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Summary of Ph.D. Thesis

THE TRANSITION TO PARENTING
PARTICULARITIES OF BODY IMAGE AND COUPLE SATISFACTION

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development. The general term efficacy was first defined by Bandura (1977) who stated that efficacy is the assessment that an individual gives to his/her own personal ability. At the same time, the author emphasizes that effectiveness is also seen as the acquisition of knowledge and skills and the belief in personal ability to make effective use of this increase in knowledge and skills.

In specific terms, parental effectiveness is an aspect that has its origins in self-efficacy and examines how competent a parent feels about their ability to positively influence both their child's development and behavior.

The appearance of children in family life is often seen as a different experience for mothers and fathers. However, most studies on parental efficacy have not analyzed the experience of fathers in this regard.

Thus, as Cowan et al., 1992 argued in his studies, being a parent is seen as a stronger element of maternal rather than paternal identity.

In this context of parental effectiveness, the idea was highlighted that high levels of effectiveness can increase a parent's ability to engage in better parenting practices, while low levels of parental effectiveness are associated with feelings of anxiety, depression and stress and at the same time with low confidence in their own parental abilities (Horeanu, 2021).

The couple's relationship is particularly important for each partner's adaptation to parental life, especially in a context where most children are born within an already formed couple, and this can also predict the quality of care provided to their children (Halford et al., 2009).

The experience of becoming a parent often has a major effect on the couple's relationship and satisfaction. Although some couples claim that the experience of being a parent is a wonderful one, the time spent caring for infants becomes considerably high, and other existing household activities bring with them feelings of being overwhelmed and high stress (Milkie & Nomaguchi, 2003). These new requirements that arise with the birth of a child cause the couple's partners to reduce their effort to maintain a balance in the couple's relationship, and the lack of effort in the couple's relationship predicts a decline in the relationship between the two partners (Halford et al., 2009). After the birth of the child, the social and recreational activities of the couple, that the two partners used to practice, diminish, as well as the expression of affection in the couple. Especially in the case of couples with their first child, a reduction in sexual activities and a loss of sexual desire are reported, especially in the case of women (Cowan & Cowan,

2000). Women are more prone to physical and emotional changes when a child appears than men (Nomaguchi & Milkie, 2003), largely due to pregnancy, childbirth and breastfeeding which are extremely demanding for them (Cowan & Cowan 2000), and women are, in most cases, the main sources of infant care even in situations where both partners work and have the same schedule (Nomaguchi & Milkie 2003).

When it comes to the process of adapting the partners to their new parent status, certain risk factors have been identified that may contribute to the decline of the relationship in the context of the transition to parenting. Parental changes, family tasks often perceived as demanding and exhausting by one or both partners, such as a lack of knowledge and care for infants are risk factors for decreased couple satisfaction (Horeanu, 2021).

In addition, risk factors that had a decisive impact on the deterioration of the couple's adjustment in the first years of marriage may predict decreased couple satisfaction, difficulties in emotional regulation, reduced support from the partner and dysfunctional communication in the couple (Halford et al., 2009).

On the other hand, the relational education of a couples consists in providing knowledge, acquiring attitudes and relationship skills, in order to support the couple to maintain a healthy relationship (Halford et al., 2009). At the same time, the relational education of couples improves the relational skills and helps the couples develop a high satisfaction of their connection in the first years of marriage (Halford et al., 2009).

Compared to other major life transitions, the transition to parenting is a unique stage that most people go through and is often planned by the two partners. The birth of the first child triggers a decline in a marriage or personal well-being. At the same time, the birth of the first child determines significant changes in the sphere of emotions and events in the individual's life.

The transition to parenting can bring important changes in a negative sense, even in relationships that have proven to be highly stable. This is especially true for women with severe anxiety, who not only have to go through the process of childbirth and then continue to adapt to a new challenging role, but also in this context there may be concerns about the availability that one partner can provide enough emotional support.

To develop our empirical studies, we started from the most common theoretical models of the transition to parenting that provided us with important information on the main variables associated with the transition to parenting.

The first theoretical model we focused on was the Vulnerability-Stress-Adaptation (VSA), a model developed by Karney & Bradbury, 1995. This model draws attention to the external stressors of adaptation in the couple relationship. Based on behavioral theories, the model assigns a central role to the adaptation process and draws attention to the partners' behaviors and cognitions and how partners and couples experience stress levels in the context of the transition to parenting.

According to the model, the quality of the relationship is improved when couples cope with stressors in constructive ways and diminish when adaptation processes are low. In addition, the model indicates that the duration of the vulnerability that each partner brings to the couple's relationship can contribute to the stressful experience of the event and affect how couples adapt to new circumstances and situations (Smiltschi, 2015).

The second model we considered important for our study was the Role Conflict Model (Jenkins & Rasbash, 2003). This theoretical model suggests that women show less satisfaction than men. First of all, women are the main caregivers, therefore the roles change more when the child is born. Secondly, it is assumed that the effect will be greater in the case of newborns. Older children do not need so much care and spend more time at school. Therefore, the role conflict in these cases diminishes. Expectations and experiencing more unconventional roles also have a more negative effect on children. Over time, women have gained greater status at work. This adaptation from the professional side of the woman to the mother is much more radical than what happened decades ago. In addition, the desire to have children is now seen as a choice rather than a social imperative. Thus, parents may perceive the difficulty of transition to that of a parental role, their own responsibility rather than a new stage in their marriage that each parent experiences.

The restriction of freedom model (Twenge & Campbell, 2003) indicates that children significantly reduce the freedom of individuals in a marriage, because they need a lot of time and attention. This aspect intervenes in the pleasures and desires of the parents and puts restrictions on their freedom. The restriction of freedom model predicts that women may experience greater dissatisfaction than men. In recent decades there has been an increase in individualism and a tendency to be less attached to family and social responsibilities than in the past. In addition, couples decide to have children much later, and this can become a habit of adult life freedom before becoming parents.

The model of sexual dissatisfaction (Blumstein & Schwarz, 1983) shows that children often interfere in the sexual life of parents. Decreased sexual intimacy can have negative consequences on marital satisfaction. Because men report a greater desire for sexuality, it can be said that they experience higher dissatisfaction.

The financial cost model (LeMasters, 1957) is also an important model that starts from the idea that children generate higher costs in the family budget. They can cause significant stress in the financial situation of the parents which can lead to marital tensions. Financial pressure is greater for husbands than wives because men are considered to be the main breadwinners of the family, financially.

The theory of identity and the transition to parenting developed by Burke, 1991 suggests that individuals are motivated to behave in a way that maintains an internal consistency between their own perceptions and the meanings of personal identity. When individuals define themselves as occupants of particular roles (such as a mother or father), they simultaneously define their partners as possessors of inverse roles that involve expectations of the partner's role. Verification of parental identity is done when mothers and fathers have identities that are consistent with each other's identity standards (Smilshi, 2015).

2.2 Body image and emotional changes of mothers after birth

Body image is defined as the totality of a person's perceptions, feelings and thoughts about his/her body, usually characterized by appreciation of body size, assessment of its attractiveness and emotions associated with the shape and size of their own body (Baneshi et al., 2012). Most of the time a person's dissatisfaction with his/her own body comes from the discrepancy between the perception of the body (the real image) and the desired body (the ideal body) to which the person aspires. This dissatisfaction with one's own body can lead to many physical and emotional health problems, such as low self-esteem, eating disorders, and risky behaviors in order to change the body image or shape (Baneshi et al., 2012).

Pregnancy is the only time in a woman's life when weight gain is encouraged and accepted by society. The body image of women when they become mothers is formed during pregnancy and is closely related to weight gain during pregnancy. This period is marked by numerous physical and psychological changes in their lives that can cause bodily dissatisfaction (Herring et al., 2010). Fischman et al. (1986) reported in a study on mothers who had recently given birth that 70% of the women were dissatisfied with their weight six months after giving

birth. In another study, Baker et al., 1999 concluded that 70% of the mothers in the postpartum period follow a diet four months after birth to lose weight, compared to 53% of women who did so before the pregnancy.

Starting from the idea mentioned earlier, that body image is the subjective level of a person's satisfaction with his/her physical appearance and is measured by determining the discrepancy between real and ideal weight and attitude about the level of satisfaction with physical appearance, we can say that the construction of one's body image is measured attitudinally. More precisely, the attitude of body image is operationalized as a combination of affective and cognitive dimensions of the body image (Horeanu, 2020). Thus, the affective dimension of the body image would include feelings about the person's appearance, such as concerns regarding weight/shape, and the cognitive dimension would include individual thoughts and beliefs about one's own body. At the same time, the affective dimension of body image refers to feelings related to weight, but also those that are not related to weight, such as beliefs, thoughts and attributions to physical appearance which form the cognitive dimension of body image (Watkins et al., 2008).

Weight changes that occur with the desire to improve one's body image can influence the quality of the couple's relationship. It is known that individuals tend to marry partners who are similar in terms of physical attractiveness. In some couples, if one of the partners gains considerable weight during marriage, this change can trigger a moment of tension in the couple's relationship, such as loss of sexual interest and problems in expressing affection. On the other hand, weight loss for women can cause tension with their husband, because they may find that their wives may become attractive to other men (Carr & Friedman, 2006).

The way women perceive their own bodies and how they manage to reach a good body image assessment is associated with reduced symptoms of depression during pregnancy and after birth (Rauff & Downs, 2011).

2.3 Couple satisfaction in the context of the transition to parenting

The evaluation and perception of body image is associated with several aspects of the functioning and satisfaction of the romantic relationship. A negative body image can predict an emotional fear of intimacy (Cash, Thériault & Annis, 2004; Lee & Thomas, 2012), jealousy and lack of trust in the partner (Ambwani & Strauss, 2007; Brennan & Shaver, 1995; Lee & Thomas, 2012; Raciti & Hendrick, 1992) and even lower levels of affection expression in the relationship

(Lee & Thomas, 2012). Consequently, low levels of intimacy, trust, and love are associated with low relationship satisfaction (Fletcher et al., 2000).

Other studies have evaluated the link between bodily dissatisfaction and couple satisfaction. They have shown that individuals dissatisfied with their physical appearance report lower relationship satisfaction (Boyes, Fletcher & Latner, 2007; Friedman et al., 1999; Hoyt & Kogan, 2001; Lee & Thomas, 2012; Meltzer & McNulty, 2010; Morrison et al., 2009).

In a 2010 study, women's body dissatisfaction accounted for 19% of the reported marital satisfaction and 6% of their husbands reported marital satisfaction (Meltzer & McNulty, 2010).

The 2009 study by Morrison et al., which involved heterosexual romantic dyads, concluded that women's dissatisfaction with weight and negative body image predicted significant decreases in their relationship satisfaction over a two-month period.

The postpartum period is a period of vulnerability and stress for women due to various hormonal, physical and psychosocial changes, such as adaptation to the role of parent, changes in body and self-image, partial loss of personal autonomy, breastfeeding and child care (Horeanu, 2020).

The appearance of a child influences marital satisfaction and is manifested by decreased sexual intimacy, financial pressure, restriction of freedom and conflict. As a result, reduced marital satisfaction, not only leads to a stressful family environment, but also brings with it instability in the couple and even divorce or separation (Youseflu & Niroomand, 2020).

The Youseflu & Niroomand study in 2020 found that women with higher levels of body dissatisfaction, sexual dysfunction, and anxiety were more vulnerable to marital satisfaction problems at six months, postpartum (Youseflu & Niroomand, 2020).

The 2016 study by Shaheen & Kumar aimed to explore the relationship between body image and marital satisfaction in married people, and the results showed that marital satisfaction is related to body image that works differently for men and women.

In addition, it was found that the assessment of physical appearance and body area satisfaction was positively associated with marital satisfaction, while the assessment of physical appearance and subjective weight was negatively associated; this suggests that people find it difficult to assess their own body when satisfied with their marital relationship. The conclusions reported in the study are that reduced body image satisfaction leads to a decrease in the quality of the marital relationship (Shaheen, Kumar, 2016).

Parental stress is an important factor when it comes to explaining and understanding the quality and stability of relationships between partners. Studies concerned with this aspect suggest that stress is a threat to marital satisfaction and its duration (Hill, 1958).

Deater-Deckard (1998) defined stress as "characterized by negative feelings towards oneself and towards the child or children and, by definition, these negative feelings are directly attributed to parental requirements". Parental stress was also addressed in areas of parental knowledge and skills, age and number of children, as well as special family characteristics, including children's disabilities and stress associated with their years as a student (Hess, 2008).

During the transition to parenting, stressors tend to increase as couples experience a multitude of new tasks and begin to learn how to exercise and adapt to parenting together. Each partner may feel differently about the attention they enjoy from the other and take on additional responsibilities regarding childcare. As found by Leavitt et al., 2017, the increases in stress caused by the appearance of a new family member, generally have a negative effect on the satisfaction of the couple's relationship (Leavitt et al., 2017).

The study by Cheng & Pickler, 2009 aimed to examine the associations of different parental variables, including self-parental effectiveness, parental stress, co-parental alliance, satisfaction with the involvement of the father and marital satisfaction of the mothers. Thus, a cross-sectional study was performed on a sample of 1,140 mothers. The analysis showed that greater parental alliance, greater satisfaction with involvement from the father, and reduced parental stress are associated with higher maternal marital satisfaction (Cheng & Pickler, 2009).

It is important to note that in this present study the associations between the main variables analyzed between marital satisfaction and parental stress are bidirectional, so there is a possibility that this phenomenon is circular, indicating a causality between high marital satisfaction and perceived parental stress.

The model tested in the study by Katz et al. (1996) and the last study we did on the relationship between parental stress and couple satisfaction, examined the effect that children have on their parent's marriage through stress. In this sense, a multivariate model was used to assess the relationship between the parental stress of fathers and mothers and their psychological well-being, including the perception of marital quality. Data were collected from both the husband and wife on 287 couples who had children.

The results indicate that, for both the fathers and mothers, parental stress was influenced by the number of children and the family's economic level, but not by other variables. For both spouses, psychological well-being and perceived marital quality were negatively affected by parental stress. A significant association between parental stress of spouses was also identified, as well as a reciprocal effect of their perceived marital quality towards each other (Kats et al., 1996).

3. General overview of empirical studies

Study 1- Initial construction and validation of the parental role assuming scale (PRA)

In the first study, starting from the theory of Parental Role Development, the Theory of Acquired Maternal Role, the Theory of Parental Self-regulation and the Parent Child Relationship Index tool, we built a scale of 13 items that measure the assuming of the parental role. The need to build the parental role (PRA) scale was particularly important for several reasons. From a methodological point of view, the need to build and validate such an instrument comes from a lack of another scale to measure this psychological construct. Following the exploratory analysis, we concluded that there are three dimensions when it comes to assuming the parental role, namely - parental involvement, parental satisfaction and assuming the decision to be a parent. In this preliminary study we established a version of the tool that contains 13 items. A high score obtained at the PRA scale indicates an increased level of parenting. Our preliminary study suggests that PRA can provide a valid and accurate measure of parenting.

Study 2- Predictors of body image in primiparous and multiparous mothers

In the second study, following the prediction analyzes we performed on primiparous and multiparous women, the following were found: perceived parental stress and anxious attachment predict the assessment of body image. Thus, when the perceived parental stress is high, the body image will be negative, and when woman report anxiety attachment, the body image will also be negative. It was also found that in primiparous women, body image correlates positively with perceived support from family, perceived support from friends, perceived support from significant others, consensus, dyadic satisfaction, cohesion and dyadic adaptation, and negatively correlates with perceived parental stress, anxious attachment and avoidant attachment. In the case of multiparous women, body image correlates positively with dyadic satisfaction and dyadic

adaptation and correlates negatively with perceived parental stress, anxious attachment and avoidant attachment.

Study 3- Anxiety and body image of women who give birth. The mediating role of postnatal depression and the moderating role of birth type and maternal status

The third study tested the relation between body appreciation and anxiety state two months after giving birth and whether these relations are mediated by postnatal depression. Furthermore, this study tested how the type of birth (i.e. natural and cesarean procedure) and the maternal status (i.e. primiparous and multiparous) moderates the relation between anxiety state and body appreciation. For the type of birth condition, the direct association between pre-birth anxiety and post-birth body appreciation is significant and negative. The association between post-birth depression and post-birth body appreciation is also significant and positive. However, the indirect effect of pre-birth anxiety on post-birth body appreciation is not significant for the mother in the natural birth condition nor for those in the cesarean birth condition. For the number of birth condition, we found that the number of children is not significantly related to post-birth depression. The link between pre-birth anxiety and post birth-depression is significant for the mothers that have more than one child. However, it is not significant for those who gave birth to their first child.

Study 4- The influence of marital satisfaction before birth on parental stress after birth. The role of individual and dyadic mediators

The last study we conducted suggested that there is a significant direct effect of couple satisfaction at T1 on parental stress at T2 and there are significant indirect effects, through couple satisfaction at T2, body image at T2, assuming parental role at T2 and social support at T2. In addition, the results indicate that couple satisfaction at T2 has a negative and significant direct effect on parental stress at T2. Assuming the parental role is, however, a stressful factor, the results indicating a significant positive direct effect on parental stress after birth. The perceived social support also has a significant direct positive effect on parental stress after the birth.

The purpose of the first study was to validate a tool built and adapted after the „Parent Child Relationship Inventory ” (PCRI, Gerard,1994) to measure concept of parenting. To build and validate the tool, we started from the PCRI questionnaire.

Most of the studies that have been done, have construct, validated and/or used tools that measure the relationship between parent and child, but the approach to parental assuming, especially in the context of childbirth, has been neglected. The need to construct this instrument has come from the intention to analyze the extent to which the assuming of the parental role during the transition to parenthood influences marital satisfaction. So, in this study we constructed and validated the Parental Role Assuming (PRA) tool. Exploratory factorial analysis was performed to identify the parental component's factorial structure by using component analysis and varimax rotation. A structure of the construct tool model indicates three factors for the 13 items with a percentage of 59.49 of the total item variance.

The validity of the convergent construct was obtained by significant correlations of the scale with the close items of the PCRI instrument (Gerard,1994). Regarding the fidelity of the instrument, we obtained a total alpha cronbach of 0.81, and for the three subscale the internal consistency ranged from 0.80 to 0.70.

The objectives of the second study were to identify individual and related predictions of body image in primiparous and multiparous women, to analyse the associations between body image and the other variables involved as well as to analyse the literature in the field.

The predictors of the body image at primiparous and multiparous mothers on the Romanian population have been insufficiently studied in recent years. This study analyses the relationship between the assessments of the body image, the parental stress, the anxious attachment, the avoidant attachment, the perceived social support by family, friends, significant persons, consensus, expressing the affectivity, dyadic satisfaction, cohesion and dyadic adaptation at 219 primiparous and multiparous mothers in Iasi city, Romania.

In the case of primiparous women, the body image positively correlates with the support received from the family, the support received from friends, the support received from significant persons, consensus, dyadic satisfaction, cohesion and dyadic adaptation and negatively correlates to the parental stress, the anxious attachment and avoidant attachment. In the case of multiparous mothers, the body image positively correlates with dyadic satisfaction and dyadic adaptation and negatively correlates with the parental stress, the anxious attachment and avoidant attachment. Following the prediction analyses we have carried out on primiparous and multiparous women, it was found that the parental stress and the anxious attachment predict

the assessment of the body image. In future studies, a longitudinal research is needed using several comparison groups to determine the direction of the causal link between these variables.

The third study tested the relation between body appreciation and anxiety state two months after giving birth and whether these relations are mediated by postnatal depression. Furthermore, this study tested how the type of birth (i.e. natural and cesarean procedure) and the maternal status (i.e. primiparous and multiparous) moderates the relation between anxiety state and body appreciation. Mothers (N = 185) completed scales before birth about how many births they had, type of procedure they chose (i.e. natural or cesarean), body appreciation and anxiety state. Two months after birth they also completed a scale about postnatal depression, anxiety state and again about their body appreciation.

Comparison analysis showed that women are more anxious before birth at first child, but reported higher levels of body appreciation than those who were giving birth for the second time or more. When comparing for differences regarding the type of birth, results indicate no significant differences for body appreciation, anxiety or postnatal depression.

For the type of birth condition, the direct association between pre-birth anxiety and post-birth body appreciation is significant and negative. The association between post-birth depression and post-birth body appreciation is also significant and positive. However, the indirect effect of pre-birth anxiety on post-birth body appreciation is not significant for the mother in the natural birth condition nor for those in the cesarean birth condition.

For the number of birth condition, we found that the number of children is not significantly related to post-birth depression. The link between pre-birth anxiety and post birth-depression is significant for the mothers that have more than one child. However, it is not significant for those who gave birth to their first child.

Also, we found that the indirect effect of pre-birth anxiety on post-birth body appreciation through post-birth depression remains non-significant for the mothers that had their first child as well as for those who have more children.

The purpose of the fourth study was to analyse longitudinally the relationship between marital satisfaction before birth and perceived parental stress after birth.

The objective of this research was to identify the association effects between the couple satisfaction before the birth and the parental stress after the birth, the couple satisfaction after the

birth, the body image, assuming a parental role and the perceived social support, while controlling the effect of co-variables.

Our results have suggested that there is a significant direct effect of couple satisfaction at T1 on parental stress at T2 and there are significant indirect effects, through couple satisfaction at T2, body image at T2, assuming parental role at T2 and social support at T2.

In addition, the results indicate that couple satisfaction at T2 has a negative and significant direct effect on parental stress at T2. Assuming the parental role is, however, a stressful factor, the results indicating a significant positive direct effect on parental stress after birth.

The perceived social support also has a significant direct positive effect on parental stress after the birth. The total effect of marital satisfaction on parental stress indicate a non-significant effect and regarding the indirect effects, there is a mediating relationship between the couple's satisfaction and parental stress when the proposed research variables are taken into account: couple satisfaction at T2 and assuming the parental role.

Finally, we also found a significant and negative indirect effect of couple satisfaction before birth on parental stress after birth though the entire proposed serial mediation model.

Theoretical, methodological and therapeutically contributions

This doctoral thesis has theoretical, methodological and practical implications. Understanding how the perception and assessment of women's body image influences couple satisfaction after childbirth can help support (through psychological counseling) in certain areas, to increase the likelihood of a positive postpartum period. This thesis also contributes to a better understanding of the psychological differences between the group of women who chose the natural or the cesarean birth, as well as primiparous versus multiparous women. These results are especially important for those who have a role in supporting the mother's decisions and experiences during labor and birth, such as nurses, but also psychologists. Thus, our thesis contributes to the literature, as it brings new information on the relationship between body image and couple satisfaction and other postpartum concepts, such as parental stress, assuming the parental role, perceived social support, anxiety, depression, anxiety and avoidance attachment and dyadic adaptation.

From a methodological point of view, the construction and preliminary validation of the parenting tool (PRA) brings a plus in terms of the application and usefulness of the tool for

different analysed target groups.

The results of this study can be used to develop psycho-educational and psychosocial interventions aimed at treating and preventing postpartum anxiety and depression on the one hand and improving body image, couple adaptability and marital satisfaction, on the other one.

The results of the studies can bring a new vision and direction in the medical and psychological field. In other words, starting from these data, a counseling program can be proposed to mothers and their partners in hospitals, psychological offices, social assistance, etc. to contribute to the improvement of body image and satisfaction in the couple after birth, but also to the prevention or intervention of anxiety and depression. Also, in future studies it is useful to analyze the medical and psychological history of mothers in more detail in order to make a clearer distinction among mothers who have a predisposition to a more negative assessment of body image, depression or anxiety and those who experience these conditions during pregnancy and after birth. At the same time, a scale can be applied to measure the level of optimism and pessimism of women in order to observe whether there are associations between the level of optimism of women regarding their own future and the evaluation of their own body image.

Another important future direction of research would be to analyze the effect of body mass index on women's body image perception. In addition, future studies will require a longitudinal analysis at intervals of six months and one year after birth to see if there are significant changes in the assessment of body image, symptoms of depression, anxiety, but also the perception of satisfaction in the couple. Last but not least, it is desirable that in future research for these tools be applied to their partners in order to better explain certain dyadic variables.

Final conclusions

In summary, the present thesis covered some gaps in the area of transition to parenting, body image and couple satisfaction. Thus, in the first study, starting from the parental development theory, maternal role theory and the Parent Child Relationship Index we built a 13-item scale that measures the parental role assuming. The need to build parental role assuming scale (PRA) has been particularly important for several reasons.

From a methodological point of view, the need to construct and validate such an instrument comes from the lack of another scale to measure this psychological construct. From a practical point of view, the tool is addressed to new parents, but also specialists working in the

field of couple and family. Based on the exploratory analysis, we concluded that there are three dimensions of assuming the parental role, namely parental involvement, parental satisfaction and assuming the decision to be a parent. Our preliminary study suggests that PRA can ensure a valid and accurate measurement of parental assuming role. However, it is necessary to provide new evidence and arguments for the validity and fidelity of the PRA tool test-retest.

Following the prediction analyses we carried out in the second study on primiparous and multiparous women, the following were found: the perceived parental stress, and the anxious attachment predict the assessment of the body image. Thus, when the perceived parental stress is high, the body image will be negative and when the anxious attachment is high, the body image will also be negative.

In the third study for the type of birth condition, the direct association between pre-birth anxiety and post-birth body appreciation is significant and negative. The association between post-birth depression and post-birth body appreciation is also significant and positive. However, the indirect effect of pre-birth anxiety on post-birth body appreciation is not significant for the mother in the natural birth condition nor for those in the cesarean birth condition.

For the number of birth condition, we found that the number of children is not significantly related to post-birth depression. The link between pre-birth anxiety and post birth-depression is significant for the mothers that have more than one child. However, it is not significant for those who gave birth to their first child.

In the fourth study our results have suggested that there is a significant direct effect of couple satisfaction at T1 on parental stress at T2 and there are significant indirect effects, through couple satisfaction at T2, body image at T2, assuming parental role at T2 and social support at T2.

In addition, the results indicate that couple satisfaction at T2 has a negative and significant direct effect on parental stress at T2. Assuming the parental role is, however, a stressful factor, the results indicating a significant positive direct effect on parental stress after birth.

The perceived social support also has a significant direct positive effect on parental stress after the birth. The total effect of marital satisfaction on parental stress indicate a non-significant effect and regarding the indirect effects, there is a mediating relationship between the couple's satisfaction and parental stress when the proposed research variables are taken into account: couple satisfaction at T2 and assuming the parental role. We also found a significant and negative indirect effect of couple satisfaction before birth on parental stress after birth though the entire proposed serial mediation

model.

The first theoretical study - *Transition to parenting at couples who are at first child* (2015) aims to examine the relationship between transition to parenting and couple satisfaction and to identify the main predictors explaining the changes in the couple relationship in the context of transition to parenting. Also, this paper provides an overview of the main theoretical models that include the study in the issue of birth and the transition to parenting.

The second theoretical study *The phenomenon of birth-Implications on the couple's relationship* (2021) tried to highlight the role of birth on body image and on the couple's relationship. We observed through the analyzed studies that the implications of birth on body image have a significant impact, especially in view of the fact that emotional and cognitive manifestations contribute to the creation of a certain body image and, obviously, influence the couple's life. Consequently, the birth-couple life binomial gives new dimensions to couple's life in terms of perceptions and emotions.

Last but not least, we would like to mention the publication of the dissertation in the form of a book printed at Napoca-Star Publishing House in Cluj-Napoca - *Body image and couple satisfaction at women who have recently given birth* (2020) and which addresses the issue of body image in relation with couple satisfaction after the childbirth. Starting from the theoretical framework of the dissertation and from the results obtained, we developed several research directions in order to achieve the doctoral thesis.

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