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# Actor-Partner Effects of Social Well-Being, Financial Well-Being, Marital Satisfaction, and Support on Psychological Well-Being in Interfaith Couples: An APIM Approach

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## ABSTRACT

This study investigated the actor-partner effects of social well-being, financial well-being, marital satisfaction, and support on psychological well-being in husband-and-wife dyads with interfaith marriages. In this quantitative cross-sectional study, the study sample consisted of 127 interfaith couples from India. Dyadic data, collected separately from husbands and wives, were analyzed using the APIM\_SEM. The APIM results identified that husbands' and wives' social and financial well-being, marital satisfaction, and support had an actor effect on their psychological well-being, while partner effects were observed only with men's social support and men's and women's community support. This study underscores the multifaceted effects on psychological well-being in husband-wife dyads with interfaith marriages.

## KEYWORDS

Interfaith marriage; APIM; psychological well-being; support; marital satisfaction

## Introduction

Interfaith marriages, defined as marital unions between partners from different religious backgrounds, represent a socially significant but complex form of intimate relationships in India (Cyriac & Mathew, 2026; Sewenet et al., 2017). National survey data indicate that interfaith marriages constitute a significant proportion of total marriages in India, at 2.1% nationwide (Sahgal et al., 2021). Although they constitute a relatively small proportion of all marriages, available evidence suggests that the prevalence of interfaith marriages has increased over recent decades, particularly in urban areas and among younger and more educated populations (Boulis & Torgler, 2024; Cyriac et al., 2024; Kramer, 2011). However, the increased prevalence does not necessarily translate into broad social acceptance.

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Despite their growing presence and legal recognition, interfaith couples often encounter distinctive relational, social, and psychological challenges. These may include family opposition, social stigma, religious identity negotiation, community exclusion, and limited community acceptance in contemporary society (Cyriac & Mathew, 2026). Such stressors can place sustained demands on individuals and relational functioning, making interfaith couples particularly vulnerable to psychological distress. At the same time, interfaith marriages may also foster strengths such as greater autonomy, adaptability, open communication, and resilience, especially when partners successfully negotiate cultural and religious differences.

Interfaith marriages are theoretically distinct from intra-faith unions due to their nature of union, unique sociocultural, relational, and stress-related characteristics (Christensen & Barber, 1967). Beyond general marital challenges, partners in interfaith marriages often engage in ongoing negotiation of religious identity, cultural norms, and family expectations, frequently within contexts of uneven social and community acceptance (Sewenet et al., 2017). These dynamics can heighten relational interdependence, as partners rely more strongly on one another for validation, support, and meaning-making in the face of external stressors.

Differences in religious beliefs, practices, and community acceptance can place additional demands on couples, potentially influencing their individual and shared well-being. Understanding the psychological functioning of interfaith couples is therefore of growing importance for both research and practice. Psychological well-being is shaped not only by individual resources but also by relational and contextual factors, particularly within intimate partnerships (Ryff et al., 1995). Previous research has demonstrated that marital satisfaction, social support, financial well-being and community integration play a central role in shaping mental health outcomes (Kanter & Proulx, 2021). However, most existing studies have examined these associations at the individual level, overlooking the interdependence of couple relationships.

The present study is guided by an integrated theoretical framework drawing on the PERMA model (Seligman, 2011), Social Support Theory (Lakey & Cohen, 2000), and Resource Exchange Theory (Foa & Foa, 1974). The PERMA model provides a broad conceptual foundation for understanding psychological well-being, emphasizing positive functioning, relational connection, engagement, and accomplishment. Social Support Theory highlights the central role of emotional, instrumental, and community-based support in buffering stress and promoting psychological health, particularly in socially complex contexts such as interfaith marriages. Complementing this perspective, Resources Exchange Theory emphasize how access to and exchange of relational, social, and material resources,

such as marital satisfaction and financial well-being, shape individual and relational outcomes. These frameworks offer a coherent lens for understanding how relational quality, social integration, financial resources, and perceived support jointly contribute to psychological well-being within interfaith couples.

To address this gap, the present study adopts a dyadic perspective using the Actor-Partner Interdependence Model (APIM) to examine how social well-being, financial well-being, marital satisfaction, and perceived support influence psychological well-being within interfaith husband-wife dyads. By explicitly modeling both actor and partner effects, this study seeks to provide a more comprehensive understanding of psychological well-being as a shared relational process in interfaith marriages.

Marital satisfaction plays an important role in a couple's relationships, contributing to life fulfillment, strengthening family connections and social stability, and enhancing psychological health (Milani et al., 2020). Psychological well-being is a multifaceted construct that extends beyond the absence of psychological distress or the presence of momentary happiness. It reflects optimal functioning across emotional, psychological, and social domains, encompassing positive emotions, effective management of negative experience, and meaningful engagement with life (Beiser, 1974; Diener et al., 2010; Mousavi, 2020). Conceptually, psychological well-being includes dimensions such as autonomy, environmental mastery, personal growth, positive relationships with others, purpose in life, and self-acceptance (Ryff et al., 1995).

Stressful and unhappy life circumstances may risk the psychological health of individuals and their partners (Carli, 1989; Yang et al., 2023; Yu, 2024). Perceived marital dissatisfaction, a significant contributor to stress and depression, is associated with a higher occurrence of psychiatric disorders, which adversely affects couples' well-being (Beach et al., 1990; Qadir et al., 2013; Waldinger et al., 2004; Whisman, 1999). The Stress Generation Model, proposed by Davila et al. (1997), posits a bidirectional process in which individuals with lower psychological well-being experience stressful, unsatisfying relationships with their partners and elevate the susceptibility to depression (Beach et al., 1990). In turn, these stressful relationships lead to further declines in psychological well-being (Ghaderdoost & Kord, 2018; Kanter & Proulx, 2021; Proulx et al., 2007). A study conducted among infertile couples in Iran revealed that marital satisfaction has a significant actor and partner effect on depression (Maroufizadeh et al., 2018). However, the systematic exploration of the extent to which interfaith couples' marital satisfaction influences their own and their partners' psychological well-being remains an area for further research.

The components of marital satisfaction, including shared happiness, fulfillment, marital affection, empathy, and positive regard toward their partners experienced by spouses as a dyad, contribute to their own and their partner's psychological health (Abcede et al., 2017; Diener et al., 2010; Hamdanah, 2018; Jain, 2024; Rossignac-Milon et al., 2021). However, sociocultural differences can negatively affect spouses' relational satisfaction and, consequently, their psychological well-being, a dyadic effect (Li et al., 2024; McAloney, 2013). Furthermore, poor social and financial well-being and limited access to support further risk their mental health (Boulis & Torgler, 2024; Davila et al., 1997; Kalmijn, 2012; Saxey et al., 2023).

An individual's social well-being, encompassing social integration, social acceptance, social contribution, social actualization, and social coherence, is closely shaped by the quality of their marital relationship. A supportive and satisfying marital relationship can enhance social integration by fostering greater engagement with family, friends, and community networks, while also promoting social acceptance by reinforcing feelings of belonging and validation within the broader social environment. Positive marital dynamics may further strengthen social contribution, as emotionally secure individuals are more likely to perceive themselves as valuable and capable contributors to society. In this context, social actualization refers to individuals' beliefs about society's potential and growth, and their optimism regarding collective progress, whereas social coherence reflects the extent to which individuals perceive the social world as predictable, meaningful, and understandable (Keyes, 1998). High-quality marital relationships may support both actualization and coherence by providing emotional stability, shared meaning, and a reliable interpretive framework through which individuals understand their social world.

Social support from family, friends, and significant others plays an important role in augmenting satisfaction and is strongly associated with psychological well-being (Smith & Brown, 1997; Winefield et al., 1992; Zimet et al., 1988). Perceived social and community support mitigates stress, strengthens emotional resilience, and promotes effective partner interactions, thereby improving their and their partner's mental well-being (Abbas et al., 2019; Horn et al., 2025; Turner, 1981; Walen & Lachman, 2000). However, despite evidence linking social networks to positive relational outcomes (Mousavi, 2020; Qadir et al., 2013; Walker et al., 2013), the specific effects of these domains on interfaith married individuals' and their partners' psychological well-being (actor-partner effects) remain underexplored.

Financial stability is a key determinant of psychological well-being within couples, even though experiences differ (Iannello et al., 2021; Matud, 2004), as it reduces their financial distress and facilitates partners to focus on emotional connections and shared life objectives. Conversely, low financial capability significantly deteriorates psychological health (Taylor et al.,

2011). A study of middle-aged couples revealed that financial difficulties are associated with reduced relational satisfaction and increased mental health challenges (Lee et al., 2021). Financial stress has been linked to psychological distress and depressive symptoms in couples (Guan et al., 2022; Lincoln & Chae, 2010; Saxey et al., 2023; Vinokur et al., 1996). In contrast, a study conducted in Nigeria found that finance was not significantly correlated with marital satisfaction or psychological health (Og et al., 2023). However, to date, no empirical studies have directly examined how financial well-being influences psychological health within interfaith married couples.

Existing research on financial well-being has focused primarily on married couples, demonstrating that financial stress and economic insecurity are associated with lower marital satisfaction and poorer psychological health (Guan et al., 2022; Lincoln & Chae, 2010; Saxey et al., 2023; Vinokur et al., 1996). These studies suggest that financial stress can undermine emotional well-being and rational functioning. However, this body of work has not examined interfaith marriages as a distinct relational context, despite the possibility that financial stress may be compounded by socio-cultural and religious challenges unique to interfaith unions. Consequently, empirical evidence regarding the role of financial well-being in shaping psychological well-being among interfaith couples remains absent, underscoring a critical gap that the present study seeks to address.

### ***Theoretical Framework***

Building on the integrated theoretical perspective introduced earlier, the following section elaborates on the specific contributions of the PERMA model, Social Support Theory, and Resources Exchange Theory to the present study. Seligman's (2011) PERMA model outlines five core elements of well-being: Positive emotion, Engagement, Relationships, Meaning, and Accomplishment. These components collectively form a comprehensive framework for understanding psychological well-being. Drawing on this model, the present study explores how social well-being, financial well-being, marital satisfaction, perceived social support, and community support predict psychological well-being among interfaith couples. In the context of interfaith marriages, the PERMA framework offers a useful lens for examining how interfaith couples' dyadic experiences of social well-being, financial well-being, marital satisfaction, and perceived support contribute to psychological well-being.

Complementing the PERMA framework, Social Support Theory, proposed by Lakey and Cohen (2000), offers a multidimensional framework for elucidating how social support contributes to the psychological well-being of couples as dyads (Uchino, 2009). Three key perspectives underpin

this theory. First, the *Stress and coping perspective* postulates that social support reduces the adverse effects of stressors—such as cultural differences, societal pressures, and relational conflicts—by offering emotional validation and reducing psychological strain (Ali et al., 2024). Second, from a *Social constructivist perspective*, psychological well-being is understood as being shaped through social interaction and shared meaning-making rather than existing solely as an individual internal state. This perspective emphasizes that individuals construct their understanding of themselves, their relationships, and their place in society through ongoing interpersonal exchanges. Within this framework, social and community support play a central role in fostering psychological well-being by validating individuals' experiences, reinforcing positive self-concepts, and providing shared interpretive frameworks for coping with stress and adversity (Rippon et al., 2024).

Third, the *Relationship perspective* highlights that marital satisfaction is closely tied to the quality of social support, which is mediated by mutual attachment, friendship, and low social conflict, collectively promoting psychological well-being (Tough et al., 2017). Applying the Social Support Theory helps identify key indicators of relational satisfaction within interfaith marriages. It highlights individuals' roles in promoting their own and their partners' psychological well-being through dyadic processes of mutual support and collaborative efforts. Aligned with the social support theory, the Resource Exchange Theory, formulated by Foa and Foa (1974), suggests that financial security and economic resources positively impact mental health by alleviating economic stress associated with conflicts and anxiety (Clark-Nicolas & Gray-Little, 1991; Cole, 1992; Conger et al., 1999).

Despite increasing scholarly attention to interfaith marriages, existing research has predominantly examined psychosocial correlates of well-being at the individual level, without accounting for the interdependent nature of marital relationships. Existing studies based on the APIM approach have demonstrated a dyadic effect between independent and dependent variables among various populations. A study conducted among parents as dyads revealed actor-partner effects of cumulative childhood trauma on relationship satisfaction (Baumann et al., 2025). The study conducted in Iran among infertile couples also showed the actor and partner effects of marital satisfaction on depression (Maroufizadeh et al., 2018). Similarly, the research used APIM analysis, conducted by WWeigel and Ballard-Reisch (2008), identified the dyadic effects of satisfaction and commitment on relational maintenance.

However, to date, there is a notable absence of dyadic actor-partner analyses that simultaneously examine how social well-being, financial well-being, marital satisfaction, and perceived social and religious community support influence both individuals' and their partners' psychological well-being within interfaith couples. As a result, little is known about

whether these psychosocial resources operate primarily as individual (actor) effects, partner effects, or shared relational processes in interfaith marriages. Consequently, a significant research gap exists in the literature on this scenario of interfaith marriages. Therefore, this study seeks to address this gap by systematically examining the effects of actor-partner on psychological well-being within this population. Such research investigation based on the APIM approach is particularly relevant in India, where interfaith marriages and their relational impacts are increasingly common.

Methodologically, interdependence refers to the mutual influence between partners (Kenny, 1996). An individual's independent variables scores (social and financial well-being, marital satisfaction, social support, and religious community support) likely influence their own and their partner's dependent variable scores (psychological well-being).

Figure 1 illustrates the overarching framework that guided the current study. In the light of Seligman's (2011) the PERMA model, positive emotion, engagement, relationships, meaning, and accomplishment collectively influence individuals' psychological well-being. The effects of both men and women (actors) are portrayed in path "a" from one's own experience of social well-being, financial well-being, marital satisfaction, social support, and community support to one's psychological well-being. Partner effects are portrayed in paths "p" from one's experiences of those independent variables to the partner's psychological well-being. This APIM approach acknowledges that the couple functions as a symbiotic system and accounts for the potential interdependence between each partner's perceptions and effects. *E* and *E1* in Figure 1 are the residual errors in men's and women's psychological well-being, respectively.

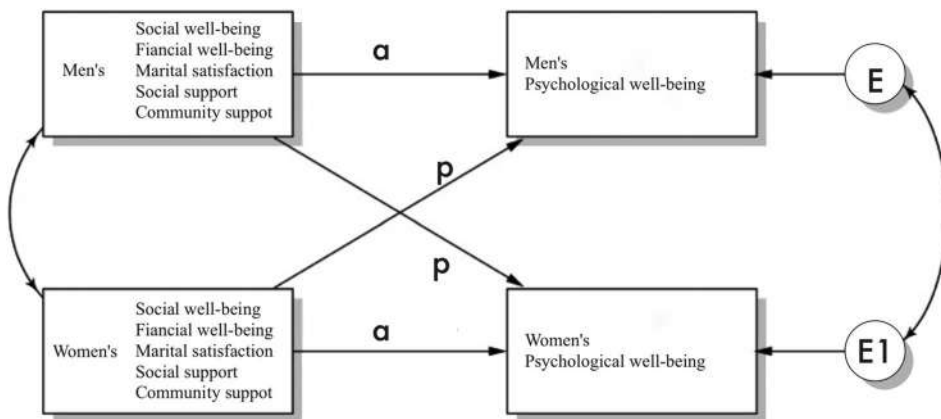


Figure 1. Structural model representing potential actor and partner effects among social well-being, financial well-being, marital satisfaction, social support, community support and psychological well-being.

## **Objectives and Hypotheses**

The present study aimed to examine the actor and partner effects of social well-being, financial well-being, marital satisfaction, social support, and religious community support on psychological well-being among husband-wife dyads in interfaith marriages using the Actor-Partner Interdependence Model (APIM). In addition, the study sought to examine the differences and relationships between husbands and wives in the patterns of these actor and partner effects.

Based on prior theory and empirical evidence, the following hypotheses were proposed:

H1: Individuals' higher levels of social well-being, financial well-being, marital satisfaction, social support, and religious community support will significantly predict their own psychological well-being (*actor effects*).

H2: Individuals' higher levels of social well-being, financial well-being, marital satisfaction, social support, and religious community support will significantly predict their partner's psychological well-being (*partner effects*).

## **Methods and Materials**

The study employed a cross-sectional, quantitative research design to investigate the variable of interest at a specific point in time, using a sample of 127 couples, employing the APIM approach.

### **Study Procedures and Participants**

The study received Institutional Review Board (IRB) approval. A purposive sampling technique was employed to recruit interfaith married couples in India who met the study's eligibility criteria. Participants were recruited through multiple community-based and informal channels, including referrals from community leaders, social workers, and non-governmental organizations working with families and couples, as well as through personal networks and snowball referrals from initially identified participants. These channels were selected to specifically identify couples in interfaith marriages, a hard-to-reach population.

Data collection was conducted through one-to-one meetings with each participant. To ensure independence of responses, data were collected from husbands and wives separately, meeting with one partner at a time, and the second partner at a later time point. This procedure was adopted to ensure confidentiality and to minimize the potential influence of partners on each other's responses. Data collection took place in locations convenient to participants, including their homes, public parks, and coffee shops, depending on participants' preferences and availability. A total of 211

couples were approached to participate in the study, of whom 127 dyads provided consent and complete data and were included in the final analyses. Couples who declined participation most commonly cited time constraints, lack of interest, or concerns about confidentiality. Couples were excluded if only one spouse consented while the other declined participation.

Prior to participation, individuals were provided with a plain language statement outlining the study's aim, procedures, and their rights, including the right to withdraw at any time. Written informed consent was obtained from all participants. To ensure confidentiality, researchers anonymized all data by removing personally identifiable information and replacing it with codes. Following consent, the researchers distributed scales of marital satisfaction, well-being, and support-related variables, with explicit instructions for completing each scale. All responses were entered into an Excel spreadsheet and securely stored on an encrypted solid-state drive.

Participants were included in this research if they (a) were legally married, (b) identified as being in an interfaith marriage (i.e., spouses belonging to different religious traditions), (c) had been married for between 1 and 10 years, and (d) were residing in India at the time of study. Participants with a self-reported history of diagnosed mental health conditions were excluded to reduce the potential confounding influence of psychological well-being and to ensure that observed associations primarily reflected relational and psychosocial factors rather than clinical symptomatology. This approach allowed the study to focus on psychological well-being within non-clinical interfaith couples. Both spouses were required to consent and participate independently. This purposive approach ensured that the sample was well-suited to address the study's focus on dyadic processes in interfaith marriages.

Participants ranged in age from 18 to 47 years, with the majority aged 28–37 years (39.4%). With respect to marital duration, 55.9% had been married for 1–5 years and 44.1% for 6–10 years. In terms of religious affiliation, 42.5% identified as Hindus, 39.4% as Christians, and 18.1% as Muslims. Regarding the interfaith marriage type, 63.8% couples were Hindu-Christian, 20.5% were Hindu-Muslim, and 15.7% were Christian-Muslim. Additional demographic characteristics, including education, occupation, and income, are presented in [Table 1](#).

### **Measures**

*Socio-demographic response sheet:* To comprehensively understand the demographic profile of interfaith married couples, the researcher meticulously crafted the socio-demographic response sheet and collected data on age,

**Table 1.** Socio-demographic details of the participants.

Categories	Groups	Frequency (N= 254)	Percent (%)
Age	18–27	78	30.7
	28–37	100	39.4
	38–47	76	29.9
Gender	Men	127	50.0
	Women	127	50.0
Years of Union	1 to 5	142	55.9
	6 to 10	112	44.1
Religion	Hindu	108	42.5
	Christian	100	39.4
	Muslim	46	18.1
Inter-religious Combination	Hindu-Christian	81 (n= 127)	63.8
	Hindu-Muslim	26 (n= 127)	20.5
	Christian-Muslim	20 (n= 127)	15.7
Education	Professional degree	35	13.8
	Graduate	122	48.0
	Intermediate or Diploma	76	29.9
	High School	21	8.3
Occupation	Professional	19	7.5
	Semi profession	66	26.
	Clerical/shop/farm	71	28.
	Skilled	24	9.4
	Unskilled	26	10.2
	Unemployed	48	18.9
Income	Above 93381	15	5.9
	62273–93380	19	7.5
	37325–62272	54	21.3
	12445–37324	114	44.9
	Below 12444	52	20.5

gender, years of marriage, religious affiliation, education, religious combinations, occupation, and income.

*Psychological well-being* was assessed using Ryff's (1995) Psychological Well-being Scale. PWB is an 18-item measure rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). A sample item includes "The demands of everyday life often get me down." In the current study, the scale exhibited excellent internal consistency reliability (Cronbach's  $\alpha = 0.93$ ). Item scores were averaged, with higher scores indicating greater psychological well-being.

*Social well-being* was measured using the Social Well-being Scale (Keyes, 1998). The SWB scale consists of 15-item measure rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Example items include "You believe that people are kind" and "You think that people live only for themselves." In the current study, the measure exhibited excellent internal consistency reliability (Cronbach's  $\alpha = 0.90$ ). Items were averaged to create a composite score, with higher scores reflecting greater social well-being.

*Financial well-being* was assessed using the In-Charge Financial Distress/Financial Well-Being Scale (IFDFW) (Prawitz et al., 2006). The IFDFW includes eight items, rated on a 10-point scale ranging from 1 (Overwhelming financial distress/low financial well-being) to 10 (No

financial distress/high financial well-being). The measure in the present study exhibited excellent internal consistency reliability (Cronbach's  $\alpha = 0.95$ ). Sample item include "What do you feel is the level of your financial stress today?" Item scores were averaged, with higher scores indicating the highest financial well-being.

Marital satisfaction was assessed using the ENRICH Marital Satisfaction (EMS) Scale (Fowers & Olson, 1993). The EMS consists of 10 items assessing substantive domains of marital satisfaction and 5 items measuring Idealistic Distortion, rated on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). Example items include "I am not happy about our communication and feel my partner does not understand me." For the present study, the 10-item Marital Satisfaction subscale of the ENRICH Marital Satisfaction (EMS) scale was used, and the Idealistic Distortion subscale was excluded. The Idealistic Distortion subscale assesses response bias (marital conventionalization) rather than core aspects of marital satisfaction. Each of the 10 Marital Satisfaction items represents one of the key domains assessed in the full-length ENRICH Inventory (e.g., communication or sexual relationship), providing one-item sampling of the 10 dimensions identified by Fournier et al. in their work, "Assessing marital and premarital relationships" (Fowers & Olson, 1993) as central to marital satisfaction. These domains support the content validity of the EMS Marital Satisfaction subscale. The use of the 10-item satisfaction subscale without the Idealistic Distortion component is consistent with prior research employing the EMS scale in the structural analyses (e.g., Arab Alidousti et al., 2015; Escribà-Agüir & Artazcoz, 2011; Nunes et al., 2022). Excluding the response-bias components preserves the construct validity of marital satisfaction while avoiding conceptual contamination within the structural model. In the present study, the scale demonstrated excellent internal consistency (Cronbach's  $\alpha = 0.93$ ). Item responses were averaged to obtain an overall marital satisfaction score, with higher scores indicating greater satisfaction.

*Perceived social support* was measured using the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988). The MSPSS is a 12-item scale, rated on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree). Example items include "There is a special person who is around when I am in need." In the present study, the scale demonstrated excellent internal consistency (Cronbach's  $\alpha = 0.92$ ). Items were averaged to compute overall perceived social support scores, with higher values indicating greater support.

*Religious community support* was assessed using the Perceived Community Support Questionnaire (PCSQ) (Herrero & Gracia, 2010; Lin et al., 1986). The PCSQ consists of 14 items rated on a 5-point scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Sample items include "I identify with my

religious community” and “I take part in activities in my religious community.” In the present study, the scale demonstrated excellent internal consistency reliability (Cronbach’s  $\alpha=0.90$ ). Item scores were averaged to create a composite religious support score.

## Statistical Analyses

### Preliminary analysis

Preliminary statistical tests and descriptive statistics were used to assess normality and to determine the sample characteristics, including the means and distributions of the study variables. IBM SPSS v. 29 was used for quantitative data analysis. A Pearson correlational analysis was then performed to examine the two-way relationships among the study variables based on wives and husbands. Paired sample *t*-tests were conducted to examine the potential differences between wives and husbands. Shapiro Wilk Statistics showed that the data of psychological well-being ( $M=69.51$ ,  $SD=18.96$ ,  $W=0.96$ ,  $p <.001$ ), marital satisfaction ( $M=28.86$ ,  $SD=9.01$ ,  $W=0.91$ ,  $p >.001$ ), social well-being ( $M=59.57$ ,  $SD=16.47$ ,  $W=0.93$ ,  $p >.001$ ), financial well-being ( $M=38$ ,  $SD=11.10$ ,  $W=0.93$ ,  $p >.001$ ), social support ( $M=50.56$ ,  $SD=14.29$ ,  $W=0.94$ ,  $p >.001$ ), and religious community support ( $M=39.55$ ,  $SD=10.89$ ,  $W=0.93$ ,  $p >.001$ ) were not normally distributed. Consequently, researchers employed a Templeton’s (2011) two-step approach to normalize the data and to support the use of parametric statistical analyses. In the first step, raw scores were converted into fractional percentile ranks, which preserves the relative ordering of observations while minimizing the influence of extreme values. In the second step, an inverse normal transformation was applied to the percentile ranks, yielding distributions that more closely approximated normality. This two-step procedure has been shown to effectively reduce skewness and kurtosis while preserving rank-order information, making it well-suited for behavioral and social science data (Templeton, 2011). The transformed variables were subsequently used in all parametric analyses.

Given moderate to high correlations among some predictors, diagnostic checks for multicollinearity were conducted prior to APIM-SEM estimation. Bivariate correlations were examined separately for husbands and wives; although several associations were strong, none exceeded thresholds indicative of severe multicollinearity ( $r \geq .90$ ). Variance Inflation Factors (VIFs) and tolerance values were further assessed using preliminary regression models predicting psychological well-being for men and women separately. All VIF values were below 5.0, and tolerance values exceeded .20, indicating that multicollinearity was not a concern. In addition, APIM-SEM models converged appropriately with stable standard errors and no improper solutions.

## APIM Analysis

In this study, researchers analyzed data using the Actor-Partner Interdependence Model (APIM). Three methods to estimate the APIM parameters are: 1) Pooled regression modeling, 2) Multilevel modeling, and 3) Structural Equation Modeling (SEM). In this study, we utilized the APIM-SEM with distinguishable dyads, the simplest data analytic method for estimating the APIM. Researchers employed the APIM\_SEM web application, developed by Lara Stas in collaboration with David A. Kenny, part of a bigger project known as DyadR (Kenny, 2016), with maximum likelihood estimation through the R package lavaan (Rosseel, 2012; Stas et al., 2018), to examine the dyadic effects of the study variables in interfaith couples.

Model fit was evaluated using standard structural equation modeling indices, including the CFI, TLI, RMSEA, and SRMR. The APIM-SEM models estimated in this study were just-identified (saturated), as is typical for APIM models with distinguishable dyads and observed variables. Consequently, global fit indices indicated perfect fit by definition (CFI = 1.00, TLI = 1.00, RMSEA = 0.00, SRMR = 0.00), and model evaluation focused on the magnitude, significance, and confidence intervals of actor and partner effects.

The coefficient tests are Z tests. Effect sizes for actor and partner effects are partial correlations. Betas are given twice: one using the overall SD across all persons (o) for standardization, and a second using the SD for women and men separately (s). For all these analyses, alpha is set at 0.05 (Stas et al., 2018). The data presented in s 4 and 5 offer a comprehensive view of the Actor-Partner Interdependence Model (APIM) results across key independent variables –social well-being, financial well-being, marital satisfaction, social support, and community support—and their respective effects on psychological well-being, disaggregated by gender (men and women). Figure 1 illustrates the APIM framework of the husband-wife dyad. This APIM considers the interdependence of couples' data, encompassing both actor and partner effects. Specifically, it examines how a spouse's scores on dependent variables affect their own psychological well-being (*Actor-effect*) and how they affect their partner's psychological well-being (*Partner-effect*). Two values of  $k$  are of particular interest: 0 and 1. The  $k$  value is the ratio of the partner effect to the actor effects. An actor-only or partner-only pattern was indicated if  $k=0$ ; a couple pattern is indicated if  $k=1$ . As suggested by Kenny and Ledermann (2010), 95% of CIs were used to estimate the  $k$  parameters.

Although a wide range of socio-demographic variables (e.g., age, education, income, marital duration, and religious affiliation) were collected to describe the sample and confirm eligibility, these variables were not

included as covariates in the APIM-SEM analyses. This decision was guided by the primary theoretical focus on dyadic psychosocial processes.

## Results

### Descriptive and Preliminary Statistics

The Means, SDs, paired-sample *t*-tests, and correlations results of the study variables are presented in Tables 2 and 3. Paired-samples *t*-tests revealed statistically significant differences between husbands and wives in psychological well-being ( $t=2.90$ ,  $p<0.05$ ) and financial well-being ( $t=4.10$ ,  $p<0.05$ ). However, no statistically significant differences were found between husbands and wives regarding social well-being, marital satisfaction, social support, and community support ( $p>0.05$ ). (Table 2)

Within-dyad correlations identified that husbands' and wives' scores on all the scales (variables) were significantly correlated at  $p < .05$ . Within-actor correlations were strong, particularly between men's psychological well-being and their social well-being ( $r = .777$ ,  $p < .001$ ), financial well-being ( $r = .571$ ,  $p < .001$ ), marital satisfaction ( $r = .761$ ,  $p < .001$ ), social

**Table 2.** Paired samples T-test (df = 126).

Measure 1	Measure 2	<i>t</i>	Cohen's <i>d</i>
Men psychological well-being	Women psychological well-being	2.899**	.257
Men social well-being	Women social well-being	1.002	.089
Men Financial well-being	Women Financial well-being	4.096**	.363
Men Marital satisfaction	Women Marital satisfaction	1.093	.097
Men Social support	Women Social support	0.799	.071
Men Community support	Women Community support	1.326	.118

Note. PWB=psychological well-being; SWB=social well-being; FWB=financial well-being; MS=marital satisfaction; SS=social support; CS=community support;  $H_a \mu_{\text{Measure 1}} - \mu_{\text{Measure 2}} \neq 0$ .  
\*  $p < .05$ , \*\*  $p < .001$ .

**Table 3.** Means, standard deviations, and pearson correlation analyses for husbands' and wives' study variables.

Variables	1	2	3	4	5	6	7	8	9	10	11	12
Men PWB	—											
Women PWB	.405**	—										
Men SWB	.777**	.468**	—									
Women SWB	.527**	.640**	.567**	—								
Men FWB	.571**	.386**	.521**	.574**	—							
Women FWB	.408**	.445**	.442**	.591**	.684**	—						
Men MS	.761**	.473**	.718**	.654**	.626**	.507**	—					
Women MS	.554**	.590**	.547**	.837**	.65**	.588**	.705**	—				
Men SS	.561**	.475**	.642**	.495**	.506**	.46**	.556**	.448**	—			
Women SS	.44**	.545**	.55**	.644**	.465**	.554**	.542**	.67**	.665**	—		
Men CS	.593**	.382**	.751**	.446**	.424**	.311**	.532**	.339**	.481**	.372**	—	
Women CS	.483**	.487**	.643**	.555**	.331**	.424**	.452**	.549**	.465**	.567**	.572**	—
<i>M</i>	71.7	66.6	60.4	59	39.7	36.6	29.3	28.6	51.1	50.3	40.2	39.1
<i>SD</i>	17.4	19.1	14.7	17.8	10.9	10.8	7.77	9.76	13.1	15.2	10.5	11

Note. PWB=psychological well-being; SWB=social well-being; FWB=financial well-being; MS=marital satisfaction; SS=social support; CS=community support.

\*  $p < .05$ , \*\*  $p < .001$ .

support ( $r = .561, p < .001$ ), and community support ( $r = .593, p < .001$ ). A similar pattern was found, where women's psychological well-being is strongly related to their social well-being ( $r = .640, p < .001$ ), financial well-being ( $r = .445, p < .001$ ), marital satisfaction ( $r = .590, p < .001$ ), social support ( $r = .545, p < .001$ ), and community support ( $r = .487, p < .001$ ). Across-partner (dyadic) correlations also revealed meaningful interdependence. Women's psychological well-being moderately correlated with men's psychological well-being ( $r = .405, p < .001$ ), and women's social well-being with men's marital satisfaction ( $r = .654, p < .001$ ), and financial well-being ( $r = .574, p < .001$ ). The strongest dyadic correlations were between women's and men's social well-being ( $r = .567, p < .001$ ) and marital satisfaction ( $r = .705, p < .001$ ). The strength of several correlations reflects the theoretical interrelatedness of relational and psychological well-being constructs. (Table 3).

## APIM Analysis

### Actor Effects

For the five independent variables, actor effects (how an individual's well-being influences their psychological well-being state) were consistently strong and statistically significant. Regarding social well-being, actor effects were significant for both men ( $\beta = 0.901, p < .001, 95\% \text{ CI } [0.804, 0.998]$ ) and women ( $\beta = .656, p < .01, 95\% \text{ CI } [0.53, 0.78]$ ), with standardized effects ( $\beta(o) = .659, \beta(s) = .777$  for men;  $\beta(o) = .574, \beta(s) = .583$  for women). The overall actor effect ( $\beta = .778$ ), computed as the average of the two, was significant ( $p < .01, 95\% \text{ CI } [0.70, 0.86]$ ). For financial well-being, the actor effects were significant for both men ( $\beta = .908, p < .01, 95\% \text{ CI } [0.69, 1.13]$ ) and women ( $\beta = .689, p < .01, 95\% \text{ CI } [0.45, 0.93]$ ), with standardized effect ( $\beta(o) = .268, \beta(s) = .527$  for men;  $\beta(o) = .406, \beta(s) = .413$  for women). The overall actor effect of financial well-being ( $\beta = .799, p < .01, 95\% \text{ CI } [0.65, 0.95]$ ) was significant. For marital satisfaction, the actor effects were statistically significant for men ( $\beta = 1.529, p < .01, 95\% \text{ CI } [1.30, 1.756]$ ) and women ( $\beta = 1.196, p < .01, 95\% \text{ CI } [0.91, 1.48]$ ), with standardized effect for men ( $\beta(o) = .302, \beta(s) = .712$ ; for women  $\beta(o) = .566, \beta(s) = .575$ ). The overall actor effect ( $\beta = 1.362$ ) was significant ( $p < .01, 95\% \text{ CI } [1.18, 1.55]$ ), indicating the influence of the actor's marital satisfaction on their own psychological well-being.

Regarding social support, actor effects were statistically significant for both men ( $\beta = 0.715, p < 0.01, 95\% \text{ CI } [0.57, 0.88]$ ) and women ( $\beta = 0.559, p < .01, 95\% \text{ CI } [0.38, 0.74]$ ). The standardized actor effects further support this finding, with  $\beta(o) = 0.351$  and  $\beta(s) = 0.536$  for men, and  $\beta(o) = 0.425$  and  $\beta(s) = 0.432$  for women. The combined overall actor effect

was also significant ( $\beta = .637, p < .01, 95\% \text{ CI } [0.52, .76]$ ). In the context of religious community support, actor effects were statistically significant for both men ( $\beta=0.824, p < .01, 95\% \text{ CI } [.61, 1.04]$ ) and women ( $\beta=0.722, p < .01, 95\% \text{ CI } [0.51, 0.94]$ ). The standardized actor effects reinforced these findings:  $\beta(o) = 0.246$  and  $\beta(s) = 0.469$  for men, and  $\beta(o) = 0.418$  and  $\beta(s) = 0.424$  for women. The overall combined actor effect was also significant ( $\beta = .773, p < .01, 95\% \text{ CI } [0.63, .92]$ ), suggesting that higher levels of religious community support are positively associated with individuals' psychological well-being. (Tables 4 & 5).

### Partner Effects

In contrast, partner effects (how one partner's well-being affects the actor's psychological health) were generally weaker and mostly non-significant, except for social and community support at the individual level. For Social well-being, the partner effects from women to men ( $\beta = .093, p = .059$ ) and men to women ( $\beta = .099, p = .129$ ) were not statistically significant,

**Table 4.** APIM Results assuming different actor and partner effects for both roles.

IV	Effect	Role	Estimate	95% CI [Lower, Upper]	<i>p</i>	$\beta(o)$	$\beta(s)$
SW	Actor	Men	.901**	0.804, 0.998	<.001	.659	.777
			Partner	.093	-0.004, 0.190	.059	.082
	<i>k</i>	Women	.104	-0.011, 0.218			
			Actor	.656**	0.527, 0.784	<.001	.574
		Partner	.099	-0.029, 0.227	.129	.087	.088
			<i>k</i>	.151	-0.062, 0.365		
FW	Actor	Men	.908**	0.689, 1.128	<.001	.268	.527
			Partner	.216	-0.003, 0.435	.054	.127
	<i>k</i>	Women	.238	-0.044, 0.520			
			Actor	.689**	0.451, 0.926	<.001	.406
		Partner	.145	-0.093, 0.383	.233	.085	.087
			<i>k</i>	.210	-0.186, 0.607		
MS	Actor	Men	1.529**	1.301 to 1.756	<.001	.302	.712
			Partner	.198	-0.029 to 0.426	.087	.094
	<i>k</i>	Women	.130	-0.033 to 0.292			
			Actor	1.196**	0.910 to 1.481	<.001	.566
		Partner	.020	-0.265 to 0.306	.889	.010	.010
			<i>k</i>	.017	-0.225 to 0.259		
SS	Actor	Men	.715**	0.546 to 0.884	<.001	.351	.536
			Partner	.179*	0.011 to 0.348	.037	.136
	<i>k</i>	Women	.251	-0.028 to 0.529			
			Actor	.559**	0.379 to 0.738	<.001	.425
		Partner	.164	-0.016 to 0.344	.074	.125	.127
			<i>k</i>	.294	-0.097 to 0.685		
CS	Actor	Men	.824**	0.608 to 1.04	<.001	.246	.469
			Partner	.263*	0.047 to 0.479	.017	.152
	<i>k</i>	Women	.319	0.002 to 0.636			
			Actor	.722**	0.505 to 0.940	<.001	.418
		Partner	.243*	0.026 to 0.461	.028	.141	.143
			<i>k</i>	.337	-0.031 to 0.705		

Note: SWB=social well-being; FWB=financial well-being; MS=marital satisfaction; SS=social support; CS=community support;  $\beta(o)$  = over all standardized effect;  $\beta(s)$  = separate standardized effect; *k*=the ratio of the partner effect to the actor effect.

\*  $p < .05$ ; \*\*  $p < .01$ .

**Table 5.** APIM Results assuming different actor and partner effects for both roles.

Independent variables	Effect	Estimate	95% CI [Lower, Upper]	<i>p</i> -value
Social well-being	Intercept	17.234	12.566 to 21.902	<.001
	Actor	.778	.697 to .860	<.001
	Partner	.096	.014 to .178	.021
Financial well-being	Intercept	32.144	26.358 to 37.930	<.001
	Actor	.799	.645 to .952	<.001
	Partner	.180	.027 to .334	.021
Marital satisfaction	Intercept	26.887	22.424 to 31.350	<.001
	Actor	1.362	1.179 to 1.545	<.001
	Partner	.109	−0.074 to .292	.242
Social support	Intercept	28.477	22.824 to 34.129	<.001
	Actor	.637	.518 to .756	<.001
	Partner	.172	.053 to .291	.005
Community support	Intercept	28.780	22.521 to 35.039	<.001
	Actor	.773	.627 to .920	<.001
	Partner	.253	.107 to .399	<.001

\*  $p < .05$ ; \*\*  $p < .01$ .

with standardized partner effect ( $\beta=0.082$  for men;  $\beta = .087$  for women), indicating more impact for men than women, although the overall partner effect was marginally significant ( $\beta = .096$ ,  $p < .05$ ). A similar pattern was observed with financial well-being: while individual partner effects from women to men ( $\beta=0.216$ ,  $p=0.054$ ) and men to women ( $\beta=0.145$ ,  $p=0.233$ ) were non-significant, the overall standardized partner effect was  $\beta=0.127$  for men and  $\beta=0.085$  for women. The overall partner effect ( $\beta=0.180$ ,  $p<0.05$ ) was statistically significant, suggesting a small but reliable dyadic influence.

Again, a similar trend was identified with marital satisfaction influencing their partner's psychological well-being. Although the individual partner effects from women to men ( $\beta=0.198$ ,  $p>0.05$ ) and from men to women ( $\beta=0.020$ ,  $p>0.05$ ) were not statistically significant, the standardized partner effects indicated modest associations, with  $\beta=0.094$  for men and  $\beta=0.010$  for women. Notably, the overall partner effect was not statistically significant ( $\beta = .109$ ,  $p > .05$ ), suggesting no dyadic influence.

In the context of social support, the individual partner effects from women to men ( $\beta = .179$ ,  $p<0.05$ ) were statistically significant, whereas the effect from men to women ( $\beta=0.164$ ,  $p>0.05$ ) did not reach significance. The standardized partner effects were modest, with  $\beta = .136$  for men and  $\beta = .125$  for women. Notably, the overall partner effect was significant ( $\beta = .172$ ,  $p < .01$ ), indicating that social support exerts a meaningful dyadic influence on psychological well-being within the couple dynamic.

Finally, regarding religious community support, the partner effects were statistically significant in both directions: from women to men ( $\beta = .263$ ,  $p < .05$ ) and the effect from men to women ( $\beta = .243$ ,  $p < .05$ ). The standardized partner effects were modest, with  $\beta = .152$  for men and  $\beta = .141$  for women. Importantly, the overall partner effect was also statistically

significant ( $\beta = 0.253$ ,  $p < .01$ ), highlighting a meaningful dyadic influence of religious support on psychological well-being within couples. (Tables 4 & 5).

### ***Dyadic patterns and $k$ Indices***

Table 4 presented the relative sizes of the actor and partner effects. Given that the standardized actor effects for both men and women exceed 0.1 in absolute value and are statistically significant, interpreting the  $k$  values, the ratio of the partner effect to the actor effect, is appropriate. To further explore dyadic interdependence patterns,  $k$ -values were assessed across the five variables. For social well-being,  $k$  value was 0.15 for women (95% CI [-0.06, .37]) and 0.10 for men (95% CI [-0.01, .22]); for financial well-being,  $k$  was 0.21 for women (95% CI [-0.19, .61]) and 0.24 for men (95% CI [-0.04, .52]); for marital satisfaction,  $k = .017$  for women (95% CI [-0.23, .26]) and  $k = .130$  for men (95% CI [-0.03, .29]); for perceived social support  $k = .294$  for women (95% CI [-0.10, .69] and  $k = .25$  for men (95% CI [-0.03, .53]); and for religious support,  $k$  was 0.34 for women (95% CI [-0.03, .71] and  $k$  was 0.32 for men (95% CI [-0.02, .64]). Notably, the confidence intervals for most  $k$  values included zero, supporting the appropriateness of an actor-only model ( $k=0$ ) in those cases. However, for men, the lower bound of the CI did not include a negative value, suggesting that the model falls between the actor-only ( $k=0$ ) and the couple ( $k=1$ ) models. This indicates a potentially meaningful partner effect for men in the context of religious community support.

### **Discussion**

The present study revealed convergence and divergence in well-being indicators among interfaith couples, indicating important insights into dyadic functioning. Statistically significant differences in psychological and financial well-being suggest asymmetries in individual experiences within the dyad (Iannello et al., 2021). These disparities may reflect gendered differences in coping strategies, financial roles, or access to emotional resources, potentially challenging relational balance and mutual responsiveness (Matud, 2004). In contrast, the absence of significant differences in social well-being, marital satisfaction, and social and religious community support pointed to a degree of alignment in partners' perceptions of relational and social dynamics. In line with previous research, this convergence suggested the interdependence in their relationship might be stronger in these domains, pointing to shared experiences and mutual understanding that contribute to dyadic cohesion (Rossignac-Milon et al., 2021). These results highlighted the nuanced nature of intimate

partnerships, where individual well-being can diverge even as relational perceptions remain similar.

Beyond summarizing the empirical associations, the distinction between actor and partner effects offers important theoretical insights into the mechanisms underlying psychological well-being in interfaith marriages. Actor effects indicate intrapersonal processes, in which individuals' own social integration, financial security, marital satisfaction, and perceived support directly contribute to their psychological functioning. In contrast, partner effects reflect interpersonal or relational spillover processes, suggesting that one partner's resources can shape the other partner's well-being through dyadic interdependence (Cook & Kenny, 2005). The relative strength of actor versus partner effects therefore provides insight into whether psychological well-being in interfaith marriages is primarily driven by individual-level resources or by shared relational dynamics, consistent with interdependence theory and dyadic models of relationship functioning (Rusbult & Lange, 2003).

Further, this study investigated the actor and partner effects of social well-being, financial well-being, marital satisfaction, perceived social support, and community support on psychological well-being in husband-wife dyads with interfaith marriages, using the Actor-Partner Interdependence Model (APIM). To the best of our knowledge, based on the literature review, this research is the first to employ the APIM approach to investigate the intrapersonal (actor) and interpersonal (partner) effects of these independent variables on psychological well-being in interfaith married couples. However, some studies investigated the actor effects between these independent and dependent variables (Abcede et al., 2017; Hamdanah, 2018; Lincoln & Chae, 2010; Walker et al., 2013). Psychological well-being is a shared outcome for spouses in interfaith marriages (Maroufizadeh et al., 2018).

The results of this current study provide important empirical support for both individual and dyadic contributions to their own and their partner's psychological well-being, reinforcing and extending existing theoretical frameworks such as the PERMA model (Seligman, 2011), Social Support Theory (Lakey & Cohen, 2000) and Resource Exchange Theory (Foa & Foa, 1974). According to within-dyad correlations, significant relationships were identified between wives' and husbands' scores. The current study's correlation results, consistent with previous studies (Yang et al., 2023; Yu, 2024), demonstrated a statistically significant relationship between wives' and husbands' scores, indicating statistical interdependence. The correlation result suggests that the APIM approach would be more appropriate than conventional statistical analyses in this context (Maroufizadeh et al., 2018). While actor effects for men and women were consistently robust across all independent variables, partner effects were more modest, and statistically significant impacts on psychological well-being were identified only

for perceived social support and community support. These findings provide several key insights.

### ***Actor Effects: The Primacy of Intrapersonal Resources***

Consistent with the study hypothesis (H1) and prior research, the current study demonstrated a significant actor effect for husbands and wives on psychological well-being across all five predictors: social well-being, financial well-being, marital satisfaction, social support, and religious community support, which is also aligned with previous studies conducted among various populations, indicating that psychological well-being is closely linked to individuals' experiences of their social integration, emotional connection, financial security, marital relationships (Diener et al., 2010; Milani et al., 2020; Ryff, 1995).

Notably, the most significant actor effects were identified for marital satisfaction on psychological well-being, particularly among wives, which aligns with previous studies' findings that positive marital dynamics are integral to one's psychological well-being (Beach et al., 1990; Waldinger et al., 2004). These findings of the current study complement the Marital Discord Model of Depression, which proposes that lower marital satisfaction is both a cause and consequence of psychological distress (Beach et al., 1990; Whisman, 1999). The strong actor effects for social well-being suggest that individuals' subjective sense of social integration and belonging operates primarily as an intrapersonal resource, while any observed partner effects highlight the potential for relational spillover when one partner's social connectedness enhances the overall relational climate (Keyes, 1998).

Moreover, the significant actor effects for financial well-being indicated the central role of economic security in promoting individual well-being, particularly in the context of interfaith marriages, where partners may experience compound socio-economic and cultural stressors (Kalmijn, 2012; Saxey et al., 2023). The current study findings indicated that individuals' perceptions of financial well-being are positively associated with their psychological well-being (Foa & Foa, 1974). Similarly, the present study identified a significant actor effect of religious community support on their psychological well-being, highlighting the role of external social environments in mitigating psychological stress. This finding aligns with Keyes (1998) social well-being framework and Seligman's emphasis on relationships and meaning as dimensions of flourishing.

### ***Partner Effects: Selective Dyadic Influences- Interpersonal Resources***

Contrary to the strength of actor effects, partner effects were generally weak and statistically non-significant across most predictors, partially confirming the hypothesis (H2). However, perceived social and religious

community support emerged as exceptions to the previous statement, showing a significant dyadic effect on their partner's psychological well-being. The study's nuanced findings highlighted the important role of relational and communal buffering mechanisms, particularly in interfaith marriages (Walen & Lachman, 2000). These mechanisms mitigate psychological vulnerability, which may be heightened by societal disapproval, identity conflict, and disconnection from the community (McAloney, 2013; Rippon et al., 2024). This dyadic dynamic is fundamental in interfaith relationships where societal and familial validation and approval may be less accessible (Walen & Lachman, 2000). The partner effect of social support from husbands to wives indicated the asymmetric distribution of emotional burden and resilience mechanisms, echoing the findings that women may be more sensitive to relational context and partner-provided support to enhance their psychological well-being (Abbas et al., 2019; Jain, 2024).

The absence of partner effects from social and financial well-being and marital satisfaction on their partners' psychological well-being may reflect the inherently subjective and internally evaluated nature of these constructs. Psychological well-being is conceptualized as an individual's evaluation of positive functioning, autonomy, purpose, and relational quality (Ryff, 1995), and the PERMA framework similarly emphasizes internal experiences of meaning and well-being (Seligman, 2011). In contrast, social support and community support are inherently interactive—they involve providing emotional, informational, or tangible resources that can be directly perceived and felt by the partner, making them more likely to influence the partner's psychological well-being (Lakey & Cohen, 2000; Uchino, 2009).

A notable pattern in the findings was the consistent predominance of actor effects over partner effects across most predictors. This pattern may reflect the inherently subjective nature of psychological well-being, which is primarily shaped by individuals' own perception of social integration, financial security, relational satisfaction, and support (Ryff, 1995; Seligman, 2011). Although partners influence one another within intimate relationships, these influences may operate indirectly and are therefore weaker than the proximal impact of one's own cognitive and emotional appraisals. From a theoretical standpoint, psychological well-being is rooted in internal evaluations and meaning-making processes (Diener et al., 2010; Ryff, 1995), which are more immediately responsive to personal resources than to a partner's characteristics. In the context of interfaith marriages, where individuals may encounter external stressors related to identity negotiation and social acceptance (Cyriac & Mathew, 2026), personal psychosocial resources may play an especially central role in maintaining well-being. Thus, the strong actor effects suggest that, while interdependence is present, psychological well-being in interfaith couples is primarily driven by individual-level resource processes, with relational spillover operating as a secondary mechanism (Hamdanah, 2018; McAloney, 2013; Situ, 2024).

### **Gender Differences and Dyadic Structures**

Previous literature has reported gender disparities in mental health; specifically, a significant difference was found between men and women in psychological well-being (Matud et al., 2019; Roothman et al., 2003). Women are more easily influenced by their partner's behavior (Carli, 1989). In line with previous research, the current study also identified a difference in psychological well-being between husbands and wives (Goldfarb et al., 2007; Maroufizadeh et al., 2018; Umberson et al., 1996). Gendered patterns were evident in both actor and partner effects. Wives consistently demonstrated greater actor effects than their husbands across social and financial well-being, marital satisfaction, social support, and community support, suggesting greater relational and emotional sensitivity (Walen & Lachman, 2000).

These results supported the hypothesis that women's psychological well-being is more deeply embedded in their relational context, aligning with previous research suggesting that women tend to derive a greater proportion of their psychological resilience from interpersonal harmony and social integration (Goldfarb et al., 2007; Matud et al., 2019; Waldinger et al., 2004). In the Indian context, although the prevalence of interfaith marriages increases, limited external acceptance of such marriages, manifested through familial disapproval, social stigma, and constrained community support, may further intensify the importance of relational and psychosocial resources for psychological well-being of women and may also spill over to influence their partners (Horn et al., 2025; Walen & Lachman, 2000).

Framing these findings within the Actor-Partner interdependence Model clarifies the empirical relevance of these gender differences. The strong actor effects observed for women suggest that their own perceptions of relational quality and social resources more directly shape their psychological well-being. At the same time, the presence of selective partner effects in support-related domains indicates that women's well-being may also be more responsive to relational dynamics within the dyad. Thus, gender differences in coping orientation and relational sensitivity are reflected not only conceptually but structurally in the pattern of actor and partner effects observed in the present study.

### **Limitations of the Study**

It is essential to acknowledge the limitations and report them for future research. First, the cross-sectional design limits causal inference and precludes definitive conclusions about the causal relationship between the study variables. Second, the sample was limited to interfaith married couples within a specific sociocultural context in India. Similarly, it consisted of only three major religions, which may not fully capture the diversity of interfaith marriages across

varied cultural or religious contexts, potentially limiting generalizability. Third, the present analyses did not examine whether actor and partner effects varied by type of interfaith marriage (e.g., Hindu–Christian, Hindu–Muslim, Christian–Muslim). Although these groups were clearly identified, the unequal and relatively small subgroup sizes limited the feasibility of conducting multi-group APIM–SEM analyses with adequate statistical power. Future research with larger and more balanced samples should examine whether dyadic processes linking social well-being, financial well-being, marital satisfaction, and support to psychological well-being differ across specific interfaith pairings.

Finally, an important limitation concerns the conceptual overlap of several study constructs. Psychological well-being, as measured by Ryff's (1995) scale, includes relational components (e.g., Positive Relations with Others) that overlap conceptually with social well-being, marital satisfaction, and perceived support. This overlap likely contributed to the relatively high correlations and suggests limited discriminant separation among relational well-being measures. While this reflects the central role of relational functioning in interfaith couples' psychological well-being, future research may benefit from using alternative well-being measures with less relational content or latent-variable approaches to more clearly distinguish shared and unique variance. Future research should consider more representative sampling to address these issues. Additionally, qualitative investigations could explore how couples perceive and navigate individual and relational challenges unique to their interfaith status, enriching quantitative findings with lived experiences.

However, this study comprehensively examines social, financial, relational, and support-related factors and their actor-partner effects on psychological well-being among interfaith couples. The study used APIM\_SEM analyses to provide robust evidence of the actor and partner effects of these independent variables on the dependent variable. By incorporating multiple dimensions of well-being and social and community support factors, the study enhanced the ecological validity of its findings, highlighting the multilayered effects on psychological well-being. The study addressed a critical research gap, significantly contributing to the literature on interfaith marriage by examining the actor-partner role of relational and support factors on psychological well-being.

### **Implications of the Study**

The findings of this study hold important theoretical and practical implications, particularly within the unique context of interfaith marriages. Empirically, the findings offer support for the PERMA model (Seligman, 2011), which emerged as central to psychological well-being in interfaith dyads. These findings highlight the role of relational, social, and financial

resources in supporting individuals' psychological well-being and emphasize how these factors contribute to overall positive functioning in interfaith marriages. The significance of social and community support in actor-partner models aligns with Lakey and Cohen (2000) social support theory, suggesting that perceived external support serves as a buffer against contextual stressors.

The predominance of actor effects observed across key variables may be explained through the lens of the Stress Generation Model (Davila et al., 1997), which proposes that individuals' internal distress can create or amplify relational strain, generating a self-perpetuating cycle of psychological vulnerability. These findings challenge exclusively dyadic or systemic conceptual models, suggesting instead the need for a hybrid framework, one that acknowledges the reciprocal interplay between individual resilience and relational interdependence in interfaith couples.

From a clinical and applied standpoint, the study underscores the importance of adopting a dyadic lens when addressing domains such as financial and social well-being, marital satisfaction, and emotional support. Specifically, the data suggest that a spouse's well-being and access to support can significantly affect their partner's psychological health. As such, mental health professionals working with interfaith couples should be attuned to these relational dynamics and prioritize couple-based interventions that simultaneously address individual distress and shared coping.

The urgency of these findings is particularly salient for therapists and community organizations supporting interfaith couples. Interventions should promote both individual emotional resilience and joint coping strategies, with particular emphasis on promoting community belonging and strengthening social integration networks. In parallel, policymakers must work to dismantle systemic and social discrimination against interfaith marriages. Reducing such external stressors is essential for safeguarding both relational quality and psychological well-being (Davila et al., 1997; Lakey & Cohen, 2000; Seligman, 2011).

The findings also carry important applied implications for supporting interfaith couples in socio-cultural contexts. Given that psychological well-being was strongly linked to individual perceptions of relational quality and social resources, interventions should prioritize strengthening personal coping capacities alongside relational skills. Couple-based counseling programs may benefit from incorporating modules that address identity negotiation, communication across religious differences, and strategies for managing external stigma. Furthermore, the selective partner effects observed in support-related domains suggest that community validation and social belonging can influence well-being beyond the individual level. Accordingly, community-level initiatives, such as interfaith dialogue programs, family education workshops, and public awareness campaigns, may

help reduce stigma and enhance communal acceptance. At a policy level, institutional efforts to promote inclusive social environments and protect interfaith couples from discrimination may indirectly strengthen psychological well-being by reinforcing social and communal support structures.

## Conclusion

The study comprehensively examined how social and financial well-being, marital satisfaction, and social and community support affect psychological well-being among interfaith couples. The results revealed strong actor effects and selective, yet meaningful, partner effects, particularly in the domains of social and community support. These study results confirm the importance of intrapersonal resources in sustaining psychological well-being, while acknowledging the specific dyadic vulnerabilities and protective mechanisms of interfaith marriages. Notably, the study addresses a notable gap in the literature by applying a dyadic lens to interfaith relationships, a population often overlooked in psychological research. For the practical application, this study provides the groundwork for more context-sensitive, couple-level interventions and theoretical refinement. The study significantly contributed to the literature on interfaith marriage by examining the actor-partner role of individual and relational factors on psychological well-being.

## Consent to participate

All participants provided informed consent before data collection for this study. Based on the current data, all personally identifiable information was replaced with codes to ensure the confidentiality of study participants.

## Disclosure statement

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

## Ethical approval

We certify that the study complied with the ethical standards outlined in the 1964 Declaration of Helsinki and its subsequent amendments, or with comparable ethical standards.

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## Data availability statement

Data sets for the present research will be available from the corresponding author upon reasonable request. All the authors have read and approved the publication of the version.

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