34, SD = 7.67), male (35 %; age M = 36.2, SD = 9.29), heterosexual 100 %, relationship M = 9.50 (SD = 7.89)	Cross-sectional; mediated regression analysis.	Depression Anxiety Stress Scale; Dyadic Coping Inventory; Dyadic Adjustment Scale.	Covid-19 distress negatively related to perceived dyadic coping and relationship satisfaction. Significant mediation effect of dyadic coping on COVID-19 distress and relationship satisfaction.
Goodboy et al. [43]	US	April 2020	N = 315. Women 62 %, white 78 %, age M = 21.01 (SD = 4.46), different-sex relationships 96 %,	Cross-sectional; Mediation and Moderation Analysis for	Facilitation from Partner Scale; Interference from a Partner Scale;	Reduced relational turbulence through less partner interference, but more

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Table 1 (*continued*)

Author(s) (year)	Region	Data collection period	Sample population	Study design & analysis	Measures	Key results
			relationship M = 23.38 months (SD = 27.19)	Repeated Measures Designs.	Negative Emotions; Relational Turbulence Scale.	relational turbulence through less partner facilitation.
Holmberg et al. [14] [b]	US	December 2019–May 2020	N = 192. Women 50 %, heterosexual 89.9 %, white 78.6 %, age M = 39.20 (SD = 11.23), relationship M = 8.80	Longitudinal; multi-level model analysis/Cross-sectional; thematic analysis.	Perceived Overall Impact; Perceived Positive and Negative Relational Effects.	Quantitative: Perceived positive relational effects of the pandemic substantially higher than perceived negative relational effects. Effects stable across time. Qualitative: Perceived positive effects outweighed the negative.
Langhinrichsen-Rohling et al. [44]	US	July 2020	N = 107. Male 54 %, white 35 %, age range 56–45 (54 %). All participants fell under the federal family income level and/or had Medicaid, Medicare or no health insurance.	Cross-sectional; chi-square analysis; one-way ANOVA.	Couple Conflict During COVID-19; Conflict Tactics Scale; Coronavirus Stressor Survey; Coronavirus Response Scale-10.	Majority reported decrease in couple conflict. Those who reported a decrease were significantly more likely to have health insurance. Those reporting increased conflict were twice as likely to be unemployed and reported being less able to get necessary social support.
Lee at al [15].	Korea	May 2020	N = 605 married, cohabiting individuals. Men 53 %, age M = 48.9 (SD = 9.34), marriage M = 19.5 (SD = 11.2)	Cross-sectional; multigroup path analysis.	Economic Hardship During COVID-19; Increased Economic Strain During COVID-19; Perceived Stress Scale; Couple Conflict During COVID-19; Socioeconomic Status.	Increased economic strain was greater for lower SES. Lower SES reported higher levels of perceived stress and couple conflict. Increased household debt, job loss, and reduced work hours all indirectly associated with couple conflict through increased economic strain and perceived stress for both SES groups.
Martin et al. [45]	US	April–August 2020	N = 359. Female 75.4 %, non-Hispanic/Latine White 83.4 %, age M = 39.87 (SD = 15.02), relationship M = 16.07 (SD = 14.16)	Longitudinal; regression analysis; growth models.	Positive-Negative Relationship Quality Scale; Fear of COVID Scale; Partner Communication about Stressful Experiences Scale; Pandemic Impact.	Greater fear of COVID associated with greater negative relationship quality (NRQ). Strength of association decreased over time. More supportive partner responses to disclosure of COVID-related distress associated with lower NRQ overall and steeper decline in NRQ over time.
Mehulić & Kamenov [46]	Croatia	May–June 2020	N = 727. Women 85 %, age M = 36.37 (SD = 12.89), relationship M = 10.04 (SD = 10.68), cohabiting 66.2 %	Cross-sectional; latent profile analysis.	Depression Anxiety Stress Scale; Love Scale subscale of Relationships Questionnaire; Perceived Partners Responsiveness Scale; Perceived Partner Humility Scale; Inventory of Affection and Antagonism in Marriage; Common Dyadic Coping subscale of Dyadic Coping Inventory.	Love for partner moderately associated with perceiving partner as responsive and humble. Link between love and perceived partner humility stronger for women than men.
Mitchell et al. [21]	Britain	July–August 2020	N = 4271. Women 53.0 %, heterosexual 96.2 %, white 87.1 %, age range 45–59 (38.2 %), cohabiting 88.9 %	Cross-sectional; logistical regression.	Sexual difficulties and avoiding sex; perceived change in quality of sex life since lockdown; quality of relationship since lockdown; perceived change in relationship quality compared to the months before lockdown.	Majority reported no change in relationship quality. Positive change more commonly reported than negative.
Ogan et al. [47]	US	May 2020 -	N = 235 (117 different-gender dyads), white men 82.9 %, white women 82.1 %, cohabiting 88 %	Longitudinal; path analysis.	Marital Relationship Instability Index; Economic pressure; Unmet Marital Needs; Unstable Work Experiences; Pandemic Concerns; Perceived Stress Scale; Dyadic Coping Inventory.	Significant effect from perceived stress to relationship instability. Dyadic coping did not reliably mediate the effect of perceived stress on relationship instability.
Pauly et al. [48]	Germany	2018–2019; May–July 2020	N = 1483. Female 60 %, heterosexual 98 %, German natives 85 %, age M = 36.0 (SD =	Longitudinal; bivariate latent change score models.	Relationship Satisfaction; Network of Relationships inventory; Perceived Stress Questionnaire.	Higher pre-pandemic relationship satisfaction predicted greater decreases/lesser increases in stress during the pandemic.

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Table 1 (*continued*)

Author(s) (year)	Region	Data collection period	Sample population	Study design & analysis	Measures	Key results
			7.2), relationship M = 10.3 (SD = 7.1), cohabiting 100 %			
Pieh et al. [49]	Austria	April 2020	N = 1005. Male 50.1 %, age range 35–44 (19.8 %) 45–54 (21.8 %)	Cross-sectional; one-way ANOVA.	Quality of Marriage Index; WHOQOL-BREF; WHO-5 Well Being Index; Perceived Stress Scale; Depressive subscale of Patient Health Questionnaire; Generalized Anxiety Disorder 7 Scale; Insomnia Severity Index.	Individuals with good relationship quality had significantly better scores for all mental health indicators than individuals with a poor relationship quality and individuals without relationship. Individuals without relationship had better scores than individuals with poor relationship quality.
Pistella et al. [50]	Italy	October 2020–February 2021	N = 232 LGB individuals. Male 56. Lesbian women 18 %, gay men 35 %, bisexual people 47 %. Relationship range 1–5 years (62 %), cohabiting 45 %	Cross-sectional; chi-squared analysis; univariate analyses of variance; mediation model analysis.	Couples' Conflict During the COVID-19 Pandemic; Coronavirus Impacts Questionnaire; Measure of Internalized Sexual Stigma; New Scale of Sexual Satisfaction; Conflict Tactics Scale Short Form.	Significant association between psychophysical impact of COVID-19 and couple's conflict, and internalized sexual stigma (ISS) and couple's conflict. Direct effect between psychophysical impact of COVID-19 and couple's conflict disappeared when ISS entered as mediator.
Pollard & Rogge [16]	US	March–May 2020 (baseline)	N = 1241. Women 62 %, Caucasian 82 %, heterosexual 59 %, age M = 35.2, relationship M = 8.6 (SD = 10.8), cohabiting 61 %	Longitudinal; one-way ANOVA; mediation model tested within a multilevel SEM framework.	COVID-19 Stress; Social Isolation Stress; Orgasm Difficulties; Sex Drive; Quality of Sex index; Irritation with Partner; Communication of Affection; Couples Satisfaction Index; Patient Health Questionnaire; Vitalist.	Higher average levels of COVID-related stress linked to challenges, romantic and individual functioning, and greater average levels of communicating affection.
Randall et al. [12]	Multinational	March–July 2020	N = 14,020. Female (77.4 %), heterosexual (91.1 %), age (M = 36, SD = 11.38), relationship (M = 11.37, SD = 10.17)	Longitudinal; unconditional random intercepts modelling; linear mixed effects modelling.	Depression, Anxiety and Stress Scale-21; Perceived Relationship Quality Component Inventory; Dyadic Coping Inventory.	Higher stress communication associated with higher relationship quality. Individuals who reported above- average post-COVID-19 psychological distress relative to others in their country reported lower relationship quality.
Rodríguez-Domínguez et al. [51]	Spain	April 2020	N = 342. Women 75.5 %, heterosexual 93.9 %, Spanish citizenship 97.4 %, age M = 36.48 (SD = 11.37)	Cross-sectional; Pearson's correlation analysis; multiple linear regression analysis.	State-Trait Anxiety Inventory; Dyadic Adjustment Scale; Relationship Conflict; Perceived Relationship Quality.	Participants reported worse dyadic adjustment scores during the pandemic, however, scores remained within an acceptable range.
Salo et al. [52]	Germany	April–May 2020	N = 272. Female 85 %, age M = 27.7 (SD = 8.6), relationship M = 5.5 (SD = 7.0), cohabiting 71 %	Cross-sectional; multilevel model analysis.	Intimacy Scale; Stress; Face-to-face Contact; Inclusion of Other in Self Scale.	Negative association between stress and closeness on a between- and within-person level.
Sels et al. [53]	Belgium	May–August 2020	N = 679. Women 92 %, heterosexual 90.6 %, age M = 38 (SD = 12), relationship M = 14 (SD = 12)	Cross-sectional; multiple, hierarchical regression analysis.	Warwick-Edinburgh Mental Well-being Scale; Depression, Anxiety, and Stress Scale-21; Perceived Relationship Quality Component Inventory; Dyadic Coping Inventory.	Higher perceived relationship quality predicted higher individual well-being
Siegel & Dekel [54] [a]	US	June–October 2020	N = 29 partners of doctors/nurses working with COVID-19 patients. Male (N = 17), heterosexual couples (N = 27), Caucasian or Jewish (N = 24), age M = 38.8, relationship M = 13.5	Cross-sectional; thematic content analysis		Seeing themselves as "tainted." Fear for the health and safety of frontline worker. Concrete support in personally sourcing PPE. Absence and abstention as a form of support.
Tepeli Temiz & Elsharnouby [55]	Turkey	March–May 2020	N = 877 married individuals. Female 71 %. Female age M = 35.0 (SD = 9.33), male age M = 39.21 (SD = 10.31)	Cross-sectional; one-way ANOVA; hybrid structural equation model analysis.	COVID-19 Related Stress and Anxiety Scale; Revised Dyadic Adjustment Scale; Interpersonal Emotional Regulation Questionnaire; Satisfaction with Life Scale; Positive subscale of the Positive and Negative Affect Schedule.	Relationship satisfaction had a small but significant mediating effect between COVID-19 stress and positive affect. Significant and larger mediation effect of relationship satisfaction

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Table 1 (*continued*)

Author(s) (year)	Region	Data collection period	Sample population	Study design & analysis	Measures	Key results
						between COVID-19 stress and life satisfaction.
Till & Niederkrotenthaler [56]	Austria	September–November 2020	N = 3012. Female 51.5 %. In a relationship (N = 2,016, 66.9 %), no relationship (N = 996, 33.1 %)	Repeated cross-sectional survey; one-way ANOVA.	German short form of the Back Scale for Suicidal Ideation; Patient Health Questionnaire; Anxiety subscale of the Hospital Anxiety and Depression Scale; Psychological and Physical Violence; Changes in Mental Health During the COVID-19 Pandemic; Relationship Assessment Scale.	Better mental health outcomes for individuals with high relationship satisfaction than those with low, or no relationship.
Vigl et al. [57]	Multinational	April–June 2020	N = 3243. Women 73.4 %, age M = 31 (SD = 11.21), relationship M = 6.3 (SD = 8.00), cohabiting 56.3 %	Cross-sectional; mixed repeated measures ANOVA; regression analysis.	Relationship Assessment Scale; Sexual Satisfaction; Experiences in Close Relationships Questionnaire; Big Five Inventory. Pandemic-related measures: Restrictions and management; Change in shared time; Housing and professional situation.	Relationship satisfaction decreased at the beginning of the pandemic. Stronger decrease in relationship satisfaction for non-cohabiters than it did for cohabiters.
Wasson Simpson & Muise [58] [a]	/	April–December 2020		Cross-sectional; content analysis		Feelings of uncertainty for those in new relationships. Those in long-distance relationships felt the most prepared, but uncertainty due to restrictions caused distress. Cohabiting established greater connection. Non-cohabiters struggled to find ways to connect. Some reevaluated their relationships and subsequently dissolved them.
Williamson [3]	US	December 2019–April 2020	N = 654. Female 60 %, white 82 %, different-sex relationships 92 %, relationship M = 13 (SD = 11), cohabiting 89 %	Longitudinal; MLM.	Couples Satisfaction Index; Relationship Attributions Measure; Negative Experiences of the Pandemic; Stress Level from the Pandemic; Relationship Coping; Relationship Conflict.	On average, relationship satisfaction did not significantly change over time.
Xiang et al. [59]	US	April–June 2020	N = 1106. Cisgender woman 66.9 %, white 67.5 %, age M = 44.82 (SD = 14.9), relationship M = 20, cohabiting 83.4 %	Cross-sectional; Univariate regression analysis; Moderator analysis.	Perceived Stress Scale; Common Dyadic Coping Subscale of the Dyadic Coping Inventory; Relationship Satisfaction.	Low common dyadic coping associated with decrements in relationship satisfaction; negative association significantly amplified for those with high perceived stress.
Zoppolat et al. [60]	Study 1: Netherlands; Study 2: Multinational	Study 1: March–May 2020. Study 2: March 2020 -	Study 1: N = 172. Women 75 %, heterosexual 80 %, age M = 22 (SD = 3), relationship M = 2.4 (SD = 1.9), cohabiting 40 %. Study 2: N = 3099. Women 81.4 %, heterosexual 82.3 %, age M = 33 (SD = 12), cohabiting 56.7 %	Study 1: Repeated cross-sectional survey; multilevel analyses. Study 2: Longitudinal; multilevel analysis.	Study 1: Technoference. Study 2: Perception of Pandemic Seriousness; Pandemic Factors; Social Media Use; Relational Conflict; Perceived Relationships Quality Component Scale.	Study 1: Significant main effect of self-reported phone use and perceived partner phone use on relationship difficulties. Study 2: Social media use was related to lower relationship satisfaction through greater conflict with the partner.

Note: All values converted to percentages for the purpose of reporting consistency within the present review. Language used is that of the original report. Key participant data for majority of data set - data capturing full diversity of the sample can be found within the original report. Relationship lengths measured in years unless otherwise stated. ANOVA: analysis of variance; MLM: multilevel modelling.

[a] Qualitative.

[b] Mixed method.

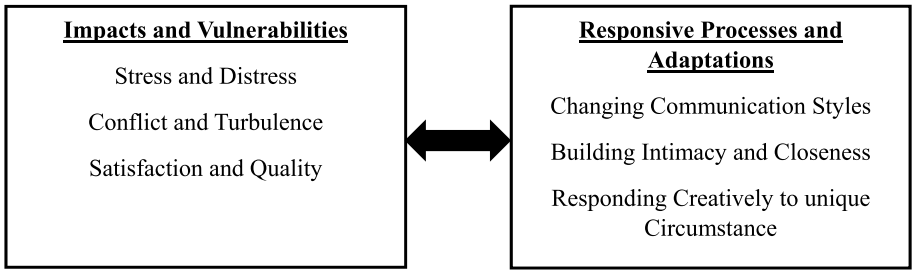


Fig. 2. Thematic diagram.

the pandemic compared to beforehand [48], suggesting that the novelty of pandemic-related stressors may have heightened their perceived impact, particularly during the acute stages of the pandemic when these stressors were most salient.

There were reported associations between heightened COVID-related stress, lower relationship satisfaction and quality, and higher relationship instability [16,42,47,48,55,59]. Fear of COVID was significantly associated with greater negative relationship quality, though this association decreased over time [45].

Those with higher pre-COVID relationship satisfaction experienced lesser increases in stress [48]. Responsibility attributions significantly decreased, as participants became more forgiving and less blaming of their partners for daily stress [3]. Relationship satisfaction was also found to have a small but significant effect on associations between COVID-stress and positive affect [55], signaling that relationship satisfaction may have acted as a protective buffer. Conversely, this also suggests that low relationship satisfaction may have been a vulnerability, potentially placing certain individuals at greater risk of the negative impacts of COVID-related stress.

Some cultural and gender differences were found, offering important insight into how pandemic-related stress interacted with pre-existing vulnerabilities. There was a greater association between COVID-related stress and relationship satisfaction for Turkish men than for women, as Turkish men experienced financial strain and job insecurity, which may have impacted their relationship satisfaction as their role of being the provider became at risk [42]. Wives in US Latin couples, however, scored higher for perceived stress than husbands, often linked with a greater feeling of responsibility of the health of another person in the household [41]. A similar result was found in Spain, where women scored higher than men for increases in anxiety symptomatology [51], which may be attributed towards women's sense of responsibility for the health of family. A US dyadic study with *cis*-heterosexual couples found a significant positive association between female stress and male loneliness [39], demonstrating not only how COVID-related stress impacted people differently, but also how it may spill over and have affected couple-level dynamics.

3.1.2. *Conflict and turbulence*

Navigating new work and living arrangements and negotiating household responsibilities were often associated with increased couple conflict [14,37]. Confining people to the home meant that many individuals spent more time on social media, which Zoppolat et al. [60] revealed to have significant, positive associations with increased relationship conflict. Separation from support networks often caused greater feelings of loneliness, which was associated with increased couple conflict [36]. For LGB couples in Italy, becoming separated from support networks had negative implications for internalized sexual stigma for some individuals, which became a main source of couple conflict [50]. Together, these findings reflect that pandemic-related stress sometimes revealed or exacerbated pre-existing relationship problems [14].

The pandemic had serious impacts upon job security and financial well-being, with documented associations with increased couple conflict [14,15,36,44]. Those with low socioeconomic status (SES) experienced a greater degree of impact than those with a high SES [15]. Langhinrichsen-Rohling et al. [44] found the majority of their participants reported decreased levels of couple conflict, attributing this to having health insurance, decreased alcohol and drug intake, and having part-time work. Notably, associations between financial stress and couple conflict were only evident during the onset of the pandemic, with these associations becoming non-significant over time [36], suggesting that financial stress was most pervasive during the acute stages of the pandemic.

Cohabiting status may have contributed toward changing relational dynamics during the pandemic. Some couples experienced increased partner interference due to both partners being locked down in the home together, which predicted psychological distress [11]. For younger, non-cohabiting "casually dating" individuals, being separated during the lockdown resulted in a decrease in partner interference. However, prolonged separation caused a decrease in partner facilitation, resulting in a marked increase in relational turbulence overall as couples were less able to engage in effective partner support [43]. Similarly, unmarried individuals in romantic relationships experienced significantly higher levels of conflict than those who were married [51]. This may be attributed to the greater likelihood of married couples cohabiting and therefore being able to more effectively engage in supportive partner facilitation. Wasson Simpson and Muise [58] found that cohabiting couples more successfully established balance together than non-cohabiting couples, who struggled to adjust to the imposed limitations with subsequent negative impacts upon relationship certainty.

3.1.3. *Satisfaction and quality*

Considering the documented negative pandemic-related impacts, corresponding impacts upon relationship satisfaction may be somewhat expected. Indeed, Vigl et al.'s [57] multinational study suggested that, overall, relationship satisfaction decreased at the beginning of the pandemic relative to perceived relationship satisfaction pre-COVID. However, despite the prevalence of concerns for the health of family members being endorsed as the most pressing covid-related stress for many individuals in romantic relationships, their relationship satisfaction rarely suffered [3,41,54]. Fivecoat et al. [41] reported that 80 % of their participants were satisfied with their relationships during the pandemic, indicating that most couples were not relationally distressed. Williamson's [3] longitudinal study, found relationships to have remained relatively stable throughout. Indeed, participants from Siegel and Dekel's [54] qualitative research perceived their relationships to have been strengthened.

Mitchell et al. [21], in their large-scale study, found relationship satisfaction and quality largely remained stable, with the majority of individuals reporting being in a high-quality relationship. 26 % of participants reported an improvement in relationship quality, compared to 18 % who felt some type of decline in relationship quality and only 7 % of those falling into a categorically low-quality relationship. Crucially, the higher the relationship quality was perceived to be, the greater the positive implications were towards health and well-being [49,53,56]. Mehulić and Kamenov [46] classified the majority of their participants as being in "affectionate" relationships, demonstrating love, affection,

and perceived partner responsiveness.

3.2. Responsive Processes and Adaptations

Many couples engaged with dynamic processes in response to the pandemic-related impacts. This thematic group explores how individuals in romantic relationships adapted with *Changing Communication Styles* in order to effectively communicate the impact of pandemic-related stress with their partners, how couples protected or bolstered their relationships through *Building Intimacy and Closeness,* and how they *Responded Creatively to Unique Circumstance* as methods of stress management and ways of protecting individual and relational health and well-being.

3.2.1. Changing Communication Styles

The competency with which individuals were able to engage with effective partner communication was intrinsically linked with relationship quality. On average, participants reporting higher stress communication with their partners also reported higher relationship quality [12]. Those who received supportive responses from their partners to personal disclosure of COVID-related distress were more likely to experience better relationship quality overall and a steeper decline in negative relationship quality over time [45]. Ultimately, those who focused on effective partner communication experienced an improved relationship during the lockdown period [37]. These studies demonstrate how positive associations between effective partner communication and relationship quality were not limited to one's ability to outwardly communicate individual stress, but also in how that communication was received and responded to in turn. Furthermore, there is suggestion of a bidirectional association, in that relationship quality may be foundational for effective communication, but that effective communication may be protective and bolstering of relationship quality in return.

Communication also had positive implications for individual well-being. Those who responded to COVID-related stress with affectionate communication experienced lower than average depressive symptoms [16]. Additionally, higher COVID-concern predicted more explicit stress communication, which positively predicted dyadic coping (wherein partners manage a shared stressor together [61]), which positively predicted psychological well-being [40]. Accordingly, this study also identified how individuals with lower relationship satisfaction were potentially more vulnerable to pandemic-related impacts. Specifically, individuals who reported dissatisfaction in their relationship also reported less explicit stress communication, less dyadic coping, and lower psychological well-being [40].

3.2.2. Building intimacy and closeness

For many couples, the lockdown measures presented a unique gift of time wherein they could focus positively on themselves and their relationships and maintain relational stability [14]. Those reporting to have had the greatest gains in relationship quality also reported feeling an improved connection with their romantic partner [21]. Similarly, affectionate touch was found to be directly linked to better relationship quality, especially among cohabiting couples [38]. Some couples increased closeness through shared engagement in meaningful activities, such as spending intentional time together, engaging in shared hobbies, or collaboratively managing daily routines [14,57], while cohabiting couples often established a greater connection through increasing both physical and emotional intimacy [58].

There were nuanced changes in intimacy and closeness during the pandemic. Significant associations were found between stress and closeness at both the between- and within-person levels. Specifically, those reporting greater levels of stress also felt less close towards their partner. This association, however, was buffered by individual preference for dyadic coping [52], highlighting the role of dyadic coping with intimacy and closeness on individual well-being. Wasson Simpson and Muise [58] found that some individuals became less emotionally and intimately connected to their partners, as they realized changes within themselves as the pandemic progressed. While this may have negative implications for intimacy, closeness and relationship satisfaction, these findings could be more indicative of personal growth during the lockdown period.

3.2.3. Responding Creatively to Unique Circumstance

Unique pandemic-related challenges necessitated creative solutions, requiring individuals to reflexively adapt to the changing context in varied ways. Many took practical measures to protect themselves and loved ones by adhering to guidelines and taking extra protective precautions [41,54]. For some, the imposed restrictions meant moving in together and negotiating new ways of spending time both together and apart [58]. Partners of frontline workers in New York City offered concrete support through resourcefulness in procuring personal protective equipment and willingly abstaining from physical contact [54], placing their partner's safety and wellbeing above all else.

Couples' ability to reflexively respond and adapt to the pandemic is suggestive of resilience. By adapting to the ongoing challenges, couples were buffered against the full extent of negative pandemic-related impacts, with positive implications for individual and relational well-being. Associations between COVID-related stress and relationship quality were attenuated by those who perceived their partner as high in positive dyadic coping [12], with similar buffering effects found for those with high perceived partner responsiveness [36] and partner support [41]. Greater dyadic adjustment was associated with improved relationship quality, even for those scoring high in anxiety [51], and common dyadic coping was found to have a significant mediation effect on COVID-related stress and relationship satisfaction [42].

Romantic partners who were less effective in their responses subsequently experienced negative impacts upon their individual and relational well-being. Partners who reported higher perceived partner negative dyadic coping had negative associations between COVID-related psychological distress and relationship quality [12]. Those who perceived their partners as low in responsiveness experienced higher levels of stress, lower relationship satisfaction, less commitment, and more conflict [36], and individuals with low common dyadic coping reported significant decrements in their relationship satisfaction, which was amplified for those with high perceived stress [59].

4. Discussion

The purpose of the present review was to explore the emerging early phase literature on couple dynamics during the pandemic period. From a psychiatric perspective, these findings underscore how romantic relationships function not only as background factors but as active psychosocial systems that shape vulnerability, symptom responses, and recovery under acute and prolonged stress at the global and societal levels. Psychiatric research and practice has long recognized the importance of close relationships in the onset and course of mental disorders, yet the early COVID-19 literature reveals how dyadic processes of communication, responsiveness, and shared coping may function as modifiable resilience mechanisms rather than static risk factors. Attending to these processes has implications for psychiatric assessment (e.g. identifying relational stress amplification vs buffering), prevention (e.g. supporting adaptive dyadic coping during large-scale crises), and intervention (e.g. integrating relational formulations alongside individual symptom-based care). In this way, this review extends psychiatric understandings of stress-related distress by highlighting how relational dynamics may influence trajectories of psychopathology risk and adaptation, and recovery when under collective threat.

Several pervasive pandemic-related stressors on romantic relationships were identified, including worries about the health of family members, increased household burdens, financial concerns, and

isolation from social support networks. When external stress is not managed effectively or appropriate responsive resources are depleted, it may spill over and interact with pre-existing vulnerabilities, exacerbating the negative effects on relationship functioning [20,62–64]. This can foster breakdowns in relationship processes, including communication and dyadic problem-solving abilities, with subsequent impacts on behavior and relationship satisfaction [65,66]. Pietromonaco and Overall [20], in adapting Karney and Bradbury's [63] Vulnerability-Stress Adaptation Model to the COVID-19 pandemic, theorized how couples with strained coping resources prior to the pandemic may have experienced greater difficulty in adapting to pandemic-related stressors. Findings of the present review reflect this framework, as pre-existing vulnerabilities such as poor relationship quality and lower SES were found to be considerable risk factors for those experiencing the most negative impacts of the pandemic.

Pandemic-related stressors were found to have significant associations with declines in relationship satisfaction and quality, and increased levels of couple conflict. Negative impacts and perceived decreases in relationship satisfaction were believed to be strongest at the beginning of the pandemic, suggesting that the acute stages of the pandemic were the most challenging. Previous research suggests that many experience only transient distress during times of crisis and show a level of resilience through an ability to maintain healthy levels of functioning [19]. Indeed, despite the onset of the pandemic being the most challenging, several large-scale studies found relationship satisfaction and quality remained largely stable. A majority of participants rated their relationship quality as high, with some even reportedly flourishing. Individuals who entered the pandemic with high quality relationships experienced lesser increases in stress from pandemic-related impacts and better outcomes for individual well-being, demonstrating how quality romantic relationships may have acted as both a protective buffer against pandemic-related impacts and as support for individual well-being [30,31,67,68]. Higher perceived relationship quality and satisfaction may have been foundational for individuals and couples to better engage with adaptive psychosocial processes.

Turning to these psychosocial processes, findings suggested that many individuals reflexively adapted to meet the varied demands of the pandemic in multiple ways. They engaged in skillful communications, expressing their own stresses and needs whilst also being supportive and responsive in return. They embraced the opportunity of quality time together, nurturing closeness though increasing physical and emotional intimacy with shared, meaningful activity. They creatively adapted in practical ways to support each other's well-being and safety. The continued stability, or even improvement, of individual and relational well-being is of couple resilience [69].

The effective communication of individual psychological states along with responsive attunement to those of the other has been described as “empathic mutuality” [26]. The whole being greater than the sum of its parts, this mutuality itself positively contributes towards individual and relational growth and well-being. The couple's capacity for increasing intimacy and connection are positive investments in the relationship, nurturing “communal orientation” and building emotional reserves [27]. Through their co-creative responses to the pandemic, these individuals and couples appear to understand the pandemic as a shared challenge to be faced with “we-ness” [28], i.e., a strong sense of togetherness.

With several responsive processes at their disposal, resilient couples had the ability to assimilate and accommodate the fluctuating circumstances of the pandemic, maintaining relational integrity [23,24,70,71]. However, despite the potential value of resilience as an organizing concept, only two of the articles included addressed this possibility directly. Pollard and Rogge [16] suggested that communicating affection and sexual functioning were a source of resilience, and Xiang et al. [59] described individuals with higher levels of common dyadic coping as more resilient to pandemic stressors. The relative neglect within early-phase COVID-19 literature of the possibility of resilience within romantic couples may speak to the salience of fear and uncertainty at that time. It is encouraged that future research investigates the possibility of interpersonal resilience for couples during times of crisis. For while the COVID-19 pandemic may have subsided, the global population will continually face large-scale challenges. It is therefore imperative to understand how couples may respond during these periods to maintain relational and individual well-being.

The present review demonstrates the multiplicity of couple experience during the COVID-19 pandemic and highlights that individuals in romantic relationships may have engaged with interpersonal resilience processes. It underscores the need for a unifying model of dyadic resilience that comprehensively captures the processes that couples may utilize. Development of a unifying model may offer greater clarity for the role of shared resilience in the maintenance of couple well-being. Further, the review provides practitioners working with couples with important insight into the ways in which couples responded during a unique time of crisis. It is hoped that this insight may contribute towards intervention strategies to help at-risk couples to increase resilience and navigate life challenges more effectively.

As an early phase body of literature, the evidence synthesized by this review is necessarily heterogeneous in design, quality and inferential strength. Much of this research was conducted under conditions of urgency, restricted access to participants, funding limitations, and rapidly changing public health constraints, resulting in a preponderance of cross-sectional designs, convenience sampling and individual-level analyses. These attributes should be understood not only as limitations but also as structural conditions that shape crisis research in real time. At the same time, these findings highlight clear priorities for the next phase of psychiatric and mental health research on relational processes. These include the greater use of longitudinal and dyadic designs, greater inclusion of minority or marginalized populations, and closer integration of relational measures alongside standard mental health clinical outcomes. Advancing this work will be crucial to developing robust, clinically relevant models of how relationships actively shape vulnerability and resilience during large-scale crises.

4.1. *Limitations and directions for future research*

Most included studies were cross-sectional, limiting conclusions about directionality, process, and change over time. This makes it difficult to disentangle antecedents from consequences, when variables such as relationship satisfaction and quality can function as both prior attributes and stress-related outcomes depending on context and perspective. Most studies were conducted at the individual-level, limiting inferences about dyadic-level processes. The paucity of dyadic-level research may have been due to the time sensitive nature of the pandemic confounding with pre-existing challenges of dyadic research [72]. Dyadic research is critical in understanding how couples weather challenges together and maintain relational harmony and individual well-being. This review urgently calls for more active dyadic research to enrich understanding of couple resilience during times of increased stress.

The exclusion of studies focused on intimate partner violence (IPV) deserves explicit comment. IPV is a critical concern for psychiatry and mental health and social services, and evidence points to heightened risk for some individuals under pandemic conditions [73]. However, IPV research is grounded in distinct clinical, ethical, and analytic frameworks that foreground safety, coercion, and trauma rather than reciprocal dyadic processes. Including this literature into the review would have risked collapsing fundamentally different relational dynamics and obscuring the specific adaptive psychosocial processes identified here. Dedicated IPV reviews during the pandemic are necessary and complementary to the present work and would be vital to inform the responses of psychiatric and social services to crisis-related relational harm.

Participants were largely recruited via volunteer convenience sampling and subsequently were predominantly white, *cis*-heterosexual women: a documented issue within relationship research [74]. LGBTQ + people faced unique and additional stressors during the pandemic [75], but there was a notable lack of LGBTQ + representation within the literature and only one study centering LGB experiences captured in the review (see [50]). Survivorship bias may have affected the representation of couples that separated or were in high distress [76]. Therefore, this review may underestimate the true burden of the pandemic.

This review had geographic breadth, capturing data from 12 countries and including five, large-scale, multinational studies. However, 23 of the 32 included studies were conducted within predominantly white western countries, with 11 studies from countries across Europe and 12 from the US.

By limiting inclusion to early-phase studies, this review provides insight into couples' immediate responses and researchers' initial conceptualizations. However, it does not capture longer-term relational trajectories or understandings that evolved later. A follow-up review focused on later-phase research would be beneficial for comparative purposes and further development of the dyadic resilience construct.

4.2. Conclusion

The COVID-19 pandemic impacted individuals in romantic relationships in varied, unique, and often profound ways. Pandemic-related stressors interacted with and exacerbated pre-existing vulnerabilities, with consequent negative associations with individual and relational well-being. However, despite negative impacts, the present review revealed that many were able to maintain relationship quality throughout, with subsequent positive implications for individual health and well-being, reflecting well-established associations (e.g., [30,31]). This was largely achieved through engagement with dyadic psychosocial processes such as effective communication, building intimacy and closeness, and creative adaptation. These processes may be indicative of couple resilience. Overall, the review offers important insight into the multiplicity of couple experience during the acute stages of the pandemic and highlights the value of quality romantic relationships as both a protective factor during times of crisis, and for the promotion of individual health and well-being though effective dyadic psychosocial processes.

CRediT authorship contribution statement

Jodie Paterson: Writing – review & editing, Writing – original draft, Project administration, Methodology, Formal analysis, Data curation, Conceptualization. **Christopher Lo:** Writing – review & editing, Supervision, Conceptualization. **Loren Abell:** Writing – review & editing, Supervision, Conceptualization. **Miriam Sang-Ah Park:** Writing – review & editing, Supervision, Formal analysis, Conceptualization.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

No funding was received for this project.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.geopsy.2026.100049.

Data availability

All data included within the synthesis of this review is stated within the document and is accessible via associated DOI links.

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