

EXPLORING PARENTS' GENERAL PSYCHOLOGICAL DISTRESS
AND COPARENTING IN FAMILIES WITH YOUNG CHILDREN:
THE MEDIATING ROLE OF COUPLE SATISFACTION

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To my parents Melek and Ali Güre, who have shown me unwavering love and support throughout my life. Your guidance, encouragement, and sacrifices have made me who I am today. Thank you for instilling in me the values of family, commitment, and perseverance.

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ABSTRACT

Coparenting relations are a crucial component of family functioning, and cooperation of parents in child related issues have been highlighted as a protective factor for family cohesion especially when parents are in distress. This research explored the relationships between general psychological distress and coparenting dimensions of cooperation, conflict, and triangulation through the mediating role of couple satisfaction on a dyadic level among Turkish parents with young children. The sample was composed of 184 heterosexual parents (184 mothers, 184 fathers, age range from 25 to 57 years) married for 10 years on average. Parents completed demographic information form, Depression Stress Anxiety Scale, Couple Satisfaction Index, and Coparenting Inventory for Parents with Preschoolers. Results of the Actor-Partner Interdependence Model (APIM) and APIM Mediation Model (APIMeM) analyses demonstrated statistically significant relationships between mothers' and fathers' psychological distress and all three of their own coparenting dimensions (direct actor effects) and between mothers' psychological distress and fathers' coparenting cooperation (direct partner effect, mothers to fathers). Mothers' and fathers' psychological distress had significant indirect effects on all three of their own coparenting dimensions through their own couple satisfaction (indirect actor effects). Furthermore, fathers' psychological distress had significant indirect effects on all three dimensions of mothers' coparenting through mothers' couple satisfaction, plus on mothers' coparenting triangulation through fathers' couple satisfaction (indirect partner effects, fathers to mothers). Findings of this study were in line with Family System Theory and prior research. Clinical implications are discussed.

Keywords: Coparenting, psychological distress, couple satisfaction, dyadic, actor-partner interdependence mediation model, preschool children

ÖZET

Anne-babaların ortak ebeveynlik ilişkileri, aile işleyişinin çok önemli bir bileşenidir. Ebeveynler psikolojik sıkıntıdayken, anne-babanın çocukla ilgili konularda işbirliğinin aile uyumu için koruyucu bir faktör olduğu özellikle vurgulanmıştır (Margolin ve ark., 2001). Bu araştırma, küçük çocuklu Türk ebeveynlerde genel psikolojik sıkıntı ile ortak ebeveynlik boyutları (işbirliği, çatışma, üçgenleme) arasındaki diyardik ilişkileri, ilişki doyumunun rolü aracılığıyla araştırmıştır. Araştırmanın örneklemini ortalama 10 yıldır evli olan 184 anne ve baba (yaş aralığı 25-57) oluşturmuştur. Anne ve babalar: demografik bilgi formu, Depresyon Stres Kaygı Ölçeği, İlişki Doyum İndeksi, ve Okul Öncesi Çocuklu Ebeveynler için Ortak Ebeveynlik Envanterini yanıtlamıştır. Aktör-Partner Karşılıklı Bağımlılık Modeli (APIM) ve APIM Aracılık Modeli (APIMeM) analizlerinin sonuçları, annelerin ve babaların psikolojik sıkıntıları ile kendi ortak ebeveynlik boyutlarının hepsi arasında (doğrudan aktör etkileri) ve annelerin psikolojik sıkıntıları ile babaların ortak ebeveynlik işbirliği (anneden babaya doğrudan partner etkisi) arasında istatistiksel olarak anlamlı ilişkiler olduğunu göstermiştir. Annelerin ve babaların psikolojik sıkıntılarının, kendi ilişki doyumları aracılığıyla, kendi ortak ebeveynlik boyutlarının hepsi üzerinde de istatistiksel olarak anlamlı etkileri bulunmuştur (dolaylı aktör etkileri). Ayrıca, babaların psikolojik sıkıntılarının annelerin ilişki doyumu aracılığıyla annelerin ortak ebeveynliğinin üç boyutu üzerinde, ve ek olarak babaların ilişki doyumu aracılığıyla annelerin ortak ebeveynlik üçgenlemesi üzerinde de anlamlı etkileri bulunmuştur (babalardan annelere dolaylı partner etkileri). Bu çalışmanın bulguları, Aile Sistemi Teorisi ile uyumludur ve önceki araştırmaları gözeterek incelenmiştir. Klinik çıkarımlar tartışılmıştır.

Anahtar Kelimeler: Ortak ebeveynlik, psikolojik sıkıntı, ilişki doyumu, diyardik, aktör-partner karşılıklı bağımlılık arabuluculuk modeli, okul öncesi çocuklar

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CHAPTER 1

INTRODUCTION

1.1 General Introduction

Mental health problems and awareness towards individual mental health have been increasing worldwide especially after the outbreak of the Covid-19 pandemic. In the aftermath of the immediate effects such as mortality and high transmission of the pandemic, studies showed a strong association with adverse mental health outcomes (Cenat et al., 2022; Kira et al., 2022). The latest scientific brief of the World Health Organization (2022) stated a 25% increase in the worldwide prevalence of depression and anxiety in the first year of the pandemic. One study conducted during the pandemic showed that the prevalence of depression and anxiety in Turkey were 23.6%, and 45.1%, respectively (Özdin & Bayrak Özdin, 2020). Previous research on the long-term mental health impacts of epidemics of other coronaviruses demonstrated that depression, anxiety, sleep disturbance, and trauma were among the sustained mental health effects of epidemics (Tzeng et al., 2020). Even though the long-term mental health effects of the Covid-19 pandemic is yet to be studied, recent research showed that there is a small global upward shift in mental health problems which has not yet returned to pre-pandemic levels even after the second year of the pandemic (Penninx et al., 2022).

A substantial body of literature investigated the impact of the global stressors of the pandemic such as the loss of the loved ones, job loss, remote working and schooling, and the increase in caregiving burden on individuals as well as families (Ettman, 2020; Kira et al., 2021; Luttik et al., 2020). Aforementioned stressors were

found to be influential in the decreasing levels of parents' mental well-being. Recent studies on family functioning not only found significant deteriorations in parents' mental health, but also in child internalizing and externalizing problems, marital relations, and parenting quality (Crandall et al., 2022; Feinberg et al., 2022; Genc et al., 2021; Martin et al., 2022). Results demonstrated a growing need for interventions in family functioning while families face serious restrictions in maintaining resources prior to the pandemic (Bornstein, 2020).

Based on such a need, the present study focused on coparenting as an important resource in family functioning. Considering the risks that a sustained increase in mental health problems pose for families long after the pandemic, in the present study we did not specifically look at the mental health effects of the pandemic but explored the relationship between coparenting and parents' general psychological distress (GPD) which can be explained as non-specific symptoms of depression, anxiety, and stress.

Coparenting as a construct was introduced to the literature with studies on parenting in divorced families to explore the ongoing relationship between divorced spouses around child-rearing responsibilities (Ahrons, 1981; Gürmen, 2019). It conceptualizes the interactions of parental figures based solely on their roles as parents (Feinberg, 2003). Such studies on divorced families showed that coparenting cooperation was predictive of positive child outcomes (Camara & Resnick, 1989). Later studies extended the scope of the construct to two-parent families and found that coparenting is critical in explaining the links between marriage, parenting, and child outcomes (Belsky et al., 1995; Margolin et al., 2001).

In his ecological context of coparenting, Feinberg (2003) argued that the coparenting relationship could conciliate the impact of extrafamilial stressors on family members and their relations. To this day, numerous studies showed that cooperative coparenting could be a protective factor and an important resource to unravel for families in distress (Durtschi et al., 2017; Kolak & Vernon-Feagans, 2008). Most recently, the outbreak of the Covid-19 pandemic brought coparenting into focus with studies from all around the globe in relation to parents' daily challenges and psychological distress (Arikan & Acar, 2022; Lucassen et al., 2021; McRae et al., 2021; Peltz et al., 2021). The results showed that coparenting cooperation had direct negative effects on daily parenting hassles and parents' psychological distress (Li et al., 2022). Additionally, decreases in parenting quality due to parents' psychological distress was buffered by coparenting cooperation (McRae et al., 2021).

Family Systems Theory provides a theoretical framework in which coparenting relations could be explained. The theory views the family system as a complex web of relations that is affected by the individual experiences as well as dyadic interactions through different subsystems within the family (Minuchin, 1974). Research findings on coparenting relations support the interrelatedness of the construct with individual traits and emotional states of the parents (Belsky & Hsieh, 1998; Burke et al., 2022; Tadros et al., 2021), spousal subsystem mostly in terms of marital adjustment and quality (Christopher et al., 2015; Morrill et al., 2010), parenting quality (Scrimgeour et al., 2013), and child adjustment (Doss et al., 2020; Feinberg et al., 2016).

One of the most frequently investigated and associated factors with coparenting is marital satisfaction (Van Egeren, 2004). Marital satisfaction can be explained as the individual subjective evaluation of the actual relationship based on how much the relationship approximates that partner's ideal relationship and accommodates that partner's expectations (Bradbury et al., 2000). Studies showed that the relationship between marital or couple satisfaction and coparenting is bidirectional such that positiveness in marital or couple satisfaction can interact and buffer the negative effects in coparenting or vice versa (Merrifield & Gamble, 2013).

Based on the Family Systems Theory and prior literature on the interdependence of the subsystems within the family, this study aimed to explore the individual and couple factors that are affective in coparenting relationship in families with young children. Specifically, the current study aimed to investigate the direct associations between fathers' and mothers' individual GPD and coparenting as well as indirect associations of GPD and coparenting through couple satisfaction.

1.2 Theoretical Framework and Conceptual Frameworks

This section discusses the relevant theories and models that the present study derived its assumptions from. Firstly, *Family Systems Theory* is explained as the main theoretical framework that highlights the importance of the interdependency assumption in exploring dyadic relations. Secondly, *Coparenting Conceptual Framework* is introduced to lay the groundwork on the research questions of the current study. Lastly, *Family Life Cycle Model* is elucidated in relation to the theoretical and the conceptual frameworks to point out to the dynamics that were influential while deciding on the population that the current study's sample was drawn from.

1.2.1 Family Systems Theory

The present study bases its assumptions on the main theoretical framework provided by the Family Systems Theory. According to the theory, the family functions as a system and changes occurring in one part of the system, such as an incessant increase in the GPD of one parent, could be affective in the other parts of the whole system. Therefore, the family system is seen as an intertwined web of relations that is influenced by the individual experiences of the members along with repeating patterns of dyadic interactions among the members. These dyadic interactions are considered as subsystems within the family system. An individual in the family could be a member of different subsystems assuming different roles within those subsystems (Minuchin, 1974).

The family systems theory defines three central interdependent subsystems within the family that are not only distinct from each other but also from the larger family system. These subsystems are comprised of the spousal subsystem, parental subsystem, and the sibling subsystem (Nichols & Schwartz, 2013). The boundaries of the subsystems are important in determining the rules of interaction between the members such that exchanges between spouses differ from exchanges between parents. The *spousal subsystem* includes the marital relations of the husband and wife. It is considered as the basis of the family unit and found to be highly linked with parental functioning (Erel & Burman, 1995). The *parental subsystem* encompasses relations concerning the children and includes the coparenting relations of the father and mother in addition to the parent-child relations. It is important to emphasize that the marital relationship between the husband and wife differs from the coparenting relationship between the mother and the father based on the focus of

the relationship. The focus in a harmonious marital relationship is the wellbeing of the partner whereas it is the child(ren)'s wellbeing in a supportive coparenting relationship (Margolin et al., 2001). Hence, those relationships fall under different subsystems. Lastly, the *sibling subsystem* includes the relations of the children (Nichols & Schwartz, 2013). The theory posits that the dynamic structure of the family system can be understood by exploring the individual experiences of each family member through the interrelated relations within and between each subsystem (Minuchin, 1988).

Based on the interdependency assumption that is emphasized by the family systems perspective, the present study assumes that changes in an individual factor such as the GPD of one parent will have an impact both on the spousal subsystem and the parental subsystem, specifically the couple satisfaction and coparenting relations, and vice versa. Additionally, one spouse's GPD will not only be influential in his or her coparenting but also the other spouse's coparenting through couple satisfaction. A dyadic methodology is required to model and measure these direct and indirect associations between mothers' and fathers' GPD and coparenting through couple satisfaction. Therefore, an actor-partner interdependence mediation model (APIMeM) was utilized in the current study to investigate the associations between parents' GPD and coparenting and to further explore if and how couple satisfaction mediates these associations (Kenny & Ledermann, 2010).

1.2.2 Coparenting Conceptual Framework

Coparenting literature relies on the family systems theory in outlining the conceptual framework of the construct. As previously explained, coparenting refers to the interactions of the father and the mother in their parental roles and it is

considered as a link between marital and parental functioning (Feinberg, 2003; Margolin et al., 2001). The proposition here is that feelings and perceptions of spouses towards each other are likely to have an impact on their coparenting relationship, therefore on their parenting. It follows that good couple relations between the mother and the father are linked with positive coparenting and bad couple relations are linked with negative coparenting. However, it is also possible that some conflictual couples refrain from exposing their children to spousal conflict and decide to collaborate in childrearing because of their desire to protect their children. This possibility is what makes coparenting a separate construct that may explain the relation between marital conflict and parenting (Margolin et al., 2001). Therefore, coparenting is conceptualized around support and undermining as two separate dimensions of the interactions between the mother and the father regarding decisions on childrearing, taking a stand on each other's coparenting role, and child related division of labor. Additionally, coparenting covers management of familial interactions such as the exclusion of one parent or the inclusion of children in coparenting communication (Feinberg, 2003).

In that respect, instruments assessing coparenting supported a triadic structure of the construct including cooperation, conflict, and triangulation dimensions (Margolin et al., 2001; Pinquart & Teubert, 2015). *Coparenting cooperation* is explained as the degree to which mothers and fathers support and respect each other in their parental roles and responsibilities (Margolin et al., 2001; Weissman & Cohen, 1985). *Coparenting conflict* refers to the hostile attitudes of mothers and fathers towards each other with respect to childrearing issues and assesses the degree to which parents experience conflict in decisions regarding children (Gable et al.,

1992; Margolin et al., 2001). *Coparenting triangulation* explains the extent to which mothers and fathers manage familial communication through the exclusion of one parent or coalitions formed with children against one parent (Margolin et al., 2001).

The present study examined coparenting relations of parents based on Margolin et al.'s (2001) three dimensions that are cooperation, conflict and triangulation. Although these dimensions are predominant in coparenting literature, different terminologies have been used in previous research to investigate coparenting. It is important to mention the most common terminologies used in research and how they might be interpreted within these three dimensions to eliminate confusion in explaining research findings in the following sections. Two frequently assessed variables in research are *supportive coparenting* and *coparenting alliance* that explain the harmony between parents in terms of respect they show each other and cooperation they endure regarding child(ren) related issues as addressed with the coparenting cooperation dimension (Abidin & Brunner, 1995). Two other common variables that were assessed in coparenting literature that fall within the conflict and triangulation dimensions of coparenting are *competitive coparenting* and *coparenting discord*. Such coparents exhibit hostile attitudes towards each other or tend to withdraw from interactions regarding childrearing. Lack of harmony in coparenting relations in such families could demonstrate itself through competition in terms of undermining the other parent's authority or forming coalitions with children to become the favorite parent (Murphy et al., 2016).

Understanding the relationship between parents' individual GPD and the three dimensions of coparenting is important to grasp if parents in distress incline towards different coparenting interactions such as triangulation. Therefore, three separate

APIMeM analyses were conducted in this study to examine the associations between parents' GPD and coparenting cooperation, coparenting conflict, and coparenting triangulation through one mediator that is couple satisfaction.

1.2.3 Family Life Cycle Model

The family life cycle is a framework that explains the development of families in sequential stages based on specific tasks. Initially developed by Duvall (1957), and Hill and Rodgers (1964), the framework suggests that families develop around the concepts of change and maintenance (Nichols & Schwartz, 2013). Bearing in mind that the framework models traditional families, it conceptualizes the most common developmental changes in the family life into stages in which a specific stress-induced change is followed by an adjustment period, growth, and maintenance. Duvall's (1957) original eight-stage family life cycle model has the stages of (1) Married couple without children (2) Childbearing families with the oldest child between birth and 30 months (3) Families with preschool children (4) Families with school-age children (5) Families with adolescent children (6) Launching families (children leaving home) (7) Middle-age families (8) Aging families (Joronen & Rantanen, 2014).

Coparenting relations emerge as a family prepares to welcome their first-born baby into the family. It is especially a stressful period for new parents as the new member of the family drastically changes the relational dynamics of the family. Division of labor within the nuclear family, relations with the extended family, the amount of time spent for couple activities are reorganized around childrearing as the husband and wife take on the new roles of a father and a mother (Kuersten-Hogan & McHale, 2021). Feinberg (2002) reinterpreted this reorganization of family relations

and resources as stressful in the context of coparenting while transitioning to parenthood and defined the emerging coparenting patterns as fluid and malleable in the childbearing family stage of the family life cycle.

Regarding the association between parents' mental health and coparenting relations, Williams's (2018) dyadic longitudinal study on the relationship between parental depression and cooperative coparenting in the first five years after a birth showed that fathers' depression had larger effect on coparenting than mothers' depression only in the first three years. Owing to the undulant nature of coparenting in the transition to parenthood period, an influential group of studies in coparenting literature explored parents' mental health associations in the early years of parenthood and found that the degree of father's supportive coparenting was predictive in both parents' mental health (Don et al., 2013; Durtschi et al., 2017). Other studies showed that father involvement in parenting increased in preschool ages as compared to infancy (Bailey, 1994; De Luccie, 1996).

This study focuses on the third stage of the family life cycle that is families with preschool children to eliminate the impact of unique stressors of becoming new parents in the relationship between parents' GPD and coparenting. The parental tasks of this stage contain socializing, educating and guiding children (Duvall, 1988). These tasks require both parents' increasing involvement in coparenting as the variety of child-related issues increase. The family life cycle framework indicates that moving from one stage to the next in the life cycle comes with unique challenges and opportunities (Carter & McGoldrick, 1989). This stage provides parents the opportunity to assess and adjust parenting roles as their children age and more children are welcomed to families. Therefore, we believe that findings of the current

study might provide insights to help parents in distress to make early adjustments in their coparenting relations.

1.3 Major Study Variables

The main variables of the current study are coparenting, general psychological distress (GPD), and couple satisfaction. This section provides information on how the major study variables are commonly defined in the literature and how they are operationalized and assessed in the current study.

1.3.1 General Psychological Distress (GPD)

General psychological distress (GPD) can be interpreted as non-specific symptoms of depression, anxiety, and stress. Increased levels of GPD are reflective of worsening mental health and linked with common mental disorders such as depression and anxiety (Andrews & Slade, 2001). Individuals in stressful situations internally evaluate the situation based on their perceptions of harm and resources, and foster positive or negative feelings towards the situation which impact their well being (Lazarus & Folkman, 1984). Exposure to continuous or overwhelming stressors might result in increases in GPD which is commonly referred to as stress, emotional distress, or negative emotional affect in the literature.

In the present study, parents' GPD were assessed based on the total score of their ratings on the Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond, 1995). A considerable number of factor analyses of the DASS-21 in adult samples worldwide advocate a bi-factor model of a general psychological distress factor and three specific factors of depression, anxiety to be a better fit than the traditional three-factor model (Gomez, 2013; Henry & Crawford, 2005; Kožar & Kožar, 2022).

1.3.2 Couple Satisfaction

Relationship satisfaction refers to the affective experience in a romantic relationship and how one partner evaluates this experience based on his/her expectations from the relationship (Bradbury et al., 2000). It is a subjective evaluation therefore partners in the same couple might have different evaluations and their satisfaction levels might differ. Various terminologies have been used interchangeably in the literature to explain relationship satisfaction such as marital satisfaction, relationship quality, relationship happiness, and relationship adjustment (Kluwer, 2010). This study assessed parents' couple relationship satisfaction using the short version of the Couple Satisfaction Index (CSI-16; Funk & Rogge, 2007).

1.3.3 Coparenting

Coparenting is explained as “the ways that parents and/or parental figures relate to each other in the role of parent” (Feinberg, 2003, p. 96). The quality of coparenting in this study was assessed based on parents' ratings on the Coparenting Inventory for Parents with Preschoolers (CI-PP; Pinquart & Teubert, 2015). In line with Margolin et al.'s (2001) previously explained conceptualization of coparenting, CI-PP assesses coparenting with 3 subscales that are cooperation, conflict, and triangulation. The cooperation subscale assesses how much parents collaborate on childrearing. The conflict subscale assesses how much parents experience conflict in issues regarding children. The triangulation subscale assesses if and to what degree parents expose children to coparenting communication.

1.4 Literature Review

This section presents the findings of the previous literature on the relationship between the major study variables. Firstly, prior results on the relationship between

coparenting and GPD are discussed. Secondly, research on coparenting and couple satisfaction are reviewed. Thirdly, literature on GPD and couple satisfaction is presented. Additionally, this section covers the role of demographic variables on the major study variables, coparenting literature in Turkey, and the hypotheses of the present study, respectively.

1.4.1 GPD and Coparenting

Research exploring the link between psychological distress and coparenting is diverse but mainly focuses on depression or parenting stress and falls short in explaining anxiety, stress, or general distress. Prior studies showed a negative association between supportive coparenting and depression (O'hara & Swain, 1996), and a positive association between coparenting conflict and depression (Solmeyer & Feinberg, 2011). With regards to parental stress, studies showed a negative relation between supportive coparenting (Durtschi et al., 2017). Recently, the outbreak of the Covid-19 pandemic has attracted attention on coparenting in relation to parents' daily challenges and psychological distress (Arikan & Acar, 2022; Lucassen et al., 2021; Peltz et al., 2021).

A cross-sectional study by Li et al. (2022) explored the links between daily parenting hassles, psychological distress, and coparenting cooperation with a sample of 7314 parents. Results showed that parenting daily hassles were positively correlated with parents' depression, anxiety and stress and coparenting cooperation had direct negative effects on daily parenting hassles and parents' psychological distress. Additionally, coparenting cooperation had an indirect effect on parents' psychological distress by attenuating daily parenting hassles. Another study by MacRae et al. (2021) found similar results by using a dyadic modelling for exploring

the relationship between parents' psychological distress, coparenting cooperation, and parenting quality among 362 parents of which 310 were dyads. Findings showed that decreases in parenting quality due to parents' psychological distress was buffered by coparenting cooperation.

In terms of coparenting discord, studies consistently found a positive association with parents' psychological distress. A longitudinal study covering pre-pandemic and post-pandemic time interval showed that parents' psychological distress, especially depressive symptoms, more than doubled with the onset of the pandemic and coparenting conflict moderated that effect such that parents with higher coparenting conflict reported even higher depression levels after the pandemic (Feinberg et al., 2022). One cross-sectional study conducted after the pandemic showed that stress due to the new demands created by the pandemic and financial stress were positively related with coparenting conflict, and coparenting conflict mediated the effects of COVID-19 stressors on family cohesion (Peltz et al., 2021). Another study found that while coparenting discord (including coparenting conflict and triangulation) predicted parental depressive symptoms and caustic parenting, COVID-19 stressors predicted coparenting discord (Daks et al., 2020).

1.4.2 GPD and Couple Satisfaction

Acknowledging the interconnectedness assumption of the family systems theory, prior research focusing on the relationship between psychological distress and couple satisfaction consistently found a negative association between the two variables (Lazarus & Folkman, 1984; Randall & Bodenmann, 2017). Increasing levels of psychological distress experienced by one partner in the relationship might lead them to withdraw from communication or couple activities which in turn would

result in a decrease in couple satisfaction over time for both partners. Similarly, lower levels of couple satisfaction may be influential in the increasing levels of psychological distress for partners in a romantic relationship (Beach et al., 2003).

Recent studies focusing on this specific relationship took the impact of Covid-19 stressors into account and investigated if there have been changes in the individual levels of GPD and the negative association between GPD and couple satisfaction. Randall et al.'s (2022) cross-sectional study examined this association based on self-report data collected from 14,020 people across 27 countries, one of which was Turkey, during the early phases of the pandemic. Participants completed DASS-21 scale twice for pre and post Covid-19 experiences of psychological distress. Relationship quality was measured using the Perceived Relationship Quality Component Inventory. The results showed that higher levels of psychological distress were reported post-pandemic in 19 countries out of 27, and Turkey is among these countries. Although there was a negative association between post-pandemic psychological distress and relationship quality for 18 out of 24 countries, countries with higher post-pandemic psychological distress did not report lower or higher relationship quality. Interestingly, the negative association was negligible in Turkey. On the other hand, individuals whose post-pandemic psychological distress levels were above average reported lower relationship quality as compared to the other individuals in their country.

Another cross-sectional study conducted with a sample of 233 individuals in a romantic relationship from Turkey found that the Covid-19 related distress was negatively linked with relationship satisfaction. Participants completed DASS-21 and were specifically asked to rate the degree to which they had those experiences of

psychological distress during the pandemic. Relationship satisfaction was measured using the Dyadic Adjustment Scale. Findings revealed a stronger relationship between Covid-19 related distress and relationship satisfaction for men than women (Genc et al., 2021).

1.4.3 Coparenting and Couple Satisfaction

Various studies investigated marital satisfaction and coparenting relationship utilizing different research designs. The findings consistently suggested a bidirectional relationship in which higher couple satisfaction was associated with higher coparenting cooperation and lower coparenting conflict and triangulation (Christopher et al., 2015; Durtschi et al., 2017; Kan et al., 2012; Le et al. 2016; Peltz et al., 2018; Salman-Engin, 2014; Schoppe-Sullivan & Mangelsdorf, 2013).

A line of longitudinal studies focused on the transition to parenthood period and the early years of parenting (Christopher et al., 2015; Le et al. 2016). Some longitudinal studies focusing on the same period explored other familial factors such as parent characteristics, parental stress and self-efficacy that are associated with marital satisfaction and coparenting (Durtschi et al., 2017; Kan et al., 2012; Peltz et al., 2018; Schoppe-Sullivan & Mangelsdorf, 2013; Schoppe-Sullivan et al., 2016). Using an actor-partner independence modelling, Le et al. (2016) found that prenatal relationship quality predicted coparenting support and undermining in both fathers and mothers. Relationship quality at six months of parenthood only predicted coparenting support but not coparenting undermining at three years of parenting. They also found that coparenting support and undermining at six months of parenthood predicted relationship quality at three years of parenthood only for mothers but not fathers. They did not find any partner effects in their study. Using a

latent growth curve modelling, Christopher et al. (2015) also found spousal differences in marital satisfaction and coparenting relationship. In their study, lower marital satisfaction predicted higher competitive coparenting and higher marital conflict predicted lower cooperative coparenting for fathers. For mothers, higher marital conflict predicted less support of their spouse's parenting.

Gender differences were also found in longitudinal studies exploring other familial factors in relation to marital satisfaction and coparenting. For example, Durtschi et al. (2017) examined dyadic effects of supportive coparenting and parental stress on relationship quality and found that supportive coparenting predicted higher relationship quality for both mothers and fathers whereas fathers' supportive coparenting had buffering effects on the association between mothers' parental stress and relationship quality. One possible interpretation of these different findings on mothers and fathers could be that when fathers have higher marital satisfaction they tend to be more cooperative in coparenting and this influences the mothers' perception of their spouses' coparenting which then increases mothers' marital satisfaction.

Differences between fathers and mothers were also found in cross-sectional studies on marital satisfaction and coparenting relationship (Kolak & Volling, 2007; Merrifield & Gamble, 2013; Pedro et al., 2012, Salman-Engin, 2014). Liu and Wu (2018) investigated the spillover effects of marital satisfaction on coparenting by using actor-partner interdependence modelling in Chinese couples with children three to seven years old. Spillover effects can be explained as the transfer of intra-personal affects or experiences from marital relations to coparenting relations or vice versa. They found similar spillover effects of marital satisfaction on three

subdimensions of coparenting (family integrity, reprimand, conflict) for fathers and mothers but a stronger spillover effect on coparenting disparagement for fathers than mothers.

1.4.4 The Role of Demographic Variables

Demographic variables of age, gender, marriage duration, income and educational level had commonly been found to be associated with coparenting, GPD, and couple satisfaction. Even though there is no consensus if and how each mentioned demographic variable is associated with the main variables of the current study, this section briefly mentions the findings of the previous literature on these associations.

The demographic factors that are commonly associated with coparenting include parents' gender and age (Lindsey et al., 2005), educational level (Stright & Bales, 2003), and socioeconomic status (Schoppe-Sullivan & Mangelsdorf, 2013; Van Egeren, 2003). Prior research provided conflicting results on the relationship between parents' gender and coparenting as well as parents' age and coparenting. For instance, Lindsey et al. (2005) found that during triadic free play sessions, fathers exhibited supportive coparenting more than mothers. On the contrary, Margolin et al. (2001) found that mothers engagement in cooperative cooperation was more than fathers. Lindsey et al. (2005) also showed that older mothers with a one-year-old child were less likely to exhibit intrusive behaviors than younger mothers. On the other hand, Mack and Gee (2018) found a negative association between fathers' age and coparenting quality. Regarding parents' educational level, studies showed that older and highly educated parents were more likely to exhibit coparenting cooperation (Salman-Engin, 2014; Stright & Bales,

2003). Additionally, Van Egeren (2003) showed that higher occupational status was linked with higher coparenting satisfaction for fathers. In terms of socioeconomic status, parents' were more likely to engage in supportive coparenting in higher income and dual-earner families (Lindsey et al., 2005; Schoppe-Sullivan & Mangelsdorf, 2013).

The individual factors that are commonly associated with GPD include gender, perceived emotional support, and financial difficulties among which gender is the most significantly associated factor with GPD. Previous studies showed that women are more inclined to GPD as compared to men (Piccinelli & Wilkinson, 2000; Suvisaari et al., 2009). Although there may be biological factors at play in this difference, social factors such as the gender roles in the family and at work as well as balancing different expectations of the society could provide one possible explanation to gender differences in the experience of GPD (Marchand et al., 2016). Regarding perceived emotional support, prior research showed that there is a stronger negative association between emotional support and psychological distress for women than men. However, men seem to receive more support from their spouses as compared to women (Schwarzer & Gutierrez-Dona, 2005). Socioeconomic status also have found to be related to adverse mental health outcomes even more so for women than men (Lacey et al., 2019; Nagasu et al., 2019). The results of a national survey in England showed that women were more prone to suffering from depression and anxiety in all the income categories except the lowest category, whereas men in the lowest income group were three times more likely to have a common mental disorder than men in the highest income group (The NHS Information Centre for Health and Social Care, 2009).

The demographic variables that have generally been associated with couple satisfaction are partners' gender and age, marriage duration, and socioeconomic status. Spouses' gender was found to be significant for marital satisfaction towards men being more satisfied than women in marriages (Dobrowolska et al., 2020). Spouses' age in a marriage has been negatively associated with marital conflict and found to be a common predictor of divorce (Amato & Rogers, 1997; Jose & Alfons, 2007). With regards to marriage duration, prior research found a positive relationship between marital satisfaction (Bookwala et al., 2005). Hinchliff and Gott's study (2004) showed that marital satisfaction increases due to the growing intimacy among couples who were married for a longer time. Regarding the socioeconomic factor of education, research showed a relatively weaker link between couple satisfaction while some studies found that higher educational level was negatively associated with relationship satisfaction for women (Chen, 2012; Dobrowolska et al., 2020).

1.4.5 Coparenting Literature in Turkey

Coparenting literature started to emerge in Turkey only in the last decade and very few studies explored individual and relational factors associated with coparenting. To be precise, there are only three studies that explored coparenting in relation to parents' psychological distress and couple satisfaction, all of which will be explained in detail below.

The first coparenting study ever to be conducted in the Turkish population was by Salman-Engin (2014). She examined coparenting alliance in relation to marital adjustment, parents' attachment, parenting stress, and postpartum depression among 45 Turkish and 54 American families with a 3- month-old baby. She employed different actor-partner interdependence model (APIM) tests to explore each dyadic

relationship. The results showed that marital adjustment had significant and positive actor effects on coparenting alliance in both Turkish and American samples. However, partner effects were only significant in the American sample. For the relationship between coparenting alliance and postpartum depression, results demonstrated that only actor effects of mothers' coparenting alliance on postpartum depression were significant. Partner effects were not significant in neither Turkish nor American samples. Lastly, the relationship between coparenting alliance and parental stress was assessed in the Turkish sample. The findings showed that only actor effects of fathers' coparenting alliance on parental stress were significant and no partner effects were found.

The second study by Arıkan and Acar (2022) investigated coparenting cooperation in relation to parents' psychological distress during COVID-19 quarantine in terms of depression, anxiety, and stress among a sample of 247 Turkish parents. Results of a hierarchical regression analysis showed that coparenting cooperation was negatively correlated with all three subdimensions of parents' psychological distress, and significant in explaining parents' stress and depression but not anxiety.

The last study by Ece et al. (2023) also utilized actor-partner independence modelling to explore the couple satisfaction and coparenting relationship in the Turkish population with 249 married coparent dyads with a child of three to seven years old. She found that couple satisfaction was positively associated with coparenting cooperation, and negatively associated with coparenting conflict and triangulation for both mothers and fathers. Additionally, father's couple satisfaction

was positively associated with mother's coparenting cooperation and negatively associated with mother's coparenting triangulation.

There are no studies conducted exploring Turkish parents' general psychological distress in relation to the three subdimensions of coparenting (cooperation, conflict, triangulation). Therefore, the current study aims to further explore the relationship between parents' general psychological distress and coparenting cooperation, conflict, and triangulation through the possible mediation of couple satisfaction in the Turkish population.

1.4.6 The Present Study

Considering the theoretical background along with previous research, the present study adopts a dyadic mediational model to explore the relationship between general psychological distress and coparenting subdimensions of cooperation, conflict, and triangulation with couple satisfaction as the mediator (See Figure 2). The study focuses on a sample of parents with preschool children (three to seven years old) and are living in Turkey.

There are nine research questions and nine hypotheses of the current study. The first three hypotheses are about the direct associations between GPD and coparenting dimensions on a dyadic level exploring the actor and partner effects. The literature demonstrated that there is a negative relationship between GPD and coparenting cooperation, and a positive relationship between GPD and coparenting conflict and triangulation. Therefore, we expected to find significant direct actor effects between GPD and coparenting dimensions for both mothers and fathers. The literature is not conclusive on the partner effects but considering the interrelatedness assumption of

the family system theory, we hypothesized that the partner effects would also be significant.

The remaining six hypotheses of the present study are about the indirect actor and partner effects of GPD on coparenting through the mediation of couple satisfaction. The literature showed that there is a negative relationship between GPD and couple satisfaction. Additionally, there is a positive relationship between couple satisfaction and coparenting cooperation, and a negative relationship between couple satisfaction and coparenting conflict and triangulation. The literature on the indirect effects in question is very limited but based on theory and research on the direct associations between the study variables, we hypothesized that higher levels of GPD will be associated with lower levels of couple satisfaction which in turn will be associated with lower levels of coparenting cooperation, and higher levels of coparenting conflict and triangulation for both mothers and fathers. The research questions and hypotheses of the study are presented in the next section.

1.4.6.1 Research Questions and Hypotheses

Q1: Do spouses' individual general psychological distress have direct effect on their own coparenting cooperation (direct actor effects)? Do spouses' individual general psychological distress have partner effect on the other spouse's coparenting cooperation (direct partner effects)?

H1: Mothers' and fathers' general psychological distress would be negatively associated with their own coparenting cooperation (direct actor effects) as well as their spouses' coparenting cooperation (direct partner effects).

Q2: Do spouses' individual general psychological distress have direct effect on their own coparenting conflict (direct actor effects)? Do spouses' individual general

psychological distress have partner effect on the other spouse's coparenting conflict (direct partner effects)?

H2: Mothers' and fathers' general psychological distress would be positively associated with their own coparenting conflict (direct actor effects) as well as their spouses' coparenting conflict (direct partner effects).

Q3: Do spouses' individual general psychological distress have direct effect on their own coparenting triangulation (direct actor effects)? Do spouses' individual general psychological distress have partner effect on the other spouse's coparenting triangulation (direct partner effects)?

H3: Mothers' and fathers' general psychological distress would be positively associated with their own coparenting triangulation (direct actor effects) as well as their spouses' coparenting triangulation (direct partner effects).

Q4: Do mothers' and fathers' own general psychological distress have an indirect effect on their own coparenting cooperation through their own couple satisfaction as well as through their spouses' couple satisfaction (indirect actor effects)?

H4: Higher levels of mothers' and fathers' general psychological distress will be associated with lower levels of their own couple satisfaction as well as lower levels of their spouses' couple satisfaction which in turn, will be related to lower levels of their own coparenting cooperation (indirect actor effects).

Q5: Do mothers' and fathers' own general psychological distress have an indirect effect on their spouses' coparenting cooperation through their own couple satisfaction as well as through their spouses' couple satisfaction (indirect partner effects)?

H5: Higher levels of mothers' and fathers' own general psychological distress will be associated with lower levels of their own couple satisfaction as well as lower levels of their spouses' couple satisfaction which in turn, will be related to lower levels of their spouses' coparenting cooperation (indirect partner effects).

Q6: Do mothers' and fathers' own general psychological distress have an indirect effect on their own coparenting conflict through their own couple satisfaction as well as through their spouses' couple satisfaction (indirect actor effects)?

H6: Higher levels of mothers' and fathers' general psychological distress will be associated with lower levels of their own couple satisfaction as well as lower levels of their spouses' couple satisfaction which in turn, will be related to higher levels of their own coparenting conflict (indirect actor effects).

Q7: Do mothers' and fathers' own general psychological distress have an indirect effect on their spouses' coparenting conflict through their own couple satisfaction as well as through their spouses' couple satisfaction (indirect partner effects)?

H7: Higher levels of mothers' and fathers' own general psychological distress will be associated with lower levels of their own couple satisfaction as well as lower levels of their spouses' couple satisfaction which in turn, will be related to higher levels of their spouses' coparenting conflict (indirect partner effects).

Q8: Do mothers' and fathers' own general psychological distress have an indirect effect on their own coparenting triangulation through their own couple satisfaction as well as through their spouses' couple satisfaction (indirect actor effects)?

H8: Higher levels of mothers' and fathers' general psychological distress will be associated with lower levels of their own couple satisfaction as well as lower levels of their spouses' couple satisfaction which in turn, will be related to higher levels of their own coparenting triangulation (indirect actor effects).

Q9: Do mothers' and fathers' own general psychological distress have an indirect effect on their spouses' coparenting triangulation through their own couple satisfaction as well as through their spouses' couple satisfaction (indirect partner effects)?

H9: Higher levels of mothers' and fathers' own general psychological distress will be associated with lower levels of their own couple satisfaction as well as lower levels of their spouses' couple satisfaction which in turn, will be related to higher levels of their spouses' coparenting triangulation (indirect partner effects).

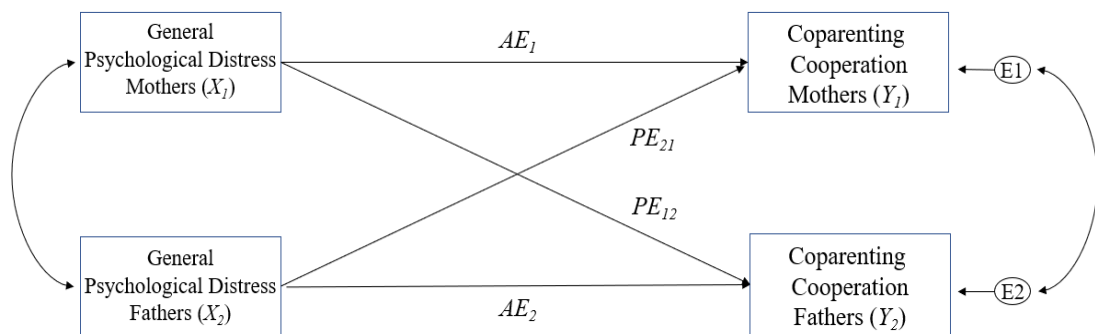


Figure 1 Theoretical Model for Basic Actor-Partner Interdependence Model with the Predictor Variable of General Psychological Distress and Outcome Variable of Coparenting

Note. AE designates actor effects; PE designates partner effects; E1 and E2 indicate residuals

Note 2. Separate APIM analyses will be run to analyze coparenting cooperation, conflict, and triangulation.

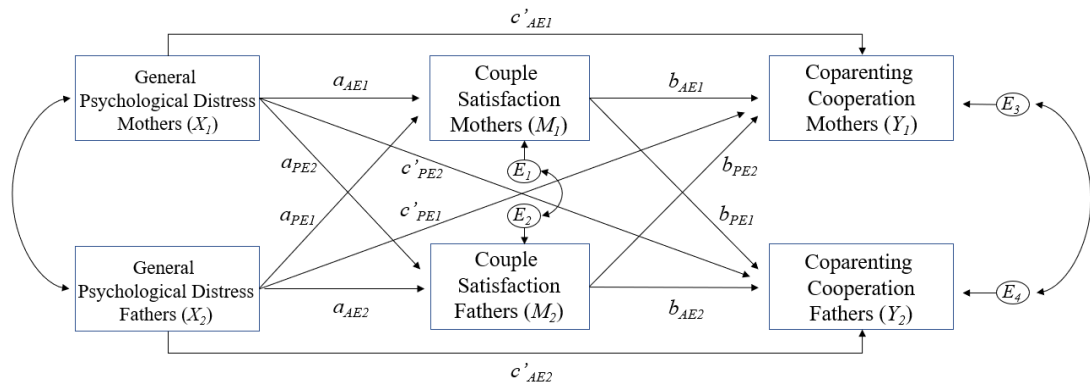


Figure 2 Theoretical Model for Actor-Partner Interdependence Mediation Model with General Psychological Distress as Predictor Variable, Couple Satisfaction as Mediator Variable and Coparenting as Outcome Variable

Note. AE designates actor effects; PE designates partner effects; E1 to E4 indicate residuals

Note 2. Separate APIMeM analyses will be run to analyze coparenting cooperation, conflict, and triangulation.

CHAPTER 2

METHODS

2.1 Participants

There were two inclusion criteria to the study; (1) participation of both partners in a couple, (2) couples having at least one child between the ages of three and seven. Both mothers' and fathers' participation were required to investigate the dyadic relations concerning the hypotheses of the present study. The age interval of children was set based on family life cycle model (see Section 1.2.3).

The Actor-Partner Interdependence Model power analysis simulation was used to determine the sample size for the current study (APIMPower; Ackerman & Kenny, 2016). Since there are no studies that employed the same design with the variables of this study, research with a comparable design and similar variables were analyzed. Findings of three studies on the correlation between mothers' and fathers' psychological distress (Durtschi et al., 2017; McDaniel et al., 2018; Solmeyer & Feinberg, 2011), and four studies on the correlation between mothers' and fathers' coparenting (Durtschi et al., 2017; Ece et al., 2023; McDaniel et al., 2018; Solmeyer & Feinberg, 2011) were averaged and run through the power analysis simulation. Additionally, average findings of four studies on the effect sizes of the actor effects for mothers and fathers (Durtschi et al., 2017; McDaniel et al., 2018; Salman-Engin, 2014; Solmeyer & Feinberg, 2011), and findings of one study on the effect sizes of the partner effects for mothers and fathers (Margolin et al., 2001) were used in the simulation. The sample size estimation was conducted with a critical alpha level of .05 to obtain a power of .80 (Fritz & MacKinnon, 2007). APIMPower analysis simulation demonstrated that a sample of 163 distinguishable dyads would have

adequate power to detect a standardized effect size of .22 which was the smallest effect size computed with the findings of the previous studies. Therefore, the number of parent dyads in the current study's sample was determined to be at least 163.

The sample was recruited via convenience sampling and initially consisted of 768 individuals. 227 individuals were deleted because they did not respond to any items on one or more of the scales. 143 individuals among the remaining 541 individuals did not match with a partner in the dataset. They were also removed from the dataset because they did not meet the first inclusion criterion. The remaining 398 individuals were matching mothers and fathers in 199 couples. 11 couples were removed from the dataset due to not reporting having a child between the ages of three and seven. Four couples were removed from the dataset because they were multivariate outliers (see Section 3.1). Consequently, the final sample consisted of 184 couples.

All the couples in the sample reported that they were married and living together. The couples' marriage duration ranged from 12 to 372 months ($M = 123.23$, $SD = 65.08$). Half of the couples (50%) reported having one child ($n = 92$), 42.4% of the couples reported having two children ($n = 78$), 7.1% of the couples reported having three children ($n = 13$), and 0.5% of the couples reported having four children ($n = 1$).

The age range for mothers ($M = 36.60$, $SD = 5.18$) was 25 to 55, and for fathers ($M = 39.19$, $SD = 6.24$) it was 26 to 57. The sample mostly consisted of highly educated and working mothers and fathers. 4.3% of the mothers and 2.7% of the fathers had doctorate degree, and 20.7% of mothers and 16.3% of fathers had master's degree. The majority of the sample; 60.9% of mothers and 65.8% of fathers

had bachelor's degree, and 0.5% of mothers had associate degree. 9.2% of mothers and 12% of fathers had high school degree. 3.3% of mothers and 2.2% of fathers had middle school degree, and 1.1% of both mothers and fathers had primary school degree. In 184 couples, 113 mothers and 173 fathers were working full-time, and 22 mothers and 4 fathers were working part-time. 7 mothers and 4 fathers were unemployed and looking for a job, whereas 42 mothers and 3 fathers were unemployed and not looking for a job.

There were inconsistencies in the reports of mothers and fathers in 18 couples regarding the monthly household income. Therefore, we were unable to create a between couples monthly household income variable. The demographic data showed that almost 70% of the couples were in the 10,000 TL and above income level, which might be related to the rapidly increasing inflation rate in Turkey. Mothers' and fathers' monthly household income reports were as follows: 69% of mothers and 69.6% of fathers reported 10,000 TL and above income, 16.3% of mothers and 16.8% of fathers reported 7000 – 9999 TL income, 10.3% of both mothers and fathers reported 4000 – 6999 TL income, 3.8% of mothers and 3.3% of fathers reported 1000 – 3999 TL income, and 0.5% of mothers reported less than 1000 TL income.

2.2 Measures

Mothers and fathers separately filled out a self-report online survey comprised of four measures: the Socio-Demographic Information Form, the Turkish versions of the Depression Anxiety Stress Scale (DASS-21), the Couple Satisfaction Index (CSI-16), and the Coparenting Inventory for Parents with Preschoolers (CI-PP).

2.2.1 Demographic Information

The Socio-Demographic Information Form was developed by the researcher including demographics questions such as sex, age, education level, current employment status, monthly household income, duration of marriage, the number of children, child(ren)'s age and sex.

2.2.2 Depression Anxiety Stress Scale (DASS-21)

Parents' general psychological distress was assessed using a Turkish version of the Depression Anxiety Stress Scale (DASS-21; Lovibond & Lovibond, 1995; Yılmaz et al., 2017). There are 21 items on the DASS-21 that assess the general psychological distress syndromes of depression, anxiety, and stress. Each item (e.g., "I felt scared without any good reason") is rated on a 4-point Likert scale ranging from 1 = *never* to 4 = *always*. The internal consistencies in the original sample ranged from .84 to .91 (Lovibond & Lovibond, 1995). The Turkish version of DASS-21 showed good reliabilities in a non-clinical sample ranging from .76 to .82 (Yılmaz et al., 2017). Several factor analyses of the DASS-21 in adult samples suggested that a bi-factor model comprising of a general psychological distress factor and three specific factors of depression, anxiety, and stress might be a better fit than the traditional three-factor model (Gomez, 2013; Henry & Crawford, 2005; Koğar & Koğar, 2022). In the current study, DASS-21 total scores were used to analyze parents' general psychological distress. Cronbach's alphas of the scale for both mothers and fathers were .91 for this sample and showed good internal consistency for the general psychological distress factor.

2.2.3 Couple Satisfaction Index (CSI-16)

Parents' couple relationship satisfaction was assessed using a Turkish version of the Couple Satisfaction Index (CSI-16; Ece et al., 2023; Funk & Rogge, 2007). CSI-16 is a short version of the CSI-32 that consists of 16 Likert-type items varying from 6 to 7 points (e.g. "To what extent has your relationship met your original expectations?"). The scale offers a variety of responses such as "never" or "not at all true" for different items. Higher scores indicate higher levels of couple satisfaction. A composite score for each parent was created by summing item scores. The internal consistency in the original CSI-16 sample was .98 (Funk & Rogge, 2007). Cronbach's alphas of the scale in the Turkish sample of 249 parents showed a similar high internal consistency of .97 for both fathers and mothers (Ece et al., 2023). Cronbach's alphas of the scale in the current sample were .94 for mothers and .95 for fathers.

2.2.4 Coparenting Inventory for Parents with Preschoolers (CI-PP)

The quality of coparenting was assessed using the Turkish version of the Coparenting Inventory for Parents with Preschoolers (CI-PP; Acar et al., 2022; Pinquart & Teubert, 2015). CI-PP consists of 12 items and 3 subscales that are cooperation, conflict, and triangulation, 4 items each. The cooperation subscale assesses the degree to which spouses collaborate on child-rearing (e.g. "My partner and I talk about child-rearing"). The conflict subscale assesses to what extent spouses conflict each other in issues regarding children (e.g. "My partner and I disagree on the rules, goals, and demands of child-rearing"). The triangulation subscale assesses how much children are exposed to coparenting communication (e.g. "My partner and I discuss our problems regarding childrearing in front of our

child”). Each item is rated on a 4-point Likert scale ranging from 1 = *not at all true* to 4 = *completely true*. Composite scores for each parent were created by summing item scores of each subscale. The internal consistencies in the original sample are as follows; .77 for fathers’ cooperation and .84 for mothers’ cooperation; .87 for fathers’ conflict and .83 for mothers’ conflict; .79 for fathers’ triangulation and .75 for mothers’ triangulation (Pinquart & Teubert, 2015). Cronbach's alphas of the scale in the Turkish sample of 249 parents showed similar high internal consistencies of cooperation (.82 and .87), conflict (.76 and .80), and triangulation (.79 and .81), for fathers’ and mothers’ respectively (Acar et al., 2022). In the current sample, Cronbach’s alphas of mothers and fathers were .82 and .79 for cooperation, .71 and .69 for conflict, .79 and .77 for triangulation.

2.3 Procedure

Before data collection, ethics approval was granted from Ozyegin University Ethics Board. Social media platforms and Whatsapp groups were used to announce the study and invite parents with three to seven year old children to participate. Data were collected online between November 2021 and January 2023 by providing volunteering parents the online survey link on Qualtrics. The survey was only available after the participants approved the informed consent form followed by the instructions for spouses to separately fill out the survey and provide the same couple nickname. The participants then accessed and completed the scales including the demographic form, the DASS-21, the CSI-16 and the CI-PP. Data from the parents with the same nickname were paired after data collection is completed. Missing or incredulous data were excluded from the collected data.

CHAPTER 3

RESULTS

3.1 Data Screening and Preliminary Analyses

A total of 768 entries were made to the dataset on Qualtrics but 541 participants answered items on all the scales. Participants that did not meet the first inclusion criteria of participating in the study as a couple were eliminated from the dataset. Responses of 143 participants did not match with a partner, leaving 398 participants (199 couples) in the dataset. Couples that did not meet the second inclusion criteria of having at least one child between the ages of three and seven were also deleted from the dataset. 11 couples (22 participants) did not report having a child between the ages of 3 and 7, resulting in a final number of 376 participants (188 couples with at least one child between the ages of 3 and 7) in the dataset.

Data from 376 individuals (188 couples) were organized and screened for accuracy, missing values, outliers, and the assumptions of multivariate analysis using IBM SPSS 25.0 (IBM Corp, 2017). The first screening showed that there were no missing values in any of the items. After the screening of item-level accuracy, composite scores were created by summing related items for the five main variables: GPD, couple satisfaction, coparenting cooperation, coparenting conflict, and coparenting triangulation. Following the computation of the composite scores, data was restructured from individual level to dyadic level.

Mahalanobis Distance (Tabachnick & Fidell, 2007) was checked to screen for multivariate outliers among the main variables for mothers and fathers $\chi^2 (10, N = 188) = 29.59, p < .001$. There were four multivariate outliers which were above the cut-off χ^2 value of 29.59 and those couples were deleted from the dataset. All the

further analyses were conducted with remaining 184 couples. One couple reported that their marriage duration was 12 months which might indicate a second marriage. Therefore, the analyses were also conducted removing this couple. The removal of this couple did not have a significant effect on the results, thus the analyses with 184 couples were reported.

Multicollinearity assumption was screened by running bivariate correlations for all the major variables and the results did not suggest multicollinearity (See Table 2). The variables were not highly correlated above the .73 level (Friedman & Wall, 2005). Additional regression analyses were run to compute VIF values and tolerance scores for mothers and fathers to further investigate multicollinearity. The results did not suggest a problem with multicollinearity according to the criteria analyses of Becker et al. (2015), (For mothers; general psychological distress, *Tolerance* = .81, *VIF* = 1.24; couple satisfaction, *Tolerance* = .52, *VIF* = 1.91. For fathers; general psychological distress, *Tolerance* = .66, *VIF* = 1.52; couple satisfaction, *Tolerance* = .45, *VIF* = 2.23).

Normality assumption was evaluated with the screening of skewness and kurtosis of the variables to see whether they fall in the acceptable range of -3 and +3 for normality (Kline, 2011). Skewness was observed to be in the normal range for all the variables. Kurtosis was also in the normal range for all the variables except fathers' coparenting triangulation variable which was marginally kurtotic with a value of 3.39 (see Table 1). No alteration was made in the data since the value was not high above the acceptable range. Linearity assumption was evaluated with the normal P-P plot of regression standardized residual and the variables were observed

to be linear on the scatter plots. Lastly, the standardized regression scatter plots exhibited that the results were homogenic and homoscedastic.

3.2 Descriptive Analysis

The descriptive statistics for GPD, couple satisfaction, and coparenting dimensions are presented for mothers and fathers in Table 1.

Table 1 *Descriptive Statistics for General Psychological Distress, Couple Satisfaction, and Coparenting Dimensions by Gender*

	Min-Max	Mean	SD	Skewness	Kurtosis	Range	Cronbach Alpha (α)
Mothers							
GPD	0-49	16.68	10.02	.51	.25	49	.91
Couple Satisfaction	18-81	60.21	14.29	-.88	.22	63	.94
CP Cooperation	4-16	14.07	2.31	-1.41	2.06	12	.82
CP Conflict	4-15	7.27	2.57	.63	-.34	11	.71
CP Triangulation	4-14	5.55	2.13	1.59	2.01	10	.79
Fathers							
GPD	0-44	12.77	9.53	.95	.60	44	.91
Couple Satisfaction	10-81	62.54	14.12	-1.01	1.06	71	.95
CP Cooperation	7-16	14.19	2.13	-1.15	.65	9	.80
CP Conflict	4-16	7.05	2.59	.75	.18	12	.69
CP Triangulation	4-12	5.10	1.77	1.93	3.39	8	.77

Note. GPD = General Psychological Distress, CP = Coparenting.

3.3 Correlation Analysis

Bivariate Pearson correlation analyses were run to explore the relations between major study variables of mothers and fathers (see Table 2) as well as demographic variables of mothers' and father's age, marriage duration, and couples' number of children (see Table 3).

Table 2 *Bivariate Pearson Correlations of the Major Study Variables*

Variables	1	2	3	4	5	6	7	8	9	10
GPD										
1. Mothers	-									
2. Fathers	.37**	-								
Couple Satisfaction										
3. Mothers	-.34**	-.33**	-							
4. Fathers	-.27**	-.53**	.66**	-						
CP Cooperation										
5. Mothers	-.35**	-.15*	.47**	.38**	-					
6. Fathers	-.35**	-.32**	.31**	.45**	.62**	-				
CP Conflict										
7. Mothers	.39**	.25**	-.43**	-.32**	-.51**	-.33**	-			
8. Fathers	.26**	.46**	-.27**	-.42**	-.33**	-.45**	.40**	-		
CP Triangulation										
9. Mothers	.27**	.24**	-.38**	-.38**	-.40**	-.32**	.46**	.36**	-	
10. Fathers	.29**	.42**	-.26**	-.38**	-.43**	-.49**	.37**	.48**	.58**	-

Note. * $p < .05$ (2-tailed), ** $p < .01$ (2-tailed). GPD = General Psychological Distress, CP = Coparenting.

Table 3 *Intercorrelations Between Major Study Variables and Demographic Variables of Age, Marriage Duration (in Months), and Number of Children*

Variables		Mothers' Age	Fathers' Age	Couples' Marriage Duration (in months)	Couples' Number of Children
GPD					
1.	Mothers	-.01	-.02	.02	.01
2.	Fathers	-.04	-.03	-.07	-.15*
Couple Satisfaction					
3.	Mothers	-.11	-.11	-.08	-.03
4.	Fathers	-.08	-.06	-.05	.01
CP Cooperation					
5.	Mothers	-.11	-.12	-.18*	-.13
6.	Fathers	-.07	-.05	-.14	-.14
CP Conflict					
7.	Mothers	.08	.11	.10	.01
8.	Fathers	-.01	-.02	.02	.07
CP Triangulation					
9.	Mothers	.02	.04	.03	-.01
10.	Fathers	-.01	.04	.04	.00

Note. * $p < .05$ (2-tailed). GPD = General Psychological Distress, CP = Coparenting.

3.4 Group Comparisons

Several analyses were performed to explore significant differences between mothers and fathers. Gender differences on the main study variables were explored with paired sample t-tests. Additionally, multiple one-way ANOVA were carried out to explore differences in the main study variables in terms of education level of mothers and fathers.

3.4.1 Gender Differences

Gender differences on main study variables were analyzed by running paired sample t-tests. Results showed that there were statistically significant mean differences between mothers' and fathers' scores of GPD, marital satisfaction, and coparenting triangulation. There was a significant difference between mothers' ($M =$

16.68, $SD = 10.02$) and fathers' ($M = 12.77$, $SD = 9.53$) GPD scores, $t(183) = 4.83$, $p = .000$, $d = .36$. There was a significant difference between mothers' ($M = 60.21$, $SD = 14.29$) and fathers' ($M = 62.54$, $SD = 14.12$) couple satisfaction scores, $t(183) = -2.71$, $p = .007$, $d = .20$. There was a significant difference between mothers' ($M = 5.55$, $SD = 2.13$) and fathers' ($M = 5.10$, $SD = 1.77$) coparenting triangulation scores, $t(183) = 3.38$, $p = .001$, $d = .25$. There were no statistically significant differences between mothers' ($M = 14.07$, $SD = 2.31$) and fathers' ($M = 14.19$, $SD = 2.13$) coparenting cooperation scores $t(183) = -.84$, $p = .402$, and between mothers' ($M = 7.27$, $SD = 2.57$) and fathers' ($M = 7.05$, $SD = 2.59$) coparenting conflict scores, $t(183) = 1.06$, $p = .289$.

3.4.2 Education Level

Multiple one-way ANOVA were conducted to determine whether the major study variables differ with mothers' and fathers' education levels. With regards to the mothers' education levels, the Levene's F test revealed that the homogeneity of variance assumption was met for both mothers' and fathers' GPD, couple satisfaction, coparenting conflict, and coparenting triangulation, as well as fathers' coparenting cooperation, $p > .05$. No significant effects of mothers' education level were found on these major study variables at the $p < .05$ level. The Levene's F test also revealed that the homogeneity of variance assumption was not met for mothers' coparenting cooperation, $p = .019$. Therefore, the Welch's F test was used with an alpha level of .05 for the analyses with mothers' coparenting cooperation. The one-way ANOVA of mothers' education level on mothers' coparenting cooperation did not reveal a statistically significant main effect, Welch's $F(5, 8.69) = 1.27$, $p = .359$.

With regards to the fathers' education levels, the Levene's F test revealed that the homogeneity of variance assumption was met for all the major study variables $p > .05$. No significant effects of fathers' education level were found on the major study variables at the $p < .05$ level. It was concluded that neither mothers' nor fathers' education level has a significant main effect on the major study variables.

3.5 APIM Analyses

Considering the interdependence between mothers and fathers, and to clarify possible actor and partner effects, the actor-partner interdependence model (APIM) was used to analyze the relationship between general psychological distress (GPD) and coparenting dimensions (Cook & Kenny, 2005). The APIM model was tested on the web application APIM_SEM (see https://apimsem.ugent.be/shiny/apim_sem/) that utilizes the structural equation model and the lavaan analysis package (Rosseel, 2012) for dyadic data analysis (Stas et al., 2018). Three separate APIM models were analyzed to test the first three hypotheses of the current study. All the models considered the GPD variables as the predictor variables. The dimensions of coparenting that are cooperation, conflict, and triangulation were considered as the outcome variables respectively in each model. The unstandardized effect estimates are represented in the tables, and the standardized effect estimates are shown on the figures for each model in the following sections.

The potential covariates to add to the models were evaluated based on the t-tests, ANOVA results, and the Pearson correlation coefficients between study variables. T-tests showed that mothers' and fathers' GPD, couple satisfaction, and coparenting triangulation scores significantly differed (see Section 3.4.1). Therefore, gender variable was chosen to conduct the test of distinguishability to determine

whether the dyads were distinguishable or not. Regarding the education level of mothers and fathers, none of the ANOVA results were significant therefore not added to the model. Lastly, correlation analyses showed that only couples' marriage duration was negatively correlated with mothers' coparenting cooperation ($r(184) = -.18, p = .02$). Marriage duration was added to the model as a between-dyad covariate. The effects of the marriage duration on coparenting cooperation for mothers and fathers were not significant (for mothers; $b = -.006, p = .052, 95\% CI [-0.012, 0]$; for fathers; $b = -.005, p = .073, 95\% CI [-0.01, 0.001]$). Marriage duration was then removed from the model because of nonsignificance. As a result, no covariates were added to the models.

3.5.1 Hypothesis 1: Associations Between GPD and Coparenting Cooperation

Before conducting the APIM analysis, gender variable was used to decide whether the dyads are distinguishable by a meaningful difference. The Test of Distinguishability was performed, and the result was significant $X^2(6, N = 184) = 30.21, p < .001$, meaning that mothers and fathers were statistically distinguishable based on gender.

In Hypothesis 1, we expected to find significant negative direct actor effects of both mother's and fathers' GPD on their own coparenting cooperation. The results of the APIM analysis showed that the direct actor effect of mothers' GPD on their own coparenting cooperation was significant ($b = -.08, p < .001$). The direct actor effect of fathers' GPD on their own coparenting cooperation was also significant ($b = -.05, p = .005$). Considering the direct actor effects, both mothers' and fathers' own GPD were negatively associated with their own coparenting cooperation.

In Hypothesis 1, we also expected to find significant negative partner effects of both mother's and fathers' own GPD on their spouses' coparenting cooperation. The results showed that the direct partner effect from mothers to fathers was significant ($b = -.06, p = .002$). However, the direct partner effect from fathers to mothers was not significant ($b = -.01, p = .773$). Considering the direct partner effects, only mothers' GPD were negatively associated with their spouses' coparenting cooperation.

Table 4 Basic Saturated APIM with Coparenting Cooperation as the Outcome Variable: Unstandardized Effect Estimates

	Estimate	<i>p</i>
Actor effects		
Mothers – $X_1 \rightarrow Y_1$	-.08	.000
Fathers – $X_2 \rightarrow Y_2$	-.05	.005
Partner effects		
Mothers to Fathers – $X_1 \rightarrow Y_2$	-.06	.002
Fathers to Mothers – $X_2 \rightarrow Y_1$	-.01	.773

Note. X = General Psychological Distress (GPD), Y = Coparenting Cooperation; subscript 1 refers to mothers, subscript 2 refers to fathers; p is two-tailed.

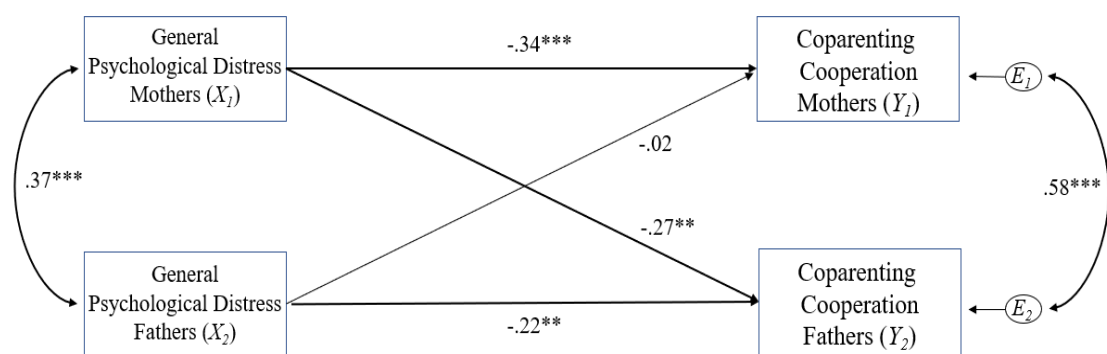


Figure 3 Basic Saturated APIM with Coparenting Cooperation as the Outcome Variable: Standardized Effect Estimates

Note. E1 and E2 indicate residuals; * $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed).

3.5.2 Hypothesis 2: Associations Between GPD and Coparenting Conflict

To begin with, the test of distinguishability based on gender variable was performed with the second APIM model exploring the associations between GPD and coparenting conflict. The result was significant $X^2(6, N = 184) = 23.98, p < .001$, showing that mothers and fathers were also statistically distinguishable in this model.

In Hypothesis 2, we predicted significant positive direct actor effects of both mother's and fathers' GPD on their own coparenting conflict. The results exhibited that the direct actor effect of mothers' GPD on their own coparenting conflict was significant ($b = .09, p < .001$). The direct actor effect of fathers' GPD on their own coparenting conflict was also significant ($b = .12, p < .001$). Taking the direct actor effects into account, both mothers' and fathers' own GPD were positively associated with their own coparenting conflict.

In Hypothesis 2, we also predicted significant positive partner effects of both mother's and fathers' own GPD on their spouses' coparenting conflict. The results showed that neither the direct partner effect from mothers to fathers ($b = .03, p = .126$) nor the direct partner effect from fathers to mothers ($b = .03, p = .128$) were significant. Taking the direct partner effects into account, no significant associations were found between mothers' and fathers' own GPD and their spouses' coparenting conflict.

Table 5 Basic Saturated APIM with Coparenting Conflict as the Outcome Variable: Unstandardized Effect Estimates

	Estimate	<i>p</i>
Actor effects		
Mothers – $X_1 \rightarrow Y_1$	.09	.000
Fathers – $X_2 \rightarrow Y_2$	.12	.000
Partner effects		
Mothers to Fathers – $X_1 \rightarrow Y_2$	.03	.126
Fathers to Mothers – $X_2 \rightarrow Y_1$	.03	.128

Note. X = General Psychological Distress (GPD), Y = Coparenting Conflict; subscript 1 refers to mothers, subscript 2 refers to fathers; p is two-tailed.

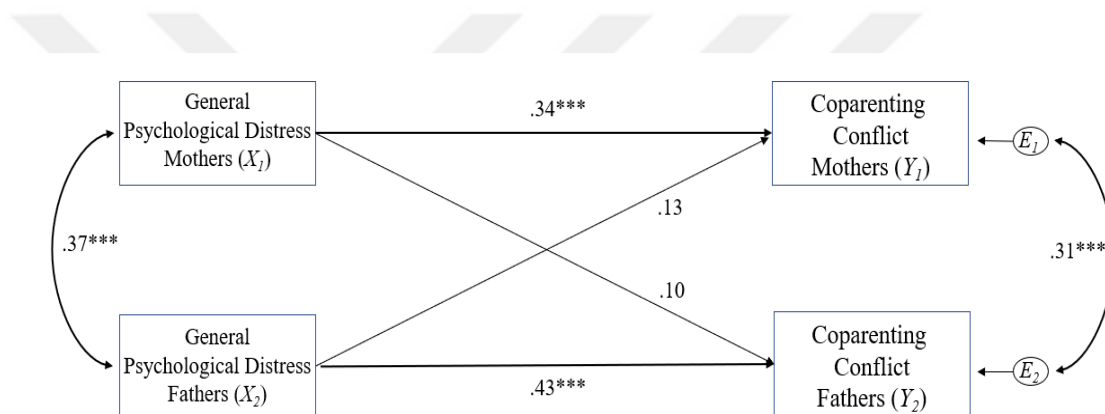


Figure 4 Basic Saturated APIM with Coparenting Conflict as the Outcome Variable: Standardized Effect Estimates

Note. E1 and E2 indicate residuals; * $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed).

3.5.3 Hypothesis 3: Associations Between GPD and Coparenting Triangulation

The test of distinguishability based on gender variable was performed with the last APIM model exploring the associations between GPD and coparenting triangulation. The result was significant $X^2(6, N = 184) = 45.18, p < .001$.

In Hypothesis 3, we anticipated significant positive direct actor effects of both mother's and fathers' GPD on their own coparenting triangulation. The results demonstrated that the direct actor effect of mothers' GPD on their own coparenting triangulation was significant ($b = .04, p = .037$). The direct actor effect of fathers'

GPD on their own coparenting triangulation was also significant ($b = .07, p < .001$).

In terms of the direct actor effects, both mothers' and fathers' own GPD were positively associated with their own coparenting triangulation.

In Hypothesis 3, we also anticipated significant positive partner effects of both mother's and fathers' own GPD on their spouses' coparenting triangulation. The results demonstrated that the direct partner effect from mothers to fathers was not significant ($b = .03, p = .103$). The direct partner effect from fathers to mothers was also not significant ($b = .04, p = .077$). In terms of the direct partner effects, no significant associations were found between mothers' and fathers' own GPD and their spouses' coparenting triangulation.

Table 6

Basic Saturated APIM with Coparenting Triangulation as the Outcome Variable: Unstandardized Effect Estimates

	Estimate	<i>p</i>
Actor effects		
Mothers – $X_1 \rightarrow Y_1$	.04	.037
Fathers – $X_2 \rightarrow Y_2$	.07	.000
Partner effects		
Mothers to Fathers – $X_1 \rightarrow Y_2$	.03	.103
Fathers to Mothers – $X_2 \rightarrow Y_1$	.04	.077

Note. X = General Psychological Distress (GPD), Y = Coparenting Triangulation; subscript 1 refers to mothers, subscript 2 refers to fathers; p is two-tailed.

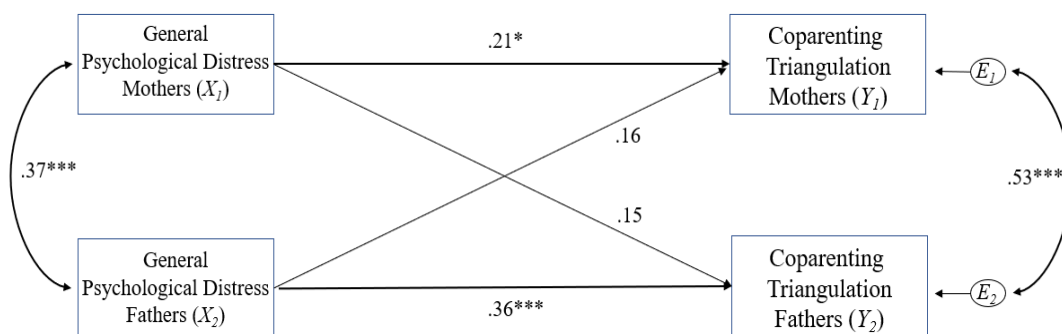


Figure 5 Basic Saturated APIM with Coparenting Triangulation as the Outcome Variable: Standardized Effect Estimates

Note. E1 and E2 indicate residuals; * $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed).

3.6 APIMeM Analyses

The associations between GPD, couple satisfaction, and coparenting dimensions are explained based on the results of the actor-partner interdependence mediation model (APIMeM) in this section. Three separate APIMeM analyses were conducted utilizing the MEDYAD dialogue on SPSS developed by Coutts et al. (2019) to test the remaining six hypotheses of the current study. The GPD variables were treated as the predictor variables, and the couple satisfaction variables were treated as the mediator variables in all the models. The coparenting dimensions of cooperation, conflict, and triangulation were treated as the outcome variables in each model, respectively. No covariates were added in the models (see Section 3.5). The unstandardized effect estimates are represented in the tables, and the standardized effect estimates are shown on the figures for each model in the following sections.

3.6.1 APIMeM Analysis with the Outcome Variable of Coparenting

Cooperation

3.6.1.1 Direct Effects

The unstandardized and standardized direct effect estimates for the APIMeM with coparenting cooperation as the outcome variable are presented in Table 7 and Figure 6, respectively.

In terms of direct actor effects, mothers' own GPD was negatively associated with their own couple satisfaction ($b = -.36, p = .001$), and their own coparenting cooperation ($b = -.06, p < .001$). Additionally, mothers' own couple satisfaction was positively related to their own coparenting cooperation ($b = .05, p < .001$). Fathers' own GPD was also negatively associated with their own couple satisfaction ($b = -.74, p < .001$). Furthermore, fathers' own couple satisfaction was positively associated with their own coparenting cooperation ($b = .06, p < .001$).

In terms of direct partner effects, mothers' own GPD was negatively associated with their spouses' coparenting cooperation ($b = -.05, p = .001$). Additionally, fathers' own GPD was negatively associated with their spouses' couple satisfaction ($b = -.35, p = .002$).

Table 7 APIMeM with Coparenting Cooperation as the Outcome Variable: Unstandardized Direct Effect Estimates

	Estimate	SE	p
GPD (X) $\rightarrow$ Couple Satisfaction (M)			
Mothers AE – $X_1 \rightarrow M_1$	-.363	.104	.001
Fathers AE – $X_2 \rightarrow M_2$	-.735	.100	.000
Mothers to Fathers PE – $X_1 \rightarrow M_2$	-.119	.095	.213
Fathers to Mothers PE – $X_2 \rightarrow M_1$	-.349	.110	.002
Couple Satisfaction (M) $\rightarrow$ CP Cooperation (Y)			
Mothers AE – $M_1 \rightarrow Y_1$	.050	.014	.000
Fathers AE – $M_2 \rightarrow Y_2$	.058	.014	.000
Mothers to Fathers PE – $M_1 \rightarrow Y_2$	-.006	.013	.639

Fathers to Mothers PE – $M_2 \rightarrow Y_1$	.030	.015	.056
GPD (X) $\rightarrow$ CP Cooperation (Y)			
Mothers AE – $X_1 \rightarrow Y_1$	-.057	.016	.000
Fathers AE – $X_2 \rightarrow Y_2$	-.009	.018	.608
Mothers to Fathers PE – $X_1 \rightarrow Y_2$	-.053	.015	.001
Fathers to Mothers PE – $X_2 \rightarrow Y_1$	.034	.019	.072

Note. X = GPD, M = Couple Satisfaction, Y = Coparenting (CP) Cooperation; subscript 1 refers to mothers, subscript 2 refers to fathers; AE = Actor Effect, PE = Partner Effect, SE = standard error, p is two-tailed.

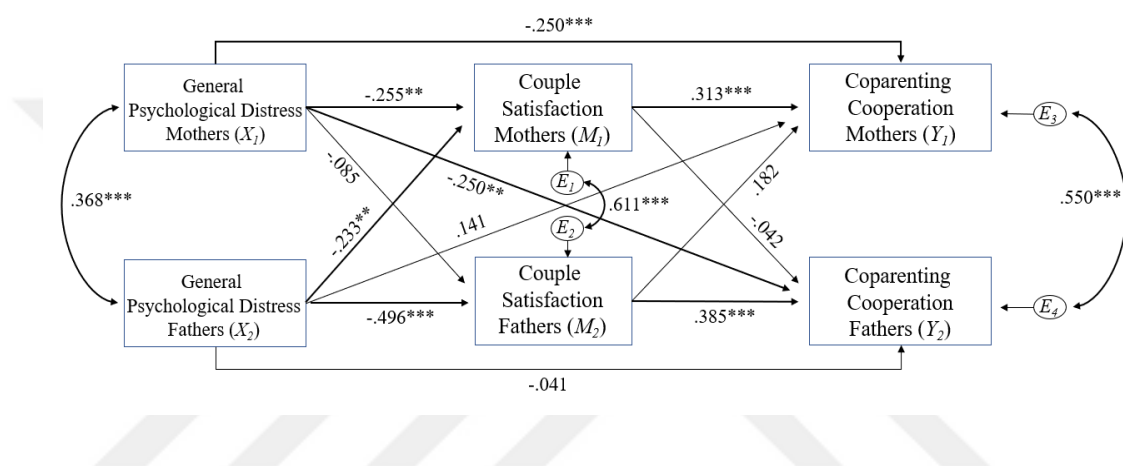


Figure 6 APIMeM with Coparenting Cooperation as the Outcome Variable: Standardized Direct Effect Estimates

Note. E_1 , E_2 , E_3 , and E_4 indicate residuals; * $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed).

3.6.1.2 Indirect Effects

In Hypothesis 4, we expected to find significant negative indirect actor effects of both mother's and fathers' GPD on their own coparenting cooperation through their own couple satisfaction (actor-actor effects) as well as through their spouses' couple satisfaction (partner-partner effects). In terms of the actor-actor effects, both mothers' and fathers' own GPD were negatively associated with their own coparenting cooperation through their own couple satisfaction. The results demonstrated that the indirect actor-actor effect of both mothers ($b = -.02$, 95% CI [-

.037, -.005]), and fathers ($b = -.04$, 95% $CI [-.070, -.020]$) were significant. None of the partner-partner effects were significant.

In Hypothesis 5, we expected to find significant negative indirect partner effects of both mother's and fathers' GPD on their spouses' coparenting cooperation through their own couple satisfaction (actor-partner effects) as well as through their spouses' couple satisfaction (partner-actor effects). In terms of the partner-actor effects, only fathers' own GPD were negatively associated with their spouses' coparenting cooperation through their spouses' couple satisfaction. The results demonstrated that fathers to mothers partner-actor effect was significant ($b = -.02$, 95% $CI [-.035, -.004]$). None of the actor-partner effects were significant.

The unstandardized indirect effect estimates for the APIMeM with coparenting cooperation as the outcome variable are presented in Table 8.

Table 8 *APIMeM with Coparenting Cooperation as the Outcome Variable: Unstandardized Indirect Effect Estimates*

Indirect Effects	Estimate	95% CI
Mothers actor-actor– $X_1 \rightarrow M_1 \rightarrow Y_1$	-.018	-.037, -.005
Fathers actor-actor $X_2 \rightarrow M_2 \rightarrow Y_2$	-.043	-.070, -.020
Mothers partner-partner – $X_1 \rightarrow M_2 \rightarrow Y_1$	-.004	-.012, .002
Fathers partner-partner – $X_2 \rightarrow M_1 \rightarrow Y_2$	.002	-.007, .014
Mothers to Fathers actor-partner – $X_1 \rightarrow M_1 \rightarrow Y_2$	.002	-.008, .013
Fathers to Mothers actor-partner – $X_2 \rightarrow M_2 \rightarrow Y_1$	-.022	-.047, .002
Mothers to Fathers partner-actor – $X_1 \rightarrow M_2 \rightarrow Y_2$	-.007	-.019, .003
Fathers to Mothers partner-actor – $X_2 \rightarrow M_1 \rightarrow Y_1$	-.018	-.035, -.004

Note. X = General Psychological Distress, M = Couple Satisfaction, Y = Coparenting Cooperation, subscript 1 refers to mothers, subscript 2 refers to fathers; CI = confidence interval.

3.6.2 APIMeM Analysis with the Outcome Variable of Coparenting Conflict

3.6.2.1 Direct Effects

The unstandardized and standardized direct effect estimates for the APIMeM with coparenting conflict as the outcome variable are presented in Table 9 and Figure 7, respectively.

In terms of direct actor effects, mothers' own GPD was negatively associated with their own couple satisfaction ($b = -.36, p = .001$), and positively associated with their own coparenting conflict ($b = .07, p < .001$). Additionally, mothers' own couple satisfaction was negatively related to their own coparenting conflict ($b = -.06, p < .001$). Fathers' own GPD was also negatively associated with their own couple satisfaction ($b = -.74, p < .001$), and positively associated with their own coparenting conflict ($b = .08, p < .001$). Furthermore, fathers' own couple satisfaction was negatively associated with their own coparenting conflict ($b = -.05, p = .009$).

In terms of direct partner effects, only fathers' own GPD was negatively associated with their spouses' couple satisfaction ($b = -.35, p = .002$).

Table 9 APIMeM with Coparenting Conflict as the Outcome Variable: Unstandardized Direct Effect Estimates

	Estimate	SE	p
GPD (X) → Couple Satisfaction (M)			
Mothers AE – $X_1 \rightarrow M_1$	-.363	.104	.001
Fathers AE – $X_2 \rightarrow M_2$	-.735	.100	.000
Mothers to Fathers PE – $X_1 \rightarrow M_2$	-.119	.095	.213
Fathers to Mothers PE – $X_2 \rightarrow M_1$	-.349	.110	.002
Couple Satisfaction (M) → CP Conflict (Y)			
Mothers AE – $M_1 \rightarrow Y_1$	-.058	.016	.000
Fathers AE – $M_2 \rightarrow Y_2$	-.046	.018	.009
Mothers to Fathers PE – $M_1 \rightarrow Y_2$	.005	.016	.778
Fathers to Mothers PE – $M_2 \rightarrow Y_1$	-.001	.018	.938
GPD (X) → CP Conflict (Y)			
Mothers AE – $X_1 \rightarrow Y_1$	.066	.018	.000

Fathers AE – $X_2 \rightarrow Y_2$	.084	.022	.000
Mothers to Fathers PE – $X_1 \rightarrow Y_2$	.022	.019	.234
Fathers to Mothers PE – $X_2 \rightarrow Y_1$	.013	.021	.554

Note. X = GPD, M = Couple Satisfaction, Y = Coparenting (CP) Conflict; subscript 1 refers to mothers, subscript 2 refers to fathers; AE = Actor Effect, PE = Partner Effect, SE = standard error, p is two-tailed.

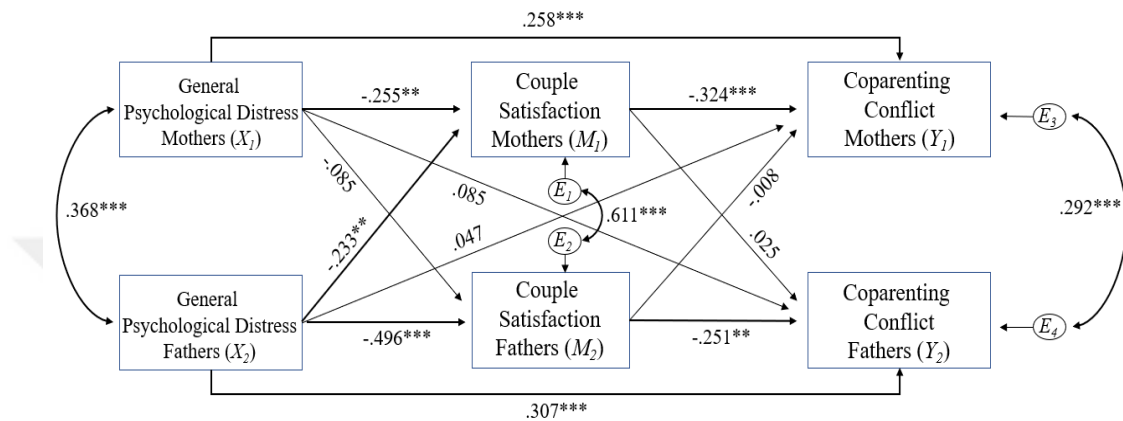


Figure 7 APIMeM with Coparenting Conflict as the Outcome Variable: Standardized Direct Effect Estimates

Note. E_1 , E_2 , E_3 , and E_4 indicate residuals; * $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed).

3.6.2.2 Indirect Effects

In Hypothesis 6, we predicted significant positive indirect actor effects of both mother's and fathers' GPD on their own coparenting conflict through their own couple satisfaction (actor-actor effects) as well as through their spouses' couple satisfaction (partner-partner effects). In terms of the actor-actor effects, both mothers' and fathers' own GPD were negatively associated with their own coparenting cooperation through their own couple satisfaction. The results demonstrated that the indirect actor-actor effect for both mothers ($b = .02$, 95% CI [.006, .042]), and fathers ($b = .03$, 95% CI [.009, .059]) were significant. None of the partner-partner effects were significant.

In Hypothesis 7, we predicted significant positive indirect partner effects of both mother's and fathers' GPD on their spouses' coparenting conflict through their own couple satisfaction (actor-partner effects) as well as through their spouses' couple satisfaction (partner-actor effects). In terms of the partner-actor effects, only fathers' own GPD were negatively associated with their spouses' coparenting conflict through their spouses' couple satisfaction. The results demonstrated that fathers to mothers partner-actor effect was significant ($b = .02$, 95% $CI [.004, .044]$). None of the actor-partner effects were significant.

The unstandardized indirect effect estimates for the APIMeM with coparenting cooperation as the outcome variable are presented in Table 10.

Table 10 *APIMeM with Coparenting Conflict as the Outcome Variable: Unstandardized Indirect Effect Estimates*

Indirect Effects	Estimate	95% <i>CI</i>
Mothers actor-actor– $X_1 \rightarrow M_1 \rightarrow Y_1$	.021	.006, .042
Fathers actor-actor $X_2 \rightarrow M_2 \rightarrow Y_2$	.034	.009, .059
Mothers partner-partner – $X_1 \rightarrow M_2 \rightarrow Y_1$	.000	-.008, .006
Fathers partner-partner – $X_2 \rightarrow M_1 \rightarrow Y_2$	-.002	-.013, .010
Mothers to Fathers actor-partner – $X_1 \rightarrow M_1 \rightarrow Y_2$	-.002	-.012, .010
Fathers to Mothers actor-partner – $X_2 \rightarrow M_2 \rightarrow Y_1$	.001	-.031, .029
Mothers to Fathers partner-actor – $X_1 \rightarrow M_2 \rightarrow Y_2$	.006	-.002, .017
Fathers to Mothers partner-actor – $X_2 \rightarrow M_1 \rightarrow Y_1$	.020	.004, .044

Note. X = General Psychological Distress, M = Couple Satisfaction, Y = Coparenting Conflict, subscript 1 refers to mothers, subscript 2 refers to fathers; CI = confidence interval.

3.6.3 APIMeM Analysis with the Outcome Variable of Coparenting

Triangulation

3.6.3.1 Direct Effects

The unstandardized and standardized direct effect estimates for the APIMeM with coparenting triangulation as the outcome variable are presented in Table 11 and Figure 8, respectively.

In terms of direct actor effects, mothers' own GPD was negatively associated with their own couple satisfaction ($b = -.36, p = .001$). Additionally, mothers' own couple satisfaction was negatively related to their own coparenting triangulation ($b = -.03, p = .046$). Fathers' own GPD was negatively associated with their own couple satisfaction ($b = -.74, p < .001$), and positively associated with their own coparenting triangulation ($b = .05, p = .002$). Furthermore, fathers' own couple satisfaction was negatively associated with their own coparenting triangulation ($b = -.03, p = .032$).

In terms of direct partner effects, fathers' own GPD was negatively associated with their spouses' couple satisfaction ($b = -.35, p = .002$). Additionally, fathers' own couple satisfaction was negatively associated with their spouses' coparenting triangulation ($b = -.03, p = .043$).

Table 11 APIMeM with Coparenting Triangulation as the Outcome Variable: Unstandardized Direct Effect Estimates

	Estimate	SE	p
GPD (X) $\rightarrow$ Couple Satisfaction (M)			
Mothers AE – $X_1 \rightarrow M_1$	-.363	.104	.001
Fathers AE – $X_2 \rightarrow M_2$	-.735	.100	.000
Mothers to Fathers PE – $X_1 \rightarrow M_2$	-.119	.095	.213
Fathers to Mothers PE – $X_2 \rightarrow M_1$	-.349	.110	.002
Couple Satisfaction (M) $\rightarrow$ CP Triangulation (Y)			
Mothers AE – $M_1 \rightarrow Y_1$	-.028	.014	.046
Fathers AE – $M_2 \rightarrow Y_2$	-.027	.012	.032
Mothers to Fathers PE – $M_1 \rightarrow Y_2$	.002	.011	.887

Fathers to Mothers PE – $M_2 \rightarrow Y_1$	-.031	.015	.043
GPD (X) $\rightarrow$ CP Triangulation (Y)			
Mothers AE – $X_1 \rightarrow Y_1$	.030	.016	.062
Fathers AE – $X_2 \rightarrow Y_2$	.048	.015	.002
Mothers to Fathers PE – $X_1 \rightarrow Y_2$	.024	.013	.063
Fathers to Mothers PE – $X_2 \rightarrow Y_1$	.004	.019	.818

Note. X = GPD, M = Couple Satisfaction, Y = Coparenting (CP) Triangulation; subscript 1 refers to mothers, subscript 2 refers to fathers; AE = Actor Effect, PE = Partner Effect, SE = standard error, p is two-tailed.

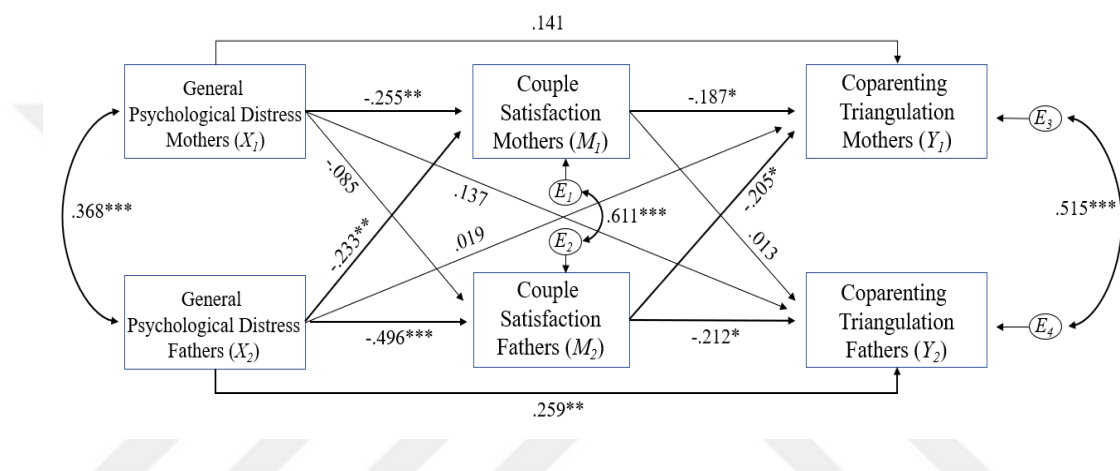


Figure 8 APIMeM with Coparenting Triangulation as the Outcome Variable: Standardized Direct Effect Estimates

Note. E_1 , E_2 , E_3 , and E_4 indicate residuals; * $p < .05$; ** $p < .01$; *** $p < .001$ (two-tailed).

3.6.3.2 Indirect Effects

In Hypothesis 8, we anticipated significant positive indirect actor effects of both mother's and fathers' GPD on their own coparenting triangulation through their own couple satisfaction (actor-actor effects) as well as through their spouses' couple satisfaction (partner-partner effects). In terms of the actor-actor effects, both mothers' and fathers' own GPD were positively associated with their own coparenting triangulation through their own couple satisfaction. The results showed that the indirect actor-actor effect for both mothers ($b = .01$, 95% CI [.000, .024]), and fathers ($b = .02$, 95% CI [.001, .039]) were significant. None of the partner-partner effects were significant.

In Hypothesis 9, we anticipated significant positive indirect partner effects of both mother's and fathers' GPD on their spouses' coparenting triangulation through their own couple satisfaction (actor-partner effects) as well as through their spouses' couple satisfaction (partner-actor effects). In terms of the actor-partner effects, only fathers' own GPD were positively associated with their spouses' coparenting triangulation through their own couple satisfaction. The results showed that fathers to mothers actor-partner effect was significant ($b = .02$, 95% CI [.002, .046]). In terms of the partner-actor effects, only fathers' own GPD were positively associated with their spouses' coparenting triangulation through their spouses' couple satisfaction. The results showed that fathers to mothers partner-actor effect was significant ($b = .01$, 95% CI [.000, .024]).

The unstandardized indirect effect estimates for the APIMeM with coparenting cooperation as the outcome variable are presented in Table 12.

Table 12 *APIMeM with Coparenting Triangulation as the Outcome Variable: Unstandardized Indirect Effect Estimates*

Indirect Effects	Estimate	95% CI
Mothers actor-actor– $X_1 \rightarrow M_1 \rightarrow Y_1$	.010	.000, .024
Fathers actor-actor $X_2 \rightarrow M_2 \rightarrow Y_2$	.020	.001, .039
Mothers partner-partner – $X_1 \rightarrow M_2 \rightarrow Y_1$	.004	-.002, .012
Fathers partner-partner – $X_2 \rightarrow M_1 \rightarrow Y_2$	-.001	-.009, .010
Mothers to Fathers actor-partner – $X_1 \rightarrow M_1 \rightarrow Y_2$	-.001	-.010, .009
Fathers to Mothers actor-partner – $X_2 \rightarrow M_2 \rightarrow Y_1$	.023	.002, .046
Mothers to Fathers partner-actor – $X_1 \rightarrow M_2 \rightarrow Y_2$	.003	-.001, .011
Fathers to Mothers partner-actor – $X_2 \rightarrow M_1 \rightarrow Y_1$	.010	.000, .024

Note. X = General Psychological Distress, M = Couple Satisfaction, Y = Coparenting Triangulation, subscript 1 refers to mothers, subscript 2 refers to fathers; CI = confidence interval.

CHAPTER 4

DISCUSSION

This study aimed at exploring the dyadic associations between general psychological distress and coparenting (cooperation, conflict, and triangulation) with the mediating role of couple satisfaction among Turkish parents with preschool child(ren). In that respect, research questions of the study could be recapitulated into two domains of direct and indirect effects: 1) Does general psychological distress have a direct effect on coparenting dimensions? 2) Does general psychological distress have an indirect effect on coparenting dimensions through couple satisfaction? The dyadic analyses yielded significant results regarding direct and indirect effects as well as actor and partner effects that are outlined below.

The direct effects of GPD on coparenting dimensions were explored with the APIM models and significant direct actor effects were found for all dimensions of coparenting. The results showed that both mothers' and fathers' GPD were negatively associated with their own coparenting cooperation, and positively associated with their own coparenting conflict and triangulation. In terms of direct partner effects, we only found a significant effect from mothers to fathers for coparenting cooperation indicating that mothers' GPD were negatively associated with their spouses' coparenting cooperation.

The indirect effects of general psychological distress on coparenting dimensions were explored with the APIMeM models through the mediating role of couple satisfaction in these dyadic associations. Our findings revealed that couple satisfaction was a vital mediator in actor and partner pathways of GPD to

coparenting dimensions. With respect to the indirect actor effects, we found that the pathways from both mothers' and fathers' GPD to their own coparenting through their own couple satisfaction were significant for all dimensions of coparenting. These findings suggested that higher levels of both mothers' and fathers' GPD were associated with lower levels of their own couple satisfaction, which was then related to lower levels of their own coparenting cooperation, and higher levels of their own coparenting conflict and triangulation. Regarding the indirect partner effects, our results exhibited that the indirect partner pathway from fathers' GPD to mothers' couple satisfaction and then to mothers' coparenting was significant for all coparenting dimensions meaning that higher levels of fathers' GPD were associated with lower levels of their spouses' couple satisfaction, which was then related to lower levels of their spouses' coparenting cooperation, and higher levels of their spouses' coparenting conflict and triangulation. We found another significant indirect partner pathway from fathers' GPD to fathers' couple satisfaction and then to mothers' coparenting only for the triangulation dimension suggesting that higher levels of fathers' GPD were associated with lower levels of their own couple satisfaction, which was then related to higher levels of their spouses' coparenting triangulation.

In line with Family Systems Theory (Minuchin, 1974), findings of the present study are meaningful from a systemic perspective such that the actor effects, both direct and indirect, consistently found in all the models demonstrate and add to the literature that the individual mental health of one parent is interrelated with that parent's marital and coparental relations. Based on our findings, we can argue that parents' psychological distress is influential in their own coparenting behavior

whether that calls for cooperation, conflict, or triangulation, and parents' own couple satisfaction is a critical factor in that relationship.

Our findings also indicate that while mothers' psychological distress is directly associated with fathers' coparenting cooperation, fathers' psychological distress is indirectly associated with mothers' coparenting cooperation, conflict, and triangulation through mothers' couple satisfaction. Plus, fathers' GPD is indirectly associated with mothers' coparenting triangulation through their own couple satisfaction. These findings are also meaningful regarding the social roles in the Turkish culture. Mothers are considered as the primary caregivers of children in Turkish families and therefore they hold a more managerial role in the family in child(ren) related issues (Uslu, 2011). Based on that assumption, it could be possible that mothers would value coparenting more than fathers and take on a leading role in the management of coparenting relations, especially in managing cooperation with fathers. Coparenting cooperation involves working together as parents to find solutions to child related problems and supporting each other's parental role. Therefore, when mothers are in psychological distress it might get more difficult for them to manage cooperation with fathers or support fathers in their parental roles. This might be influential in fathers' perception of support they get from their spouses and directly affect fathers' coparenting cooperation negatively. From such a perspective, mothers might become more supportive of fathers' parental role and involvement in coparenting if they feel more satisfied in their marital relationships with their husbands or take a more conflictual stand if they are not feeling content as a wife. This dynamic could explain the indirect effects of fathers' psychological distress on mothers' coparenting cooperation, conflict, and triangulation. When

fathers are experiencing psychological distress, they might withdraw from communication or become critical which then would decrease mothers' couple satisfaction and affect mothers' coparenting behavior. Additionally, withdrawal of fathers due to psychological distress could also lower fathers' own couple satisfaction resulting in more withdrawal from coparenting interactions with mothers, which could then be influential in higher levels of mothers' triangulation and inclusion of children.

The findings of this study are discussed in further detail in the following sections in relation to the prior literature in the following order: descriptive statistics of major study variables and intercorrelations between them, findings on the demographic variables, direct effects of GPD, and indirect effects of GPD through couple satisfaction, on coparenting cooperation, conflict, triangulation, respectively. Lastly, clinical implications of the present study and limitations and future directions are discussed.

4.1 Descriptive Statistics of Major Study Variables and Gender Comparisons

The sample of the current study was mostly comprised of participants who reported low levels of GPD, and coparenting triangulation, moderate levels of coparenting conflict, and high levels of marital satisfaction and coparenting cooperation. Mothers and fathers significantly differed on their scores in GPD, couple satisfaction, and coparenting triangulation. No gender differences were found in mothers' and fathers' coparenting cooperation and conflict.

Gender differences found in GPD is in line with the literature that women's reports of psychological distress were consistently higher than men (Leach et al.,

2008; Viertiö et al., 2021). With respect to couple satisfaction, fathers' reports were significantly higher than mothers. This difference is also in line with previous literature such that women's reports of marital satisfaction were lower when compared to men (Jackson et al., 2014). Regarding coparenting dimensions, there were mixed results on gender differences in the literature. Studies on coparenting mostly showed that mothers reported lower levels of cooperation from their spouses (Ece et al., 2023; Margolin et al. 2001; Salman-Engin, 2014). For coparenting conflict, while some studies found significant gender differences (Ece et al., 2023; Pedro et al., 2012), some studies did not find a difference (Margolin et al., 2001). No gender differences were found in the current study on cooperation and conflict. Russell and Russell (1994) provided a possible explanation for why there might not be gender differences between spouses in cooperation and conflict. They argued that spouses in the same family were more like each other even though one spouse was showing more cooperation or conflict, therefore comparisons might not differ within families but across families. However, there were significant gender differences in coparenting triangulation in this study such that mothers reported higher levels of triangulation than fathers. While some studies did not find a significant gender difference in triangulation (Ece et al., 2023; Willis et al., 2021), Margolin et al. (2001) found that child gender was influential in triangulation such that mothers of boys reported higher triangulation than mothers of girls.

4.2 The Inter-Correlations Between Major Study Variables

The results of the correlation analyses showed that all the relationships between the major study variables were significant for both mothers and fathers as well as between mothers and fathers. In line with the interdependency assumption of

the Family Systems Theory (Minuchin, 1988), mothers' and fathers' scores of GPD, couple satisfaction, and coparenting (cooperation, conflict, triangulation) were all positively correlated with one another. This means that higher scores of any of the study variables for one spouse are associated with higher scores for the other spouse for the same variable.

Regarding the correlations between the variables, coparenting cooperation was negatively associated with GPD for both mothers and fathers. This finding is in line with prior research findings (Arikan & Acar, 2022; Li et al., 2022; MacRae et al., 2021). Additionally, coparenting cooperation was positively associated with couple satisfaction for both spouses. Previous studies were unanimous on this positive relationship between coparenting cooperation and couple satisfaction (Durtschi et al., 2017; Kan et al., 2012; Salman-Engin, 2014; Schoppe-Sullivan & Mangelsdorf, 2013). When it comes to coparenting conflict and triangulation, we found positive associations with GPD for both spouses as suggested by the literature (Daks et al., 2020; Feinberg et al., 2022; Peltz et al., 2021). The findings were also coherent with the prior studies on the couple satisfaction front that there were negative associations with coparenting conflict and triangulation for both mothers and fathers (Christopher et al., 2015; Le et al. 2016; Liu & Wu, 2018).

4.3 Major Study Variables and The Role of Demographics

Demographic variables of spouses' age and education level, and couples' marriage duration and number of children were analyzed in relation to the major study variables of the study. Correlation analyses conducted for mothers' and fathers' age, couples' marriage duration and number of children resulted in two

significant associations: (1) a negative association between fathers' GPD and couples' number of children, (2) a negative association between mothers' coparenting cooperation and couples' marriage duration. Group comparisons made between the major study variables and spouses' education levels did not result in a significant difference among the groups.

Regarding the number of children in the family, we only found a negative association with fathers' GPD. This result is interesting as the literature suggests an increase in parents' psychological distress as the number of children in the family increases, especially for mothers (Bird, 1997; Cleary & Mechanic, 1983). However, there are also studies that found no influence of the number of children on parents' psychological distress (Amrock & Weitzman, 2014). One explanation for the negative association with fathers' GPD could be the influence of economic hardship as explained by Bird (1997). Parents with more number of children could possibly be in later stages in the family life cycle and have had established a more stable economic environment for the family. Even though the sample mostly consisted of dual-earner couples, fathers are still considered as the breadwinners in the Turkish culture, therefore they might experience less GPD as the number of children increases.

Our findings also showed that couples' marriage duration was negatively associated with mothers' coparenting cooperation. The literature provided mixed results regarding coparenting and marriage duration relationship. While there are studies that found no links between marriage duration and coparenting cooperation (McRae et al., 2021; Peltz et al., 2018), Riina and McHale (2015) found that in the first ten years of marriages, coparenting satisfaction of both mothers and fathers

increased, and then stayed stable for about a decade, and declined afterwards. It should be noted that the association found between marriage duration and mothers' coparenting cooperation had a small effect size and was not significant when couples' marriage duration was added to the APIM model as a covariate.

In terms of spouses' age, we did not find any significant associations between the main study variables. There are mixed results in the literature and there is no consensus on the impact of age on coparenting (McHale & Lindahl, 2011). Lastly, no significant differences were found between the main study variables and the education levels of mothers and fathers. Prior research more often than not found a positive association of parents' educational level with coparenting cooperation (Salman-Engin, 2014; Stright & Bales, 2003; Van Egeren, 2003), and a negative association with coparenting conflict (Feinberg et al., 2022; Han et al., 2023). However, there are also studies that found no differences between parents' education levels and coparenting quality (Gable et al., 1995; McRae et al., 2021; Williams, 2018). It should be taken into account that the sample of the current study is comprised of highly educated mothers and fathers, and the primary and middle school graduate parents constituted very small groups within the sample.

4.4 Direct Effects Between GPD and Coparenting Cooperation

In Hypothesis 1, we expected the two direct actor effects and the two direct partner effects of GPD on coparenting cooperation to be significant. The results of the APIM analysis with coparenting cooperation as the outcome variable showed that the two direct actor effects and one direct partner effect from mothers to fathers were significant. In other words, mothers' and fathers' GPD were negatively associated

with their own coparenting cooperation. Moreover, mothers' GPD was negatively associated with their spouses' coparenting cooperation.

Previous literature on psychological distress and coparenting cooperation consistently found a negative relationship considering several constructs with diverse study designs. Until recently, depression and depressive symptoms of parents (Elliston et al., 2008; McDaniel & Teti, 2012; O'hara & Swain, 1996; Salman-Engin, 2014; Tissot et al., 2016) and parental stress (Durtschi et al., 2017; Kwan et al., 2015; Margolin et al., 2001; McDaniel et al., 2018; Salman-Engin, 2014) have been the focus of the relationship between parent's mental health and coparenting alliance. Only a few studies considered general psychological distress of parents in relation to coparenting quality up until the outbreak of the Covid-19 pandemic (McDaniel et al., 2018; Price-Robertson et al., 2017). From a conservation of resources (Hobfoll, 1989) perspective, additional challenges brought by the pandemic has attracted attention to the increasing levels of parents' distress and their coparenting relationship (Arikan & Acar, 2022; Giannotti et al., 2022; Li et al., 2022; Lucassen et al., 2021; MacRae et al. 2021; Pruett et al., 2021).

Studies considering the dyadic aspect of the relationship between psychological distress and coparenting quality provided mixed results on the actor and partner effects of this relationship within couples. A cross-sectional study by Salman-Engin (2014) separately looked at the relationship between coparenting alliance and two constructs that are correlated with parents' psychological distress: postpartum depression and parenting stress among Turkish families. The results showed that there were no significant partner effects of coparenting alliance on neither postpartum depression nor parenting stress. However, she found that the actor

effects of mothers' coparenting alliance on depression, and fathers' coparenting alliance on parenting stress were significant. Her results partially support our findings on the significant actor effects of mothers' and fathers' GPD on their own coparenting cooperation. Gender differences in actor effects might be resulting from the lack of a full correspondence of the constructs of postpartum depression, parental stress to GPD, since GPD is a broader construct that represents the mental health of parents. Research showed that mothers' daily stress regarding parenting accounts for a 40% accession in mothers' psychological distress (Thompson et al., 1993).

A longitudinal study by Lucassen et al. (2021) examined the relationship between parental stress and coparenting quality of mothers and fathers through the pre and post pandemic period. They found that higher initial levels of parental stress were associated with lower initial levels of coparenting quality for both mothers and fathers. Additionally, changes in parental stress were negatively related to changes in coparenting quality for both fathers and mothers. Their findings are in support of the findings of this study on the actor effects of mothers' and fathers' GPD on their own coparenting cooperation.

In another longitudinal study, Tissot et al. (2018) looked at the gender differences between mothers and fathers in the relationship between parents' mental health and coparenting support which could help explain the direct partner effect found in this study from mothers to fathers. Their study explored the association between parents' depression and coparenting support and conflict by employing a cross-lagged model at three time points. They found that higher depressive symptoms of mothers but not fathers at T1 were associated with lower coparenting support at T1 and T2. Their findings are in line with our findings that mothers'

psychological distress has direct effects on both mothers' and fathers' coparenting cooperation. Additionally, the authors argued that parents' depression were more likely to affect coparenting than the reverse based on the cross-lagged associations they examined.

The direct partner effect of mothers' GPD on fathers' coparenting quality was further evidenced by Price-Robertson et al. (2017) in their longitudinal study exploring the association between fathers' mental health and coparenting quality at three time points over 6 years. Their longitudinal analysis established that increases in fathers' psychological distress were associated with decreases in their own coparenting quality. The authors also conducted a cross-sectional analysis employing hierarchical regressions and added in mothers' mental health in the associations between fathers' distress levels and coparenting quality. Their results showed that having spouses in the mild or serious distress groups were associated with even poorer coparenting quality of fathers.

Although the literature provided some supporting results on the gender differences regarding the direct effects found in this study, it is important to note that there is no consensus on such differences. As previously explained, the significant maternal direct actor and partner effects of GPD on coparenting cooperation found in this study could be related to the managerial role of mothers in Turkish families in child related issues, therefore mothers' psychological distress could be influential in both parents' coparenting cooperation.

4.4.1 The Mediating Role of Couple Satisfaction in the Relationship Between GPD and Coparenting Cooperation

The indirect actor and partner effects of GPD on coparenting cooperation through couple satisfaction were explored within the first APIMeM model. In Hypothesis 4, we expected to find two significant indirect actor effects of GPD on coparenting cooperation through mothers' and fathers' own couple satisfaction, and two significant indirect actor effects through their spouses' couple satisfaction. The results showed that only the two indirect actor effects through mothers' and fathers' own couple satisfaction were significant. It follows that higher levels of mothers' and fathers' own GPD were associated with lower levels of their own couple satisfaction, which was then related to lower levels of their own coparenting cooperation. Furthermore, the direct actor effect of GPD on coparenting cooperation found in the basic APIM model was still significant for mothers whereas for fathers, it was no longer significant in the mediation model.

On that last note, the study by Price-Robertson et al. (2017) explained in the previous section also explored a third model in which they added relationship happiness to the previous hierarchical regression model with mothers' distress in the association between fathers' distress and coparenting quality. They found that the strength of the association between fathers' psychological distress and coparenting quality decreased substantially when relationship happiness was included in the model. However, contrary to our finding of a full mediation for fathers, relationship happiness partially explained the association between fathers' distress and coparenting quality in their study. Consequentially, our results support the literature

on the notable weight that couple relationship carries in explaining the link between fathers' mental health and coparenting quality.

The indirect actor effects of GPD and couple satisfaction on coparenting cooperation were also supported by McDaniel et al. (2018). They analyzed daily relationship quality, daily stressors, and parents' daily negative emotions as predictors of mothers' and fathers' daily coparenting quality over a two-week diary study utilizing multilevel modeling. They examined two models: a within-person model exploring the portion of daily variables predicting daily fluctuations in coparenting quality, and a between-person model exploring the portion of daily variables predicting average daily coparenting quality. Their findings showed that daily fluctuations in parents' own coparenting quality were predicted by daily fluctuations in mothers' and fathers' own negative mood, parenting stress, and relationship quality. Additionally, spouses' own parenting stress, and relationship quality were found to be significant in predicting their own average daily coparenting quality. Their study showed the importance of relationship satisfaction in explaining coparenting as well as how the accumulation of stressors is influential in further decreases of parents' coparenting quality on a daily basis.

Regarding the partner effects, in Hypothesis 5 we expected to find two significant indirect partner effects of mother's and fathers' own GPD on their spouses' coparenting cooperation through their own couple satisfaction, and two significant indirect partner effects through their spouses' couple satisfaction. Our results showed that only the indirect partner pathway from fathers' GPD to mothers' couple satisfaction and then to mothers' coparenting cooperation was significant meaning that higher levels of fathers' GPD were associated with lower levels of their

spouses' couple satisfaction, which was then related to lower levels of their spouses' coparenting cooperation.

In partial support of our findings on the gender differences in the indirect partner effects, Durtschi et al.'s (2017) longitudinal study explored the dyadic effects of parental stress and supportive coparenting on relationship quality and found that higher levels of fathers' but not mothers' parental stress were predictive of fathers' and mothers' relationship quality. Based on such results, it could be argued that fathers' distress may have a greater spillover effect on couple satisfaction than mothers and this effect might be influential in both parents coparenting. This particular finding could be important in understanding the relationship between parents' distress, couple satisfaction and coparenting, and calls for further research.

4.5 Direct Effects Between GPD and Coparenting Conflict

In Hypothesis 2, we expected to find two significant direct actor effects and two significant direct partner effects of GPD on coparenting conflict. The results of the second APIM analysis demonstrated that only the two direct actor effects were significant. Specifically, mothers' and fathers' GPD were positively related to their own coparenting conflict. We did not find any direct partner effects of GPD on coparenting conflict.

Prior research on psychological distress and coparenting conflict uphold one another on a positive relationship. Similar to the line of research on coparenting cooperation, coparenting conflict was also explored in relation to parents' psychological distress (Feinberg et al., 2022; Yu & Xiao, 2021), especially depressive symptoms (Daks et al., 2020; Elliston et al., 2008; McDaniel & Teti,

2012; Solmeyer & Feinberg, 2011; Tissot et al., 2016), parental stress (Margolin et al., 2001; Solmeyer & Feinberg, 2011), and Covid-19 related stressors (Daks et al., 2020; Peltz et al., 2021).

The study by Solmeyer and Feinberg, (2011) found similar direct effects in their longitudinal study utilizing two-level random intercept models. They explored the effects of parent gender and coparenting undermining on parents' depressive symptoms and stress, and found that higher levels of mothers' and fathers' own coparenting undermining were associated with more parenting stress and depressive symptoms of their own. They did not find significant differences between mothers and fathers in these associations as was the case with the negative coparenting dimensions of conflict and triangulation in relation to parenting stress in the study by Margolin et al. (2001). However, considering the scarcity of dyadic studies on the association between parents' distress and coparenting conflict, our study highlights the need for further research in exploring gender differences and possible partner effects within this relationship.

4.5.1 The Mediating Role of Couple Satisfaction in the Relationship Between GPD and Coparenting Conflict

We examined the indirect actor and partner effects of GPD on coparenting conflict through couple satisfaction with the second APIMeM model. In Hypothesis 6, we expected to find two significant indirect actor effects through mothers' and fathers' own couple satisfaction, as well as two significant indirect actor effects through their spouses' couple satisfaction. Our results exhibited that the two indirect actor effects through mothers' and fathers' own couple satisfaction were the only significant pathways indicating that higher levels of mothers' and fathers' own GPD

were associated with lower levels of their own couple satisfaction, which was then related to higher levels of their own coparenting conflict.

We also hypothesized that the indirect partner effects of mother's and fathers' own GPD on their spouses' coparenting conflict through their own couple satisfaction, along with the indirect partner effects through their spouses' couple satisfaction would be significant in Hypothesis 7. The results were the same as the model with coparenting cooperation that the indirect partner pathway from fathers' GPD to mothers' couple satisfaction and then to mothers' coparenting conflict was the only significant partner pathway meaning that higher levels of fathers' GPD were associated with lower levels of their spouses' couple satisfaction, which was then related to higher levels of their spouses' coparenting conflict.

To our knowledge, there are no dyadic studies on the mediating role of couple satisfaction in the relation between parents' psychological distress and coparenting conflict. Therefore, this study provides meaningful insight to the literature on these dyadic associations. When compared to the coparenting cooperation model in the present study, our results showed that the same indirect partner pathway was significant in the conflict model. Accordingly, the argument on the spillover effect of fathers' distress on mothers' and fathers' couple satisfaction also prove to be valid for coparenting conflict. The major difference between the two models was that the direct actor effect of fathers' GPD on coparenting conflict was still significant and couple satisfaction partially mediated this association. Based on that difference, it could be speculated that fathers' psychological distress is a more salient factor in explaining fathers' coparenting conflict than cooperation.

4.6 Direct Effects Between GPD and Coparenting Triangulation

In Hypothesis 3, we expected all four direct effects (two actor and two partner) of GPD on coparenting triangulation to be significant. The last APIM analysis resulted similar to the model with coparenting conflict such that the two direct actor effects were significant but were weaker. We found that mothers' and fathers' GPD were positively related to their own coparenting triangulation. The direct partner effects were not significant.

Prior research on coparenting triangulation mainly focused on child adjustment thus there are very few studies on the association between parents' psychological distress and coparenting triangulation. Although very few in number, studies that examined coparenting triangulation in relation to parents' psychological distress (Daks et al., 2020), and parental stress (Lau & Power, 2020; Margolin et al., 2001; Pinquart & Teubert, 2015) put forward a positive association. However, this line of research could benefit from more dyadic studies exploring the actor and partner effects in the relation between parents' psychological distress and coparenting triangulation.

4.6.1 The Mediating Role of Couple Satisfaction in the Relationship Between GPD and Coparenting Triangulation

We explored the indirect actor and partner effects of GPD on coparenting triangulation through couple satisfaction with the last APIMeM model. In Hypothesis 8, we expected four indirect actor effects of GPD on coparenting triangulation through mothers' and fathers' own couple satisfaction, as well as through their spouses' couple satisfaction to be significant. Similar to our findings in the

cooperation and conflict models, only the two indirect actor effects through mothers' and fathers' own couple satisfaction were significant. In other words, higher levels of mothers' and fathers' own GPD were associated with lower levels of their own couple satisfaction, which was then related to higher levels of their own coparenting triangulation. Additionally, the direct actor effect of GPD on coparenting triangulation found in the basic APIM model was not significant for mothers in the mediation model. Based on that last finding, it can be argued that the role of couple satisfaction is more distinctive in explaining mothers' coparenting triangulation than their cooperation or conflict in relation to psychological distress.

In Hypothesis 9, we expected the four indirect partner effects of mother's and fathers' own GPD on their spouses' coparenting triangulation through their own couple satisfaction, and through their spouses' couple satisfaction to be significant. The results were similar to the models with coparenting cooperation and conflict with regards to the significant indirect partner pathway from fathers' GPD to mothers' couple satisfaction and then to mothers' coparenting triangulation. However, the partner pathway from fathers' GPD to fathers' couple satisfaction and then to mothers' coparenting triangulation was also significant in the triangulation model. It follows that higher levels of fathers' GPD were associated with lower levels of both their own and their spouses' couple satisfaction, which were then related to higher levels of their spouses' coparenting triangulation.

As previously stated with the mediation model with coparenting conflict, to our knowledge, the current study is also the first dyadic study exploring the mediating role of couple satisfaction in the associations between GPD and coparenting triangulation. Coparenting studies frequently referred to conflict and triangulation

dimensions as the negative dimensions of coparenting and analyzed them as coparenting discord or undermining. Only a few studies explored these dimensions separately. In that respect, Ece et al.'s (2023) cross-sectional dyadic study partially supports our results on the significant indirect partner pathways found in the coparenting conflict and triangulation models. They examined the associations between couple satisfaction and coparenting dimensions in Turkish families with young children. Similar to our findings, while they did not find any direct partner effects between mothers' and fathers' couple satisfaction and coparenting conflict, they found that fathers' couple satisfaction was negatively associated with mothers' triangulation. Their findings endorse our previously stated argument on mothers' tendency to engage more in triangulation when their husbands have lower levels of couple satisfaction. Nonetheless, future dyadic studies could foster this line of research and be helpful in further explaining gender differences in the links between parents' psychological distress, couple satisfaction, and coparenting triangulation.

4.7 Significance, Limitations, and Future Directions

The present study had several limitations that should be addressed. Firstly, the unidirectional sequence from psychological distress and couple satisfaction to coparenting that was assumed in the mediation models of this study could not reveal causality both based on the cross-sectional data and the use of the correlationally based models of actor-partner interdependence. In fact, bidirectionality in the associations between the main variables of this study had frequently been shown in the literature. Although some studies suggested that the direction from parents' mental health to coparenting was more explanatory based on cross-lagged analyses

(Tissot et al., 2018), future studies with longitudinal designs will help clarify predictive pathways between these variables.

A second limitation of the study concerns the generalizability of the sample. The sample consisted of highly educated and mostly dual-earner parents possibly due to the use of convenience sampling method. The problem with a rather homogeneous sample is the limited variability in participants' responses to the study survey. The participants reported low to moderate levels of, GPD, coparenting conflict and triangulation, and high levels of couple satisfaction and cooperation. These findings might not be representative of the whole Turkish population and therefore future studies should consider collecting more diverse samples.

Another limitation could be the use of self-report data that might have been affected by social desirability bias. Different data collection methods such as observations could be used in future studies. Moreover, qualitative studies exploring coparenting experiences of Turkish parents could add to the literature and help explain parenting roles in Turkish families in relation to gender differences and partner effects.

One unexpected limitation of this study regarding the demographic variable of monthly family income occurred due to the dramatic increases in the inflation rate of Turkey throughout data collection. The yearly inflation rate of 2022 was reported by official channels as 65% whereas unofficial channels reported a yearly inflation rate of 137% (BBC, 2023). The monthly family income categories provided on the study survey were constructed based on the monthly minimum wage of 2825 TL in 2021 and included five categories: (1) Less than 1000 TL (2) 1000-3999 TL (3) 4000-6999

TL (4) 7000-9999 TL (5) More than 10,000 TL. In one year, the minimum wage more than tripled and was raised to 8506 TL leaving almost all the income categories on our study survey below minimum wage at the end of 2022. Considering the homogeneity of participants' responses on the fifth category, we decided that monthly family income data might not accurately reflect income levels of participating parents, therefore omitted income data from our analyses. Since family income could be influential in parents' GPD, couple satisfaction, and coparenting, future studies should analyze and add family income as a covariate in their models.

There was another limitation in the study concerning the demographic data of child gender and parents' responses to the CI-PP scale on the survey. We asked parents to respond to the CI-PP scale thinking about their child that is between the ages of three and seven. Some parents had more than one child in that age group and those mothers and fathers might have responded to the scale items thinking about their coparenting relations concerning different children of theirs. Additionally, since we did not know for which one of their children they responded to the scale items we were unable to include child gender as a covariate in our models.

Lastly, one other limitation of the study was a potential bias regarding the sole inclusion of matching parents' data in our analyses due to the use of the MEDYAD dialogue on SPSS (Coutts et al., 2019). MEDYAD only conducts analyses with both parents' matching data therefore we were not able to use the data we collected from single respondent parents whose partner did not participate in our study. The sole inclusion of matching parents' data could potentially create a bias towards the inclusion of responses from parents who are jointly more interested in issues concerning the scope of this study or as partners have been better in cooperation as

opposed to single respondent parents who might not be sharing the same interest in the study or find it more difficult to cooperate with their spouses.

Despite its limitations, the present study also has several strengths and contributions to the literature. To our knowledge, this is the first mediational study that investigated the dyadic associations between parents' general psychological distress, couple satisfaction and coparenting using both the APIM and APIMeM. The results revealed actor effects that are consistent with prior literature and meaningful partner effects considering the parental roles of mothers and fathers in the sociocultural context of Turkey. Furthermore, this study provided valuable dyadic level insights to the literature on maternal and paternal coparenting experiences in three dimensions of cooperation, conflict, and triangulation. Last but not least, considering the weight given to parents with newborns and infants in coparenting research, this study's focus on coparenting of parents with preschool children was an important addition to a rather understudied stage of family life cycle.

4.8 Clinical Implications

The findings of the present study provide important insights to the field of couple and family therapy and has clinical implications for mental health practitioners working with parents and families in distress. Negative child outcomes are usually what bring families to therapy during early childhood and making the right interventions to improve family functioning could help reduce negative child outcomes as well as prevent families from future risks. One important but fairly underpromoted aspect of family functioning among Turkish families is the coparenting relations between mothers and fathers. Understanding the factors influential in coparenting experiences of parents could provide clinicians with

several entry points for interventions to reduce risks to family functioning and increase coparenting cooperation. In that respect, the increasing levels of parents' psychological distress in a post-pandemic world pose an apparent risk to family functioning. For this reason, a better understanding of the dyadic associations between parents' mental health and coparenting relations could benefit family therapists in their clinical conceptualizations.

First and foremost, our results underline the importance of spillover effects of experiences in one subsystem to other subsystems within the family and stress the significance of couple satisfaction in mediating the link between parents' individual mental health and coparenting experiences. Therefore, clinicians aiming at increasing coparenting cooperation between distressed parents should make a thorough assessment of mothers' and fathers' individual needs as well as perceptions of marital relationship and include interventions to improve individual mental health and increase couple satisfaction in their therapy plan. Most parents do not compartmentalize their roles as husbands and wives or as mothers and fathers, and the lines between individual, marital and parental subsystems in a family might get blurry over time. Helping parents to differentiate their roles and responsibilities in different subsystems and structure their interactions allowing enough resources to meet their needs in their individual, marital, and parental subsystems could provide the ground for more cooperation to emerge in coparenting relations.

Secondly, partner effects found in this study indicate that fathers' mental health is indirectly associated with mothers' coparenting cooperation, conflict, and triangulation through mothers' couple satisfaction. Fathers' mental health was also found to be associated with mothers' coparenting through fathers' couple satisfaction

only for mothers' triangulation but not cooperation or conflict. On the other hand, mothers' mental health was only and directly associated with fathers' coparenting cooperation. It is fair to assume that parents seeking therapy to have some level of distress and as suggested by the positive relation between psychological distress and negative coparenting dimensions, to experience some level of coparenting conflict or triangulation. Considering the weight that fathers' mental health adds to mothers' negative coparenting experiences through both parents' couple satisfaction, clinicians could consider working through the spillover effects of fathers' mental health into the marital relations and help spouses, especially fathers, to engage more in quality couple interactions in the early stages of therapy. As the therapy progresses and couples' experiences of negative coparenting decreases due to the increases in their couple satisfaction, therapists could then plan helping parents in improving their coparenting cooperation taking the direct effects of mothers' mental health on fathers' coparenting cooperation into account.

Last but not least, mental health professionals and social workers could benefit from the dyadic findings of the present study while designing and executing education programs and workshops to improve family functioning for parents in distress. They might consider including coparenting psychoeducation in their programs as well as interventions aiming to improve relationship satisfaction of parents. Additionally, program facilitators could promote and support engagement of fathers in experiential workshops. Future dyadic studies on coparenting conducted with disadvantaged families and families of diverse demographics in Turkey might help professionals develop evidence-based programs that could benefit larger populations with limited access to couple and family therapy services.

APPENDICES

Appendix A

Informed Consent (Turkish)

Projenin Adı: Türkiye’deki Küçük Çocuklu Ailelerde Çift İlişkisi Doyumu ve Ortak Ebeveynlik İlişkisinde Genel Psikolojik Stresin Etkisi / The Effects of General Psychological Distress on Couple Satisfaction and Coparenting in Turkish Families with Young Children

Proje yürütücüsünün adı ve iletişim bilgileri:

Dr. Selenga Gürmen

Pelin Ertem

Projenin amacı: Projenin amacı okul öncesi yaş grubunda (3-7 yaş arası) çocuk sahibi olan anne ve babaların taşıdığı kaygı ve stresin, evlilik ilişkileri ve anne-baba olarak yürüttükleri ilişkilerine etkisini incelemektir.

Süreç: Araştırma anket sorularından oluşmaktadır. Anket soruları eğitim durumunuz, yaşıınız gibi demografik sorular, taşıdığınız kaygı ve strese yönelik sorular, evlilik ilişkiniz ile ilgili sorular, anne-baba olarak oluşturduğunuz ilişki hakkında sorular ve toplumsal cinsiyet algınız ile ilgili sorular içermektedir. Tüm soruları yanıtlamanız toplam ortalama 25-30 dakika sürecektir. Anketleri doldururken eşinizden bağımsız olarak doldurmanız önemlidir.

Gizlilik: Sizden elde edilen tüm bilgiler gizli tutulacak ve anonim olarak çalışmanın sonucunda ortaya çıkacak yayın ve sunumlarda kullanılacaktır. Online olarak elde edilen bilgiler kilitli bilgisayarlarda Özyeğin Üniversitesi Psikoloji

Bölümü’nde korunacaktır. Verilere yalnızca araştırma ekibinin erişim izni olacaktır. Sizden elde edinilen bilgiler bireysel değil, grup olarak değerlendirilecektir. Gizliliğinizi korumak için anketlerinizde isimleriniz yer almayacaktır. Anketi doldurmadan önce hem siz hem eşiniz tarafından kullanılacak ortak bir takma isim girmeniz gerekmektedir. Takma isminiz bir kelime, bir noktalama işareti ve bir sayı içermelidir. (örneğin, ‘masa6565!’). Sağladığınız bilgiler takma isminiz aracılığı ile istatistik programlarına girilecektir.

Gönüllü Katılım: Bu projeye katılım tamamen gönüllülük temelindedir. Projeden herhangi bir zamanda çekilme hakkınız vardır ve katılımı reddetmek herhangi bir zarara yol açmayacaktır.

Bu formda anlatılan araştırmanın etik yönleriyle ve/veya araştırma detaylarıyla ilgili sorularınız, sorunlarınız veya önerileriniz varsa lütfen Özyeğin Üniversitesi Etik Kurulu ile (216) 564 91 76 nolu telefondan temasa geçiniz.

Yukarıda sözü geçen “Türkiye’deki Küçük Çocuklu Ailelerde Çift İlişkisi Doyumu ve Ortak Ebeveynlik İlişkisinde Genel Psikolojik Stresin Etkisi” isimli araştırma projesinin detaylarını okudum ve bu proje ile ilgili sorularım cevaplandı. Bu çalışmaya gönüllü olarak katılıyorum.

İsim Soyad

Tarih

Appendix B

Couple ID Form (Turkish)

Takma İsim Oluşturma:

- Tüm katılımcılar arasından eşiniz ve sizin anketinizi eşleştirebilmek adına eşiniz ile beraber ortak bir takma isim oluşturmanızı istiyoruz. Oluşturacağınız takma ismin diğer çiftler tarafından da kullanılma ihtimali olabileceğinden dolayı takma isminizi oluştururken lütfen aşağıdaki yönergeye dikkat ediniz.

- Takma isminiz bir kelime, bir noktalama işareti ve bir sayı içermelidir.
- Örnek: Masa6565!

Çift olarak takma isminiz: _____

- Takma isminize ek olarak eşiniz ve sizin anketinizi eşleştirebilmek adına lütfen aşağıdaki sorulara yanıt veriniz:

- **Evlilik tarihiniz:** _____
- **Doğum günü tarihiniz: (gün/ay/yıl şeklinde belirtiniz)** _____
- **Eşinizin doğum günü tarihi: (gün/ay/yıl şeklinde belirtiniz)** _____

Appendix C

Demographic Information Form (Turkish)

1- Demografik sorular:

Yaşınız:_____

Cinsiyetiniz:

1. Kadın:_____

2. Erkek:_____

3. Diğer:_____

Cinsel eğiliminiz:

____ Homoseksüel

____ Heteroseksüel

____ Diğer

Ailenizin aylık geliri:

____ 1000 TL'den az

____ 1000-3999 TL

____ 4000-6999 TL

____ 7000-9999 TL

____ 10000 TL'den fazla

Eğitim durumunuz:

____ Okur yazar değil

____ Okur yazar

____ İlkokul mezunu

____ Ortaokul mezunu

___ Lise mezunu

___ Üniversite mezunu

___ Y.lisans- doktora mezunu

___ Diğer (belirtiniz)_____

Öğrenci misiniz?

___ Evet

___ Hayır

Cevap evet ise;

• **Şu anki öğrenim seviyeniz:**

___ Lise

___ Lisans

___ Yüksek lisans

___ Doktora

___ Doktora sonrası

• **Okuduğunuz bölüm?**

En son hangi okulu bitirdiniz:

___ İlkokul

___ Ortaokul

___ Lise

___ Üniversite

___ Yüksek Lisans

___ Doktora

___ Diğer (belirtiniz)_____

Toplam kaç yıllık eğitim tamamladınız? : _____

Çalışma durumunuz:

____ İşsiz, iş aramıyor (emekli, özürlü vs)

____ İşsiz, iş arıyor

____ Çalışıyor, yarı zamanlı

____ Çalışıyor, tam zamanlı

Mesleğiniz:

Mesleğinizin adı ve/ veya işteki ünvanınız: _____

Çalıştığınız işteki görevleriniz nedir veya ne
idi: _____

____ Ev Hanımı

____ İşsiz

____ İşçi

____ Memur

____ Serbest meslek

____ Emekli

____ Diğer (belirtiniz) _____

Evlilik durumunuz:

____ Evliyim ve eşimle birlikte yaşıyorum.

____ Evliyim ama başka biriyle yaşıyorum

____ Evli değilim ama biriyle yaşıyorum

____ Evliyim ama eşimle ayrı yaşıyoruz

____ Boşandım

____ Eşim vefat etti

___ Hiç evlenmedim

Kaç yıldır evlisiniz? _____

Evlenmeden önceki ilişki süreniz nedir? (Lütfen Yıl, Ay, Hafta, vs. olarak belirtiniz)

Evlendikten ne kadar süre sonra çocuk sahibi oldunuz? _____

Kaç çocuğunuz var? _____

Lütfen her bir çocuğunuz için ayrı ayrı aşağıdaki soruları cevaplayınız.

1. Çocuk için: Yaş_____ Cinsiyet_____ Eğitim durumu_____

2. Çocuk için: Yaş_____ Cinsiyet_____ Eğitim durumu_____

3. Çocuk için: Yaş_____ Cinsiyet_____ Eğitim durumu_____

4. Çocuk için: Yaş_____ Cinsiyet_____ Eğitim durumu_____

5. Çocuk için: Yaş_____ Cinsiyet_____ Eğitim durumu_____

Evde sizden başka yaşayan birisi var mı?

___ Evet (kim olduğunu belirtiniz): _____

___ Hayır

Çocuk bakımına siz ve eşinizden başka destek veren birisi var mı?

___ Evet (kim olduğunu belirtiniz): _____

___ Hayır

Appendix D

Turkish Version of the Couple Satisfaction Index (CSI-16)

1. Lütfen ilişkinizdeki her şeyi gözeterek mutluluk seviyesini belirleyiniz.

Son derece mutsuz	Oldukça mutsuz	Biraz mutsuz	Ne mutlu ne de mutsuz	Biraz mutlu	Oldukça mutlu	Son derece mutlu
0	1	2	3	4	5	6

Çoğu insan ilişkilerinde anlaşmazlık yaşar. Lütfen, partnerinizle aşağıdaki göstergeler hakkında anlaşma veya anlaşamama seviyenizi belirtiniz.

	Her zaman	Çoğu zaman	Sık sık	Ara sıra	Nadiren	Hiç
2. Ne sıklıkta siz ve partneriniz arasındaki şeylerin iyi gittiğini düşünüyorsunuz?	5	4	3	2	1	0

	Hiç doğru değil	Azıcık doğru	Bir miktar doğru	Çoğunlukla doğru	Neredeyse tamamen doğru	Tamamen doğru
3.						
4. Partnerimle olan ilişkim beni mutlu eder.						
5. Partnerimle sıcak ve rahat bir ilişkim var.						
6.						

	Hiç	Biraz	Oldukça	Çoğunlukla	Neredeyse tamamen	Tamamen
7. Partnerinizle olan ilişkiniz ne kadar tatmin edici?						
8. Partneriniz ihtiyaçlarınızı karşılama ne kadar iyi?						
9.						
10. Genel olarak, ilişkinizden ne kadar memnunsunuz?						

Aşağıdaki kavramlardan *ilişkiniz hakkında nasıl hissettiğinize dair* uygun olanını seçiniz. Kavramlar hakkındaki ilk izlenimlerinizi ve anlık duygularınızı baz alarak cevaplayınız.

11.	İLGİNÇ	5	4	3	2	1	0	SIKICI
12.		0	1	2	3	4	5	
13.	DOLU	5	4	3	2	1	0	BOŞ
14.	SAĞLAM	5	4	3	2	1	0	KIRILGAN
15.		0	1	2	3	4	5	
16.	EĞLENCELİ	5	4	3	2	1	0	SEFİL

Appendix E

Turkish Version of Coparenting Inventory for Parents with Preschoolers (CI-PP)

Aşağıdaki listede bir çocuğun yetiştirilmesi ile ilgili çeşitli ifadeler yer almaktadır.

Verilen numaralandırma sistemini kullanarak, aşağıdaki ifadeleri sağ taraftaki

derecelendirme sisteminde size uygun olacak şekilde yuvarlak içine alarak

işaretleyiniz.

Lütfen 3-7 yaş arasındaki çocuğunuzu baz alarak cevaplayınız.

Derecelendirme: 1 = HİÇ DOĞRU DEĞİL 4= KESİNLİKLE DOĞRU

1. Ben ve partnerim (eşim) çocuk yetiştirme konusunda konuşuruz.	1	2	3	4
2. Eğer çocuğumuzla ilgili bir problem olursa, bir çözüm yolu bulmak için birlikte araştırırız.	1	2	3	4
3.	1	2	3	4
4. Partnerim (eşim) benim çocuk yetiştirmeye ilişkin fikirlerime ilgi gösterir.	1	2	3	4
5. Ben ve partnerim (eşim) çocuk yetiştirmenin kuralları, amaçları ve talepleri konusunda aynı fikirde değiliz.	1	2	3	4
6. Eşim ve benim için çocuğumuzla ilgili sorunlara ortak bir çözüm bulmamız zordur.	1	2	3	4
7.	1	2	3	4
8. Eşim ve ben çocuğumuzun istek ve taleplerini yerine getirme konusunda aynı fikirde değiliz.	1	2	3	4
9. Çocuğumuz eşimle aramızdaki çatışmalara dâhil olur.	1	2	3	4
10.	1	2	3	4
11. Eşim ve ben, çocuğumuzun önünde çocuk yetiştirme hakkında konuşursak tartışmaya başlarız.	1	2	3	4
12. Eşim ve ben eğer çocuk yetiştirme konusunda hemfikir değilsek, her ikimiz de çocuğumuzu kendi tarafına çekmeye çalışırız.	1	2	3	4

Appendix F

Turkish Version of Depression Anxiety Stress Scale (DASS-21)

Aşağıdaki listede çeşitli ifadeler yer almaktadır. Verilen numaralandırma sistemini kullanarak, aşağıdaki ifadeleri belirtilen derecelendirme sisteminde size uygun olacak şekilde işaretleyiniz.

Derecelendirme: 1 = HİÇBİR ZAMAN 4= HER ZAMAN

1. Ağzımda kuruluk olduğunu fark ettim	0	1	2	3
2. Hiç olumlu duygu yaşayamadığımı fark ettim	0	1	2	3
3.	0	1	2	3
4. Soluk almada zorluk çektim (örneğin fizik egzersiz yapmadığım halde aşırı hızlı nefes alma, nefessiz kalma gibi)	0	1	2	3
5. Hiçbir beklentimin olmadığı hissine kapıldım	0	1	2	3
6. Kendimi gevşetip salıvermek zor geldi	0	1	2	3
7.	0	1	2	3
8. Birey olarak değersiz olduğumu hissettim	0	1	2	3
9. Sinirsel enerjimi çok fazla kullandığımı hissettim.	0	1	2	3
10. Panik haline yakın olduğumu hissettim	0	1	2	3
11.	0	1	2	3
12. Alınan olduğumu hissettim	0	1	2	3

13. Panikleyip kendimi aptal durumuna düşüreceğim durumlar nedeniyle endişelendim	0	1	2	3
14. Kendimi perişan ve hüzünlü hissettim	0	1	2	3
15.	0	1	2	3
16. Vücudumda (örneğin ellerimde) titremeler oldu.	0	1	2	3
17. Hiçbir şey bende heyecan uyandırmıyordu	0	1	2	3
18. Beni yaptığım işten alıkoyan şeylere dayanamıyordum	0	1	2	3
19.	0	1	2	3
20. Bir iş yapmak için gerekli olan ilk adımı atmada zorlandım	0	1	2	3
21. Kışkırtılmakta olduğumu hissettim	0	1	2	3

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