

# How Parenthood Shapes Well-Being: The Roles of Stress Coping and Psychological Flexibility in Married Couples

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## Abstract

This study explores how parenthood affects subjective wellbeing, dyadic stress coping, and psychological flexibility in married individuals. Utilizing a quantitative, correlational design, the study sampled 402 married adults—222 with children and 180 without. Participants completed validated measures assessing dyadic coping, psychological flexibility, and relationship-specific subjective wellbeing. Data were analyzed using SPSS (version 26) and the PROCESS macro (Model 4). Findings revealed that individuals without children reported higher levels of dyadic coping and subjective wellbeing compared to parents. However, parents exhibited significantly higher overall psychological flexibility and greater alignment with value-based behavior. Analysis by number of children indicated that those with one child showed higher psychological flexibility in the present moment and in acting according to personal values than those with more children. Mediation analyses revealed that psychological flexibility partially mediated the relationship between dyadic coping and subjective wellbeing among parents, but not among non-parents. These findings suggest that while parenting introduces stress that can challenge couple dynamics, it may also foster greater psychological flexibility, which in turn can buffer the negative effects of stress on relational wellbeing.

## Plain Language Summary

This study looked at how being a parent affects the emotional wellbeing of married people. Researchers compared couples with and without children to see how they handle stress, how flexible they are emotionally, and how satisfied they are in their relationships. The results showed that people without children felt less stressed and more satisfied in their relationships. However, parents were more emotionally flexible, meaning they were better at adjusting their thoughts and feelings in difficult situations. Interestingly, this emotional flexibility helped parents feel better about their relationship, even when under stress. The more children couples had, the harder it became to stay focused on the present and act in line with their personal values. This research shows that while parenting can be stressful, it also helps people grow emotionally and can protect their relationship from the negative effects of stress.

## Keywords

parenthood, psychological flexibility, dyadic coping, subjective wellbeing, marital relationship

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## 1. Introduction

Studies comparing the well-being of individuals with and without children have produced inconsistent findings. Some research suggests that parenthood brings meaning, joy, and personal growth to adults' lives (Guttmann & Lazar, 2004; Nomaguchi & Milkie, 2003). However, other studies report that parenting can be a persistent source of stress that negatively affects psychological and relational functioning (Ahlborg et al., 2009; Bird, 1997; Mortensen et al., 2012). Additionally, transitions into parenthood have been associated with increased tension within the couple relationship and declines in marital quality (Doss et al., 2009; Nelson et al., 2014). These contrasting findings highlight the complexity of the relationship between parenthood and well-being.

Maintaining a happy and harmonious marriage is directly proportional to couples' subjective wellbeing. Physical and mental wellbeing positively affect every stage of life (Kulaber Demirci, 2019). Many studies involving individuals from various cultures have found that married couples are happier and have higher subjective wellbeing than those who have never married, are separated, or are divorced (Diener et al., 2000; Marks & Fleming, 1999; Stack & Eshleman, 1998). However, some studies suggest that marriage alone is insufficient to achieve higher wellbeing and that an unsatisfying marital experience can predict a decline in subjective wellbeing (Diener, 1984). Along with the spousal role that comes with marriage, having an additional parental role can complicate the relationship between partners. Studies have shown that the transition to parenthood leads to considerable changes in a couple's relationship and significantly affects the functioning of a marriage (Doss et al., 2009). These changes can lead to varying levels of tension (Nelson et al., 2014), a decline in perceived marital quality (Ahlborg et al., 2009), and a decrease in relationship satisfaction (Mortensen et al., 2012). However, Nomaguchi and Milkie (2003) argue that such research primarily focuses on the negative outcomes and costs of parenting, often overlooking its benefits. Delicate et al. (2018) reported that the number of studies showing that parenthood is associated with greater marital stability is increasing (Roy et al., 2019). Furthermore, Guttmann and Lazar (2004) showed that first-time parents are generally more satisfied with their relationships than couples without children.

### 1.1. Parenting and Psychological Flexibility

Psychological flexibility is the ability to maintain commitment to value-based behaviors while embracing unpleasant emotions (Brassell et al., 2016; Hayes et al., 2006). In other words, psychological flexibility is the ability to regulate one's behavior in a way that facilitates the pursuit of valued goals (Doorley et al., 2020). Psychological flexibility plays a pivotal role within acceptance and commitment therapy (ACT) theory.

ACT theory conceptualizes psychological flexibility as the product of six distinct yet interrelated subprocesses: acceptance, defusion, contextual self, mindfulness, values, and committed action (Hayes et al., 2006). Here, acceptance involves actively and consciously embracing past events; specifically, acceptance refers to the ability to accept and let go of past events without holding them at the center of one's life, especially when changing these events is not possible, as it would lead to harmful consequences. Defusion involves detaching from the unhelpful aspects of thoughts rather than trying to alter their frequency or significance. The goal is to alter one's interaction and relationship with one's thoughts. Contextual self refers to the process of making a person aware of their own flow of experiences without making rote and endless investments in specific experiences. Contextual self also supports dissociation and acceptance. Mindfulness involves maintaining constant contact with events without judgment when internal and external changes occur. Values can be described as how clients determine the direction of their lives according to their desires and needs. They can be expressed as choosing to perform a satisfying action and internalizing it. Acting according to chosen values and being consistent with such actions is considered decisive action.

Studies examining individual psychological flexibility in the family context reveal a connection between parents' psychological flexibility and their children's psychological outcomes (Cheron et al., 2009; Williams et al., 2012). Brassell et al. (2016) emphasized that parents' ability to be aware of and accept their own internal experiences, along with their ability to focus on the present moment, predicts more adaptive parenting behaviors and significantly more beneficial psychosocial outcomes for adolescents across all age groups. According to Daks and Rogge (2020), conflict in a romantic relationship between two parents can lead to one parent withdrawing from parenting responsibilities or even actively undermining the other parent's parenting efforts. This situation can lead to greater family conflict and more problematic behavior in children. Therefore, while research on romantic relationships is a robust field of study, the romantic dyad functions as a key system within the broader family systems framework, as disruptions to this relationship can influence other areas of family and child functioning (Sturge-Apple et al., 2006).

Emerging evidence suggests that psychological flexibility varies meaningfully between parents and non-parents. Parenting introduces chronic, high-intensity demands that regularly evoke stress, uncertainty, emotional discomfort, and value-based decision-making. These repeated experiences may cultivate greater flexibility by pushing individuals to tolerate

distress, shift perspectives, and prioritize long-term value-driven actions over immediate emotional avoidance (Fonseca et al., 2020). Conversely, adults without children may encounter fewer continuous stressors requiring this type of regulatory adaptation, potentially resulting in lower levels of everyday practice of flexible responding. Together, these distinctions offer a theoretically grounded basis for expecting differences in psychological flexibility across parenthood status.

## 1.2. Dyadic Coping

Individuals experiencing stress due to a potential threat employ coping strategies to manage the situation. Coping refers to the ways individuals respond to real or perceived problems (Aldwin, 2007). While stress is commonly defined as circumstances that affect individuals and their wellbeing and according to the resource conservation theory (which focuses on the effects of the social environment), the individual's perception of stress is embedded within social relationships. The effects of coping depend on evaluating the social consequences of the stressful experience. Recently, stress experienced by couples has been conceptualized as a dual or social phenomenon. Dual stress refers to the shared concerns of couples, the emotional relationship between them, and the continuation of their close relationship. Nowadays, researchers agree that stress affects both parties in a romantic relationship (Randall & Bodenmann, 2009). In a study examining how Israeli couples coped with stress on daily during COVID-19, stress that was pandemic-related was associated with lower daily positive mood and higher daily negative mood. In marriages where negative couple coping styles are observed, stress increases its effect on the negative moods of couples (Bar-Kalifa et al., 2021).

Although previous research has examined how stress, coping, and psychological flexibility function within romantic and family systems, much less is known about how these processes differ specifically between parents and non-parents. Existing studies have typically focused either on the challenges introduced by parenthood or on individual-level outcomes, leaving a gap regarding how parenthood shapes the interplay between dyadic coping, psychological flexibility, and relationship-specific subjective well-being. Addressing this gap is essential for understanding why married individuals with and without children may experience relational well-being differently under stress. Therefore, the present study investigates whether dyadic coping and psychological flexibility vary by parenthood status, whether the number of children relates to differences in psychological flexibility, and whether psychological flexibility mediates the association between dyadic coping and subjective well-being. Based on these aims, the study advances a conceptual model illustrating the hypothesized associations among these variables (see Figure 1).

In this study, the social isolation process created by the pandemic was considered a stressor and the stress coping, subjective wellbeing, and psychological flexibility characteristics of married individuals with and without children were investigated. The mediating role of psychological flexibility in the relationship between stress coping and subjective wellbeing was examined. Based on the theoretical framework and prior empirical findings, the following hypotheses were formulated:

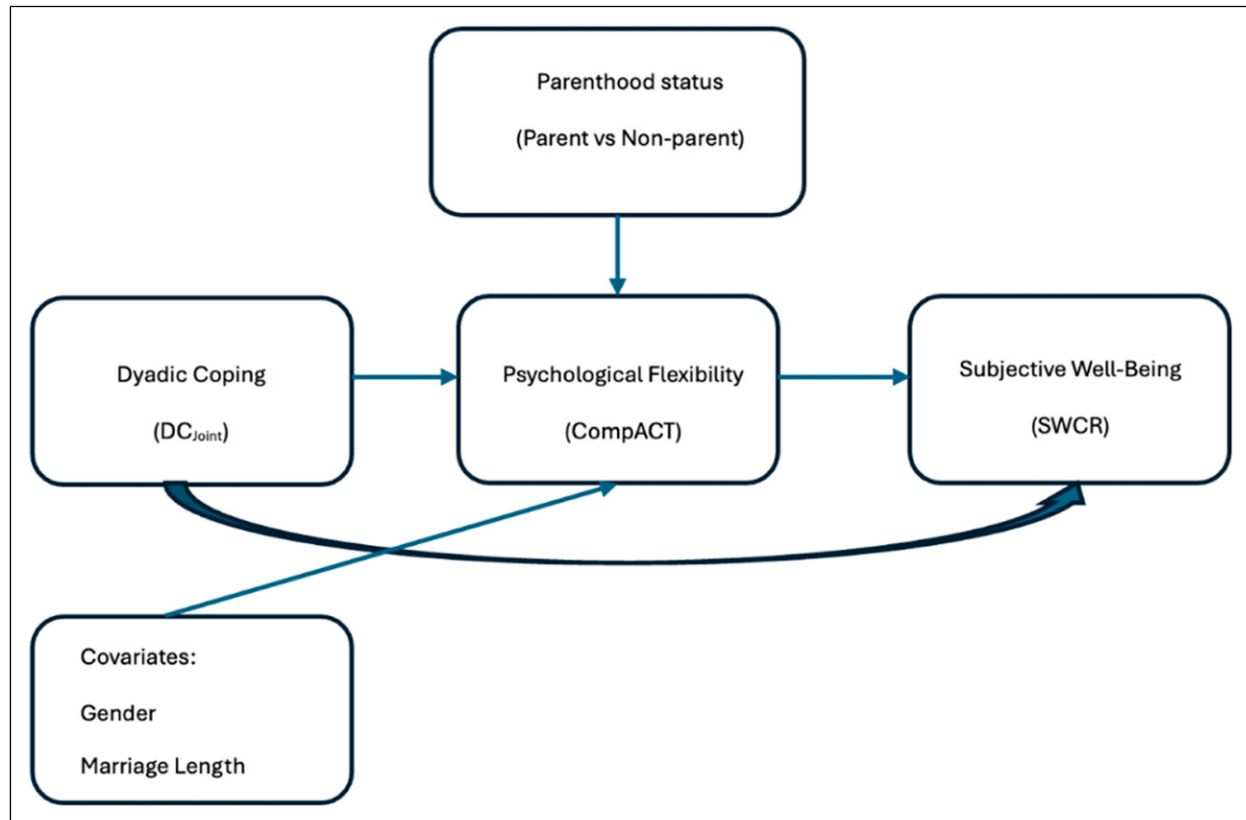
- H1:** Dyadic coping levels will differ between married individuals with and without children under stress conditions.
- H2:** Psychological flexibility levels will differ between married individuals with and without children.
- H3:** Among parents, psychological flexibility will vary according to the number of children.
- H4:** Psychological flexibility will mediate the relationship between dyadic coping and relationship-specific subjective well-being among parents.
- H5:** The mediating role of psychological flexibility will not be significant among non-parents.

## 2. Method

### 2.1. Participants

The study was conducted online during a period of intensified social restrictions related to the COVID-19 pandemic in 2021, which created heightened stress conditions for many families. All participants were Turkish adults residing in Türkiye, and the sample reflects the cultural and ethnic composition typical of the Turkish population. The inclusion criteria were being older than 18 years and currently married. A convenience sampling method was employed to reach married adults from different regions of Türkiye in a time-efficient manner.

A total of 402 participants were included in the analyses. The sample consisted of 241 women (60%) and 161 men (40%), with a mean age of 36.5 years and an average marriage duration of 9.11 years. Of the participants, 222 (55.2%) were parents and 180 (44.8%) were non-parents. Among parents, 19.7% had one child, 27.1% had two, 7.2% had three, and 1% had four or more children.



**Figure 1.** Conceptual mediation model illustrating the hypothesized associations among dyadic coping (DC<sub>joint</sub>), psychological flexibility (CompACT), and subjective well-being in marriage (SWCR)

A priori power analysis conducted using G\*Power indicated that a minimum sample of 211 participants would be sufficient to detect small-to-medium effect sizes ( $f^2 = .10$ ,  $\alpha = .05$ , power = .80) in mediation models. Therefore, the final sample of 402 participants exceeded the required sample size and provided adequate statistical power for all planned analyses.

## 2.2. Data Collection Tools

### 2.2.1. Demographic Information Form

The form includes questions about personal variables, such as gender, age, education level, marital status, and the number of children.

### 2.2.2. Comprehensive Assessment of Acceptance and Commitment Therapy Scale (CompACT)

CompACT was developed by Francis et al. (2016) and used in their study to measure psychological flexibility and its dimensions. CompACT is a 7-point, Likert-type scale consisting of 23 items and three factors in its original version. The Cronbach's alpha internal consistency coefficient for the entire scale was 0.91 as reported in a Turkish validity and reliability study (Karakuş & Akbay, 2020). In the Turkish adaptation of CompACT, the scale consists of 28 items and five sub-dimensions. Six different items, which were not included in the original scale, were added to the Turkish version due to cultural differences. In the present study, internal consistency coefficients obtained from our sample were acceptable to excellent, with Cronbach's alpha values of .82 for value-based behavior, .78 for mindfulness, .74 for acceptance, .70 for contextual self, .72 for defusion, and .90 for the total scale.

### 2.2.3. Subjective Wellbeing in Couple Relationship Scale (SWCR)

SWCR, developed by Urbano-Contreras et al. (2018), was adapted into Turkish by Çaykuş & Mutlu Çaykuş (2019). The scale consists of 21 items and has a 4-point Likert structure. A higher total score is indicative of an increase in the subjective wellbeing in romantic relationships. The item factor loadings of the scale range from 0.49 to 0.94. Although the scale has six

sub-dimensions, only the total score was used in our study. The internal consistency coefficient for the entire scale was 0.90 and the internal consistency coefficients for the subscales ranged from 0.78 to 0.81. In the current study, the internal consistency coefficient for the total score of the SWCR was excellent ( $\alpha = .92$ ).

#### 2.2.4. Dyadic Coping Inventory (DCI)

The inventory, developed by Bodenmann (2008), was designed to measure stress communication in relationships and how couples cope with stress. The scale was adapted into Turkish by Kurt and Akbaş (2019). This 5-point Likert-type scale consists of a total of 37 items, and three dimensions: the individual's perception of their own stress coping skills, their perception of their partner's stress coping skills, and their perception of their joint stress coping skills. The internal consistency coefficient of the total scale score was 0.93 for men and 0.92 for women. In our sample, reliability coefficients were high, with Cronbach's alpha values of .89 for DC-self, .91 for DC-partner, .88 for DC-joint, and .93 for the total score.

### 2.3. Procedure

Data were collected online during a period of intensified social restrictions related to the COVID-19 pandemic in 2021. Participants were recruited via online announcements and volunteered to complete an internet-based survey. Eligibility criteria included being 18 years or older and currently married. Parenthood status and number of children were recorded and used as grouping variables. Three responses that did not meet data quality criteria (e.g., missing responses or multiple entries) were excluded, resulting in a final analytic sample of 402 participants.

This study was reviewed and approved by the relevant institutional ethics committee (Approval No: 02/2022) and conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. Prior to participation, individuals were provided with written information regarding the study's purpose and procedures, the voluntary nature of participation, confidentiality safeguards, and their right to withdraw at any time without consequence. Informed consent was obtained electronically before participants were granted access to the questionnaire.

The study design posed minimal risk, as it involved anonymous self-report questionnaires assessing relational experiences under pandemic-related stress conditions. No personally identifiable information was collected, and responses were stored securely. Given the minimal-risk nature of the survey design and the absence of any clinical intervention, the potential benefits of contributing to scientific knowledge on dyadic coping, psychological flexibility, and relationship-specific well-being were considered to outweigh the limited risks associated with participation.

### 2.4. Data Analysis

All analyses were conducted in SPSS (Version 26). Preliminary screening included checks for missing data, normality, and multicollinearity. Independent-samples t-tests assessed group differences. Pearson correlations examined associations between variables. Mediation (PROCESS Model 4) analyses were performed with 5,000 bootstrap samples and 95% confidence intervals. Effect sizes were reported for all relevant analyses to enhance interpretability.

## 3. Results

Table 1 presents the mean, highest and lowest scores, standard deviation, and skewness and kurtosis values for the three subscales of the DC, and the total scores for CompACT and SWCR. The kurtosis and skewness values of the scale scores were between -1 and +1, indicating that the normal distribution assumption was met (Hair et al., 2013).

An independent t-test analysis was conducted to determine whether there were differences in the DC, psychological flexibility, and subjective wellbeing scores between participants with and without children. The results for DC scores are shown in Table 2. Individuals without children had higher DC scores than those with children ( $\bar{x}=54.52$ ,  $sd=8.46$  vs  $\bar{x}=51.09$ ,  $sd=10.52$ ), and this difference was significant ( $t(400)=-3.53$ ,  $p<.001$ ). However, there was no difference in self-perception of coping with stress between individuals with and without children ( $t(400)=-1.14$ ,  $p>0.05$ ). Individuals without children had significantly higher stress management scores ( $\bar{x}=26.62$ ,  $sd=5.52$ ) than individuals with children ( $\bar{x}=23.46$ ,  $sd=6.48$ ;  $t(400)=-5.18$ ,  $p<.001$ ).

As shown in Table 3, among parents and non-parents, significant differences were observed only in the value-oriented behavior subdimension of psychological flexibility, while no significant differences were found in the other subdimensions. Accordingly, individuals with children ( $\bar{x}=57.33$ ,  $sd=9.84$ ) scored significantly higher than those without children ( $\bar{x}=54.50$ ,  $sd=10.56$ ) for value-oriented behavior ( $t(400)=2.77$ ,  $p<0.01$ ). However, those with children obtained higher scores in the total psychological flexibility score ( $\bar{x}=132.59$ ,  $sd=16.58$ ) and their psychological flexibility levels were significantly higher than those without children ( $\bar{x}=129.18$ ,  $sd=19.64$ ;  $t(400)=2.06$ ,  $p<0.05$ ).

**Table 1.** Descriptives

|                          | $\bar{x}$ | Min | Max | SD    | Skewness | Kurtosis |
|--------------------------|-----------|-----|-----|-------|----------|----------|
| DC <sub>partner</sub>    | 52.62     | 24  | 74  | 9.79  | -0.54    | -0.30    |
| DC <sub>self</sub>       | 57.84     | 28  | 75  | 8.39  | -0.44    | -0.01    |
| DC <sub>joint</sub>      | 24.87     | 7   | 35  | 6.26  | -0.59    | -0.03    |
| CompACT <sub>total</sub> | 131.07    | 72  | 183 | 18.07 | -0.07    | 0.65     |
| SWCR <sub>total</sub>    | 60.70     | 21  | 84  | 10.71 | -0.62    | 0.61     |

DC=dyadic coping scale. DC<sub>partner</sub>=DC/partner's stress coping skills. DC<sub>self</sub>=DC/self-stress coping skills. DC<sub>joint</sub>=DC/joint stress coping skills with partner. CompACT<sub>total</sub>=comprehensive assessment of acceptance and commitment therapy scale psychological flexibility total score. SWCR<sub>total</sub>=subjective well-being in couple relationship scale total score.

There was a significant difference in subjective wellbeing scores between participants with and without children ( $t(400) = -4.28, p < .001$ ). Accordingly, individuals without children had significantly higher total SWCR scores ( $\bar{x} = 63.19, sd = 10$ ) than individuals with children ( $\bar{x} = 58.68, sd = 10.85$ ).

A one-way ANOVA analysis was used to examine whether the DC, CompACT, and SWCR scores differed according to how many children the parents had. The number of children was categorized as 1, 2, 3 and 4 or more and post-hoc analyses were performed using the Sheffe test. The group with 4+ children was excluded from the ANOVA due to insufficient sample size. Therefore, the analysis was conducted across three groups (one, two, and three children). The scores for acting in accordance with values ( $F(2,218) = 3.21, p < 0.05$ ) and mindfulness ( $F(2,218) = 5.66, p < 0.01$ ), which are dimensions of psychological flexibility, differed significantly depending on the number of children. No significant differences were seen for other variables according to the number of children (see Table 4 for ANOVA and post-hoc comparisons).

For value-based behavior scores according to the number of children per family, post-hoc Sheffe test were for one child ( $\bar{x} = 55.10, sd = 10.38$ ), for two children ( $\bar{x} = 58.66, sd = 9.07$ ), and for three children ( $\bar{x} = 58.24, sd = 10.44$ ). There was no significant difference between having two and three children, whereas people with one child were more likely to act in accordance with their values.

For the post-hoc analysis evaluating how present moment scores varied according to the number of children, the Sheffe test showed that present moment scores decreased as the number of children increased. Accordingly, individuals with one child ( $\bar{x} = 33.86, sd = 6.25$ ) scored higher than those with two children ( $\bar{x} = 32.86, sd = 7.79$ ), those with two children scored higher than those with three children ( $\bar{x} = 28.87, sd = 7.36$ ), and those with one child scored higher than those with three children, which was a significant difference ( $F(2,218) = 5.66, p < 0.01$ ).

As shown in Table 5, dyadic coping was positively correlated with both psychological flexibility and relationship-specific subjective well-being. Psychological flexibility was also positively associated with subjective well-being, and parenthood status showed small but significant associations with these variables. These correlations provided the basis for testing the proposed mediation model.

The mediating role of psychological flexibility was examined using process analysis with Hayes's macro model number 4. Sex and marriage duration were included in the analysis as covariates. DC was calculated using the subscale score for joint stress coping, while subjective wellbeing and psychological flexibility were calculated using the total scores.

**Table 2.** Results of the Independent t-Test Based on DC Scores for Parents and Non-Parents

|                       | Group      | N   | $\bar{x}$ | SD    | Df  | t     | P       |
|-----------------------|------------|-----|-----------|-------|-----|-------|---------|
| DC <sub>partner</sub> | Parent     | 222 | 51.09     | 10.52 | 400 | -3.53 | 0.000** |
|                       | Non-parent | 180 | 54.52     | 8.46  |     |       |         |
| DC <sub>self</sub>    | Parent     | 222 | 57.41     | 8.64  | 400 | -1.14 | 0.25    |
|                       | Non-parent | 180 | 58.37     | 8.06  |     |       |         |
| DC <sub>joint</sub>   | Parent     | 222 | 23.46     | 6.48  | 400 | -5.18 | 0.000** |
|                       | Non-parent | 180 | 26.62     | 5.52  |     |       |         |

DC=dyadic coping scale. DC<sub>partner</sub>=DC/partner's stress coping skills. DC<sub>self</sub>=DC/self-stress coping skills. DC<sub>joint</sub>=DC/joint stress coping skills with partner.

\*\*Statistically significant ( $P < 0.01$ ) Cohen's d for DC<sub>partner</sub>  $d \approx .35$ , Cohen's d for DC<sub>joint</sub>  $d \approx .50$ .

**Table 3.** Results of the Independent T-Test Based on CompACT Scores for Parents and Non-Parents

|                                   | Group      | N   | $\bar{x}$ | SD    | Df  | t     | P      |
|-----------------------------------|------------|-----|-----------|-------|-----|-------|--------|
| CompACT <sub>value</sub>          | Parent     | 222 | 57.33     | 9.84  | 400 | 2.77  | 0.006* |
|                                   | Non-Parent | 180 | 54.50     | 10.56 |     |       |        |
| CompACT <sub>mindfulness</sub>    | Parent     | 222 | 32.65     | 7.36  | 400 | 0.63  | 0.52   |
|                                   | Non-Parent | 180 | 32.16     | 8.10  |     |       |        |
| CompACT <sub>acceptance</sub>     | Parent     | 222 | 17.13     | 6.30  | 400 | 0.51  | 0.60   |
|                                   | Non-Parent | 180 | 16.80     | 6.35  |     |       |        |
| CompACT <sub>contextualself</sub> | Parent     | 222 | 12.85     | 4.64  | 400 | -0.21 | 0.83   |
|                                   | Non-Parent | 180 | 12.95     | 4.48  |     |       |        |
| CompACT <sub>diffusion</sub>      | Parent     | 222 | 12.61     | 4.22  | 400 | -0.34 | 0.73   |
|                                   | Non-Parent | 180 | 12.76     | 4.15  |     |       |        |
| CompACT <sub>total</sub>          | Parent     | 222 | 132.59    | 16.58 | 400 | 2.06  | 0.04*  |
|                                   | Non-Parent | 180 | 129.18    | 19.64 |     |       |        |

CompACT=comprehensive assessment of acceptance and commitment therapy scale. CompACT<sub>value</sub>=CompACT value score. CompACT<sub>mindfulness</sub>=CompACT mindfulness score. CompACT<sub>acceptance</sub>=CompACT acceptance score. CompACT<sub>contextualself</sub>=CompACT contextual self-score. CompACT<sub>diffusion</sub>=CompACT diffusion score. CompACT<sub>total</sub>=CompACT psychological flexibility total score, \*Statistically significant ( $P<0.05$ ). Cohen's d for CompACT<sub>value</sub>  $d \approx .28$ , Cohen's d for CompACT<sub>total</sub>  $d \approx .21$ .

For parents, the DC<sub>joint</sub> total direct effect on SWCR (c path: non-mediated model) was significant ( $[B]=1.14$ ,  $t=13.83$ ,  $p<.001$ , 95% CI=0.98–1.30). Additionally, the direct effect of DC<sub>joint</sub> on SWCR after including the mediating variable (c' path: mediated model;  $B=1.07$ ,  $t=12.02$ ,  $p<.001$ , 95% CI=0.89–1.24) was significant, although there was a decrease in the coefficient. This finding indicates the partial mediating role of psychological flexibility between coping with stress as a couple and subjective wellbeing in romantic relationships. The analyses are presented in Table 6 and the model formed in line with the findings is shown in Figure 2.

For non-parents, the total direct effect of DC<sub>joint</sub> on SWCR was significant ( $B=1.19$ ,  $t=11.66$ ,  $p<.001$ , 95% CI=0.99–1.39). The direct effect of DC<sub>joint</sub> on SWCR after including the mediating variable ( $B=1.16$ ,  $t=10.83$ ,  $p<.001$ , 95% CI=0.95–1.38) was significant, but a decrease in the coefficient was observed. Additionally, the b path between CompACT and SWCR ( $B=0.02$ ,  $t=0.67$ ,  $p=0.50$ , 95% CI=-0.03 to 0.08) was not significant. These findings suggest that psychological flexibility does not play a significant mediating role in the relationship between DC<sub>joint</sub> and SWCR in individuals who do not have children. The findings of the analysis are presented in Table 7, and the model formed based on the findings is shown in Figure 3.

#### 4. Discussion

Many studies have investigated stress and have mainly focused on individual stressors or an individual's ability to cope with stress. Dyadic stress, on the one hand, encompasses unresolved individual stress, and conversely, can also stem from stressful experiences that develop between two people. Stress is inherently negatively related to wellbeing, and many studies have shown that dyadic stress is related to relationship satisfaction and subjective wellbeing in romantic relationships (Bodenmann et al., 2007; Ledermann et al., 2010). Extra-dyadic stress resulting from daily overload by daily tasks directly reduces relationship satisfaction, and it can also act indirectly via two main mediating mechanisms: increased dyadic stress (relationship stress) and impaired individual psychological and physical wellbeing (Bodenmann, 1997).

Spouses stressed by daily difficulties tend to spend less time together as a couple, which can reduce feelings of togetherness and closeness. Problematic personal traits, such as hostility, intolerance, or rigidity, can become more intense and prominent, contributing to negative interactions. The emotional distance and conflict that daily stressors can bring to a relationship can create additional stressors for each partner, contributing to lower relationship satisfaction and impaired wellbeing (Falconier et al., 2015).

Dyadic coping refers to the effort one partner makes to support the other when they are under stress and the mutual effort both partners make to cope with a common stressor (Bodenmann, 2005; Donato et al., 2012). In this context, each partner is expected to contribute symmetrically to the coping process. Dyadic coping constitutes a form of social support that people facing life stresses receive from their partner.

**Table 4.** ANOVA Results for Total CompACT Scores and Subscale Scores

|                                   | Source of variance | Sum square | Df  | Mean square | F     | P      | Significant difference |
|-----------------------------------|--------------------|------------|-----|-------------|-------|--------|------------------------|
| DC <sub>partner</sub>             | Between groups     | 71.43      | 2   | 35.719      | 0.321 | 0.726  |                        |
|                                   | Within groups      | 24287.92   | 218 | 111.413     |       |        |                        |
|                                   | Total              | 24359.36   | 220 |             |       |        |                        |
| DC <sub>self</sub>                | Between groups     | 71.81      | 2   | 35.909      | 0.476 | 0.622  |                        |
|                                   | Within groups      | 16452.04   | 218 | 75.468      |       |        |                        |
|                                   | Total              | 16523.86   | 220 |             |       |        |                        |
| DC <sub>joint</sub>               | Between groups     | 41.27      | 2   | 20.638      | 0.486 | 0.616  |                        |
|                                   | Within groups      | 9257.64    | 218 | 42.466      |       |        |                        |
|                                   | Total              | 9298.92    | 220 |             |       |        |                        |
| CompACT <sub>value</sub>          | Between groups     | 612.85     | 2   | 306.426     | 3.21  | 0.042* | 1-2                    |
|                                   | Within groups      | 20805.69   | 218 | 95.439      |       |        | 1-3                    |
|                                   | Total              | 21418.54   | 220 |             |       |        |                        |
| CompACT <sub>mindfulness</sub>    | Between groups     | 589.90     | 2   | 294.954     | 5.66  | 0.004* | 1-2                    |
|                                   | Within groups      | 11349.91   | 218 | 52.064      |       |        | 2-3                    |
|                                   | Total              | 11939.82   | 220 |             |       |        | 1-3                    |
| CompACT <sub>acceptance</sub>     | Between groups     | 134.40     | 2   | 67.202      | 1.69  | 0.18   |                        |
|                                   | Within groups      | 8658.24    | 218 | 39.717      |       |        |                        |
|                                   | Total              | 8792.65    | 220 |             |       |        |                        |
| CompACT <sub>contextualself</sub> | Between groups     | 65.43      | 2   | 32.71       | 1.51  | 0.22   |                        |
|                                   | Within groups      | 4702.02    | 218 | 21.56       |       |        |                        |
|                                   | Total              | 4767.45    | 220 |             |       |        |                        |
| CompACT <sub>defusion</sub>       | Between groups     | 103.29     | 2   | 51.64       | 2.93  | 0.05   |                        |
|                                   | Within groups      | 3834.53    | 218 | 17.59       |       |        |                        |
|                                   | Total              | 3937.82    | 220 |             |       |        |                        |
| CompACT <sub>total</sub>          | Between groups     | 1052.32    | 2   | 526.16      | 1.92  | 0.14   |                        |
|                                   | Within groups      | 59628.21   | 218 | 273.52      |       |        |                        |
|                                   | Total              | 60680.54   | 220 |             |       |        |                        |
| SWCR <sub>total</sub>             | Between groups     | 54.12      | 2   | 27.06       | 0.22  | 0.79   |                        |
|                                   | Within groups      | 25998.76   | 218 | 119.26      |       |        |                        |
|                                   | Total              | 26052.88   | 220 |             |       |        |                        |

DC=dyadic coping scale. DC<sub>partner</sub>=DC/partner's stress coping skills. DC<sub>self</sub>=DC/self-stress coping skills. DC<sub>joint</sub>=DC/joint stress coping skills with partner. CompACT=comprehensive assessment of acceptance and commitment therapy scale. CompACT<sub>value</sub>=CompACT value score. CompACT<sub>mindfulness</sub>=CompACT mindfulness score. CompACT<sub>acceptance</sub>=CompACT acceptance score. CompACT<sub>contextualself</sub>=CompACT contextual self-score. CompACT<sub>defusion</sub>=CompACT defusion score. CompACT<sub>total</sub>=CompACT psychological flexibility total score. SWCR=subjective wellbeing in couple relationship scale total score. Df=Degree of freedom, \*Statistically significant ( $P < 0.05$ ). CompACT<sub>value</sub>  $\eta^2 \approx .049$ , CompACT<sub>mindfulness</sub>  $\eta^2 \approx .029$ .

**Table 5.** Correlations Between Study Variables

| Variables                            | 1       | 2      | 3      | 4      | 5       | 6       | 7       | 8      | 9      | 10     | 11 |
|--------------------------------------|---------|--------|--------|--------|---------|---------|---------|--------|--------|--------|----|
| 1. Marriage length                   | 1       |        |        |        |         |         |         |        |        |        |    |
| 2. DC <sub>partner</sub>             | -0.17** | 1      |        |        |         |         |         |        |        |        |    |
| 3. DC <sub>self</sub>                | -0.03   | 0.67** | 1      |        |         |         |         |        |        |        |    |
| 4. DC <sub>joint</sub>               | -0.15*  | 0.73** | 0.59** | 1      |         |         |         |        |        |        |    |
| 5. CompACT <sub>value</sub>          | 0.20**  | 0.27** | 0.48** | 0.33** | 1       |         |         |        |        |        |    |
| 6. CompACT <sub>mindfulness</sub>    | 0.01    | 0.20** | 0.31** | 0.14** | 0.24**  | 1       |         |        |        |        |    |
| 7. CompACT <sub>acceptance</sub>     | -0.07   | 0.01   | -0.07  | -0.05  | -0.23** | 0.34**  | 1       |        |        |        |    |
| 8. CompACT <sub>contextualself</sub> | -0.01   | 0.12*  | 0.14** | 0.21** | 0.35**  | -0.17** | -0.08   | 1      |        |        |    |
| 9. CompACT <sub>defusion</sub>       | 0.02    | 0.13** | 0.11*  | 0.17** | 0.35**  | -0.17** | -0.17** | 0.41** | 1      |        |    |
| 10. CompACT <sub>total</sub>         | 0.09    | 0.31** | 0.45** | 0.32** | 0.76**  | 0.60**  | 0.31**  | 0.45** | 0.40** | 1      |    |
| 11. SWCR <sub>total</sub>            | -0.15** | 0.69** | 0.48** | 0.69** | 0.27**  | 0.06    | -0.05   | 0.21** | 0.25** | 0.28** | 1  |

DC=dyadic coping scale. DC<sub>partner</sub>=DC/partner's stress coping skills. DC<sub>self</sub>=DC/self-stress coping skills. DC<sub>joint</sub>=DC/joint stress coping skills with partner. CompACT=comprehensive assessment of acceptance and commitment therapy scale. CompACT<sub>value</sub>=CompACT value score. CompACT<sub>mindfulness</sub>=CompACT mindfulness score. CompACT<sub>acceptance</sub>=CompACT acceptance score. CompACT<sub>contextualself</sub>=CompACT contextual self-score. CompACT<sub>defusion</sub>=CompACT defusion score. CompACT<sub>total</sub>=CompACT psychological flexibility total score. SWCR=subjective wellbeing in couple relationship scale total score. Statistical significance: \* $P < 0.05$ , \*\* $P < .01$ .

**Table 6.** The Mediating Role of Psychological Flexibility in the Relationship Between Dyadic Coping and Subjective Wellbeing in Parents

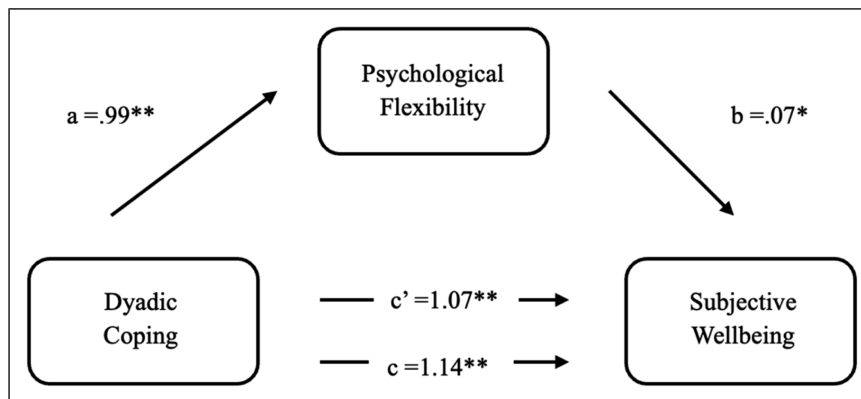
| Model                          |                              | Estimate | SE   | t     | P     | 95% CI |      |
|--------------------------------|------------------------------|----------|------|-------|-------|--------|------|
|                                |                              |          |      |       |       | LL     | UL   |
| Model without mediator         |                              |          |      |       |       |        |      |
| <i>C Path</i>                  | DC <sub>joint</sub> →SWCR    | 1.14     | 0.08 | 13.83 | <.001 | 0.98   | 1.30 |
| Model with CompACT as mediator |                              |          |      |       |       |        |      |
| Path <i>a</i>                  | DC <sub>joint</sub> →CompACT | 0.99     | 0.04 | 22.52 | <.001 | 0.91   | 1.07 |
| Path <i>b</i>                  | CompACT→SWCR                 | 0.07     | 0.03 | 2.12  | <.05  | 0.05   | 0.14 |
| Path <i>c'</i>                 | DC <sub>joint</sub> →SWCR    | 1.07     | 0.08 | 12.02 | <.001 | 0.89   | 1.24 |
| <i>a*b</i>                     | Total indirect effect        | 0.07     | 0.03 |       |       | 0.02   | 0.12 |
|                                | Indirect effect              |          |      |       |       |        |      |
|                                | CompACT                      | 0.07     | 0.03 |       |       | 0.02   | 0.12 |

DC=dyadic coping scale. DC<sub>joint</sub>=DC/joint stress coping skills with partner. CompACT=comprehensive assessment of acceptance and commitment therapy scale. SWCR=subjective wellbeing in couple relationship scale total score. SE=standard error. CI=confidence interval.

Differences in how partners evaluate coping capacities within the relationship may be understood through the lens of dyadic stress and relational expectations. Parenting often amplifies daily stressors, increases logistical and emotional demands, and elevates partners' expectations of one another. Within such contexts, individuals may become more attuned to perceived shortcomings in their partner's coping efforts, even when they maintain confidence in their own ability to manage stress. This dynamic aligns with models suggesting that caregiving responsibilities shift the distribution of emotional labor within couples, making discrepancies in perceived coping more salient. Over time, prolonged exposure to relational strain or unmet expectations may gradually shape more critical evaluations of a partner's stress-management capacity, a pattern frequently documented in long-term marital trajectories.

According to Lazarus and Folkman (1984), the appraisal of stress factors is the key to understanding the situation from the individual's perspective, because people vary in their sensitivity and vulnerability to certain stress factors, and in their interpretations and responses to these stress factors. Since the evaluation of an experience can vary significantly among individuals, the individual invited to provide support can use this approach to help their partner reconstruct their experience and explain which situational stress factors are involved (LaMontagne et al., 1995). Regarding life stressors, there can be many factors that prevent partners from supporting each other, but as noted in the literature, a lack of open communication about what each partner needs, or a situation where a topic that is highly sensitive for one partner does not carry the same importance for the other, can lead to a perception of a lack of support within the couple system.

Psychological flexibility in parenting is considered an application of psychological flexibility developed at the individual level, a broader concept (Fonseca et al., 2020). Our study has yielded intriguing results regarding the contribution of parenthood to the development of psychological flexibility. In particular, psychological flexibility in parenting functions as an individual emotional regulation resource for coping with negative personal experiences related to the parenting role. All



**Figure 2.** Mediating role of psychological flexibility in the relationship between dyadic coping and subjective wellbeing in parents. Statistical significance: \* $p < 0.05$ , \*\* $p < .001$

**Table 7.** The Mediating Role of Psychological Flexibility in the Relationship Between Dyadic Coping and Subjective Wellbeing in Non-parents

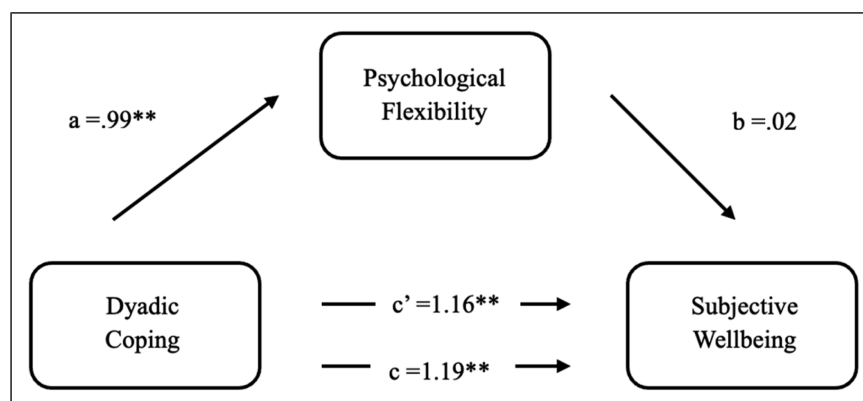
| Model                          |                              | Estimate | SE   | t     | p     | 95% CI |      |
|--------------------------------|------------------------------|----------|------|-------|-------|--------|------|
|                                |                              |          |      |       |       | LL     | UL   |
| Model without mediator         |                              |          |      |       |       |        |      |
| <i>C Path</i>                  | DC <sub>joint</sub> →SWCR    | 1.19     | 0.07 | 11.66 | <.001 | 0.99   | 1.39 |
| Model with CompACT as mediator |                              |          |      |       |       |        |      |
| Path <i>a</i>                  | DC <sub>joint</sub> →CompACT | 0.99     | 0.07 | 14.14 | <.001 | 0.85   | 1.13 |
| Path <i>b</i>                  | CompACT→SWCR                 | 0.02     | 0.03 | 0.67  | .50   | -0.03  | 0.08 |
| Path <i>c'</i>                 | DC <sub>joint</sub> →SWCR    | 1.16     | 0.10 | 10.83 | <.001 | 0.95   | 1.38 |
| <i>a*b</i>                     | Total indirect effect        | 0.02     | 0.03 |       |       | -0.03  | 0.10 |
|                                | Indirect effect              |          |      |       |       |        |      |
|                                | CompACT                      | 0.02     | 0.03 |       |       | -0.03  | 0.10 |

DC=dyadic coping scale. DC<sub>joint</sub>=DC/joint stress coping skills with partner. CompACT=comprehensive assessment of acceptance and commitment therapy scale. SWCR=subjective wellbeing in couple relationship scale total score. SE=standard error. CI=confidence interval.

parents experience some degree of parenting stress because of demanding parenting tasks (Hakvoort et al., 2012), leading to more frequent experiences of negative emotions and thoughts that they often feel ashamed of. This dynamic may lead individuals to experience identical internal struggles related to the same daily problems in a continuous cycle. The drive for homeostasis and survival, particularly for those with children, can make the cumulative stress effect of the same repeatedly occurring problems more visible to individuals and might, in a way, push or force individuals toward psychological flexibility. Conversely, while avoidance is a much more commonly used option for dealing with external factors for individuals without children, the ability to use this strategy as a parent is limited. Therefore, the strategy of moving away from behavioral avoidance and toward flexibility may become increasingly unavoidable.

Differences in value-based behavior can be understood within broader developmental and motivational frameworks. Parenthood often involves a reorientation toward long-term, meaning-laden commitments, which may strengthen individuals' engagement in actions aligned with deeply held values. Although caregiving responsibilities can constrain personal time, career pursuits, or leisure activities, the parental role itself frequently becomes an organizing life value. This shift may enhance the salience of value-consistent behavior, as individuals prioritize choices that reflect purpose, responsibility, and relational meaning within the family context.

In a Finnish study on how parenthood affects personal values (i.e., what is considered important in life), Schwartz's (1992) theory of values was used as the theoretical framework. Schwartz classified ten basic values into two axes. The dimensions on one axis are self-transcendence values versus self-enhancement values. Self-transcendence values emphasize accepting others as equals and caring about their wellbeing, while self-enhancement values consider one's own relative success and control over others. On the second axis, there are traditional values versus openness to change values. Traditional values



**Figure 3.** Mediating role of psychological flexibility in the relationship between dyadic coping and subjective wellbeing in non-parents Statistical significance: \* $p < 0.05$ , \*\* $p < .001$

concern the preservation of traditional practices and stability, while openness to change values emphasize independent thought and action and support change. The study by Lönqvist et al. (2018) on a Finnish cohort shows that those with children are closer to traditional values than those without children. However, parenthood or non-parenthood did not lead to a significant difference in terms of self-transcendence or self-development. Although having children is associated with maintaining traditional values, it is noteworthy that values, such as personal success, power, and caring for and protecting the rights of others, are no less important for those without children. The same study reported that the relationship between having children and behaving in accordance with traditional values was particularly significant among female participants. However, for male participants, there was no significant relationship between being traditional or innovative and having children. A more interesting and complementary finding is that women believe their changing values regarding having children also change in their spouses (men). Lönqvist et al. (2018) emphasize that such an assumption of similarity could have serious consequences. Interpersonal conflicts can arise from differences in values (Harinck et al., 2000). Among the underlying causes of conflict and disagreement in new parents are (1) the differing ways parenthood affects the values of fathers and mothers, and (2) mothers' belief that fathers also change in the same way they do.

Differences observed across subdimensions of psychological flexibility can be interpreted in light of the varying experiential demands associated with parenting multiple children. Being fully present—a core process of flexibility—may become increasingly challenging as parenting responsibilities intensify, requiring continuous attentional shifting and emotional regulation. Similarly, engaging in value-consistent behavior may be more feasible when caregiving demands are relatively contained, whereas the cumulative time, energy, and financial strain associated with a larger number of children may constrain opportunities to pursue personally meaningful behaviors. These patterns align with theoretical perspectives suggesting that psychological flexibility is shaped by contextual demands and that value-based action is sensitive to the availability of practical resources needed to sustain such behaviors.

The mediation pattern suggests that psychological flexibility may function as a key mechanism linking dyadic coping to relationship-specific wellbeing particularly within the parental context. This pattern aligns with theoretical perspectives positing that parenthood provides a developmental environment where flexible, value-driven responses are practiced more frequently. Through shared caregiving demands, partners engage in coordinated coping and enact core components of psychological flexibility—such as acceptance, reappraisal, and value-based action—which may help sustain relational wellbeing over time.

In Türkiye's relationally oriented family context, these processes may be further amplified, as caregiving responsibilities are often shared and embedded within close relational networks. Such culturally grounded practices may help explain why flexibility functions as a pathway through which dyadic coping contributes to relational wellbeing. According to Kağıtçıbaşı's Family Model (Kağıtçıbaşı, 2007), Turkish families typically exhibit autonomous-relatedness, supporting coordinated coping within close relational structures. Similarly, Markus and Kitayama's (1991) interdependent self-construal framework suggests that semi-collectivist cultures such as Türkiye reinforce emotional interdependence and mutual support. Research from non-Western contexts also shows that couples in relationally oriented cultures demonstrate stronger coordinated coping and relational resilience (Rusu et al., 2016).

## 5. Conclusions and Recommendations

This study provides clear evidence that parenthood is associated with distinct patterns of dyadic coping, psychological flexibility, and subjective wellbeing. The finding that psychological flexibility mediates relational wellbeing among parents highlights its importance as a protective process within family systems. Overall, the results offer a meaningful contribution to understanding relational functioning in married couples and point to promising directions for future research.

While the findings offer valuable evidence, they should be evaluated alongside several limitations. First, although the sample included both parents and non-parents, gender was not analyzed separately, limiting insight into how men and women may differ in dyadic coping or psychological flexibility. Second, the cross-sectional design prevents any conclusions about directionality or change over time. Third, the use of self-report measures may introduce social desirability and shared method bias. Finally, online and voluntary data collection may reduce the representativeness of the sample.

Building on these limitations, further research is needed to explore several key areas. Future studies should incorporate gender-based analyses and adopt longitudinal designs to better capture how dyadic coping and psychological flexibility evolve during key family transitions. Using multiple methods—such as partner reports, or physiological indicators—would strengthen measurement accuracy. Broader and more diverse sampling strategies would also improve generalizability.

Another important direction concerns including the types of dyadic coping defined by Bodenmann (1997) and enriched with findings from studies on how children are affected by their parents' psychological flexibility and dyadic coping styles, how they model them, and so on, as a complement to the variable of having or not having children.

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## Ethical Considerations

This study was reviewed and approved by Istanbul Kent University Ethics Committee (Approval No: 02/2022). All participants provided informed consent prior to participation, and the research was conducted in accordance with the ethical standards outlined in the Declaration of Helsinki. Ethical approval form can be provided on request.

## Author Contributions

Zeynep Ok: Conceptualization; Methodology; Investigation; Formal analysis; Writing – original draft. Dilaram Billur Celik Ornek: Conceptualization; Methodology; Supervision; Writing – review & editing.

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## Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Data Availability Statement

The datasets generated and analyzed during the current study are not publicly available due to ethical restrictions and participant confidentiality agreements. However, de-identified data may be made available from the corresponding author upon reasonable request and with approval from the relevant ethics committee.

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