

BABY TALK: DECISION MAKING CONVERSATIONS ABOUT
FIRST-TIME PARENTHOOD

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DEDICATION

For my parents—my first teachers on love and marriage. I don't have the words to convey the depth of my gratitude for the model of your marriage, the ferocity of your love, and your unwavering support and belief in me.

For my husband—grace and patience are like breathing for you. I am frequently humbled by the hard work of marriage and parenthood. You see me on the days I struggle to practice what I preach and still draw me close. I recognize my education is just beginning. Thank you for growing in love with me.

For my daughter—you are uniquely equipped to ground me in the “stuff” of life that really counts. You have been blessed with intelligence, curiosity, enthusiasm, and an undeniable spirit...you could set the world on fire, sweet girl. Use your light.

“The broken world waits in darkness for the light that is you.” - L.R. Knost

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ABSTRACT

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This study explored how 214 participants discussed, decided, and planned for first-time parenthood with their partners, and how conflict influenced that process. As predicted, higher scores on the communication danger signs scale were associated with lower perceived partner reciprocity and relationship dedication scores in general. Specifically, reciprocity and dedication were both significant predictors of constructive communication during participants' decision making conversations about first-time parenthood. Reciprocity was the only significant predictor of self-demand/partner-withdraw (SDPW) behavior, and decision making self-esteem, dedication, and reciprocity were all significant predictors of partner-demand/self-withdraw (PDSW) behavior during these talks. Findings have implications for relationship educators and therapists, as protective factors were identified that may buffer couples through these often emotionally-charged discussions about first-time parenthood, which have the potential for heightened conflict, uncertainty, and stress.

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CHAPTER I

INTRODUCTION

Major relationship transitions are often marked by status changes on social media, diamond rings, and positive pregnancy tests. However, less is known about the discussions that precede critical relationship events. During periods of transition, partners are tasked with negotiating their competing interests and expectations to determine if/how the relationship will move forward (Schoenfeld & Loving, 2013).

Even when partners share a common vision for the future, significant transitions can trigger “relational turbulence,” eliciting stress and uncertainty as the relationship is redefined (Solomon & Knobloch, 2004; Theiss, Estlein, & Weber, 2013). While couples can shift into new relationship stages without pre-planning or discussion (e.g., an unintended pregnancy), this study focused on the deliberate conversations participants had regarding the transition to first-time parenthood. Research indicates individuals who make more deliberate relationship decisions report being more dedicated and having more relationship satisfaction with their partners (Owen, Rhoades, & Stanley, 2013).

Chambers and Rew (2003) summarized Janis and Mann’s (1977) conflict theory of decision making aptly. Decision making “inherently involves choice, commitment, and conflict, as well as the potential for loss” (p. 135). Further, a couple’s ability to communicate on challenging topics, resolve conflicts, establish trust, and mutually sacrifice relates to higher relationship functioning (Surra & Boelter, 2013). Therefore,

critical variables in this study closely aligned with these constructs, including: constructive communication, communication danger signs, demand-withdraw behavior patterns, relationship dedication, and perceived partner reciprocity. Presumably, if their relationships were functioning at a high level, participants would have self-reported higher constructive communication and lower demand-withdraw scores during the decision making conversations they had with their partners. Additionally, participants' decision making self-esteem was assessed to determine how confident and competent they felt making decisions generally (Mann, Burnett, Radford, & Ford, 1997). The aforementioned variables allowed us to view decision making conversations about first-time parenthood through individual and relational lenses, using social conflict theory as a framework.

Statement of the Problem

While discussion of parenthood delayed or forgone is becoming more commonplace, we would be remiss to overlook the fact that more than 80% of American women still bear a child before the age of 40 (Livingston & Cohn, 2010). When adoptions and births to older mothers and surrogates are considered, the pool of Americans who make the transition to parenthood expands further, making it “the most common experience of individuals in the US” (Adamsons, 2013, p. 160). However, according to data from the 2006-2010 National Survey of Family Growth, more than 1 in 3 live births in the United States were unintended, which included both mistimed and unwanted pregnancies (Mosher, Jones, & Adma, 2012). Because unintended pregnancies

are associated with a host of negative outcomes, the number of children conceived without pre-planning is alarming. For instance, among new fathers, those who had not planned for the pregnancies reported higher levels of stress and feelings of powerlessness than fathers who had planned for their children (Clinton & Kelber, 1993). According to Guterman (2015), unintended pregnancy is an early risk factor for child maltreatment later; it is associated with psychological aggression and neglect among mothers, and physical aggression among fathers. Unintended pregnancies are also related to perinatal depression among mothers, especially when the pregnancy is unwanted versus mistimed (Abajobir, Maravilla, Alati, & Najman, 2016).

While extensive research has tracked couples across the transition to parenthood, far less is known about the decision making conversations and conflicts that precede the transition for couples who actively discuss, decide, and plan for it together. If the experience of discussing, deciding, and planning to have a baby has countless potential pitfalls (e.g., to have a child or not, timing, conception or adoption plans, childcare and living arrangements, and financial and professional implications), how do some couples navigate the inevitable differences of opinion and competing interests constructively and respectfully while others become perpetually frustrated and entrenched?

Perpetual relationship conflicts persist over time and stem from core differences between partners, and there is research to indicate as much as 69% of marital conflict is recurrent in nature and never fully resolves (Gottman & Silver, 1999). These chronic relationship issues have the potential to derail decision making from one transition to the

next if partners do not discover ways to identify and manage them better. Unchecked, perpetual issues can lead to gridlock, marked by feelings of rejection, frustration, polarization, and emotional disengagement (Gottman & Silver, 1999). Therefore, even among committed couples who plan for parenthood, the path is riddled with potential stumbling blocks.

Research by Stanley, Rhoades, and Markman (2006) explored the importance of couples making conscious, thoughtful decisions versus sliding unconsciously through major transitions. Extending the findings of Owen et al. (2013) to a parenting context, couples who are aligned and make the deliberate decision to conceive or adopt are likely to be more satisfied and dedicated to one another than those who slide into parenthood unintentionally. For couples who are already dissatisfied or struggling in their relationships, becoming first-time parents inadvertently or reluctantly could act as a constraint that keeps partners together who may have otherwise gone separate ways, or exacerbate problematic dynamics that already exist (Stanley, Rhoades, & Markman, 2006). An unintended or undesired foray into parenthood could elicit feelings of resentment, or of being trapped in the relationship, versus making the decision to be with one's partner, and then to have a child together, of one's own volition. A *high cost slide*, like an unplanned pregnancy, stands to alter the course of both partners' lives, as well as their child's, forever (Pearson, Stanley, & Kline, 2005).

In the body of research on couples' fertility decision making, numerous qualitative studies consider same-sex couples' decision making (Downing, Richardson,

Kinkler, & Goldberg, 2009; Touroni & Coyle, 2002), decision making related to adoption (Downing et al., 2009; Ishizawa & Kubo, 2014), and decision making in the context of specific fertility topics, such as in vitro fertilization (Goswami, Murdoch, & Haimes, 2015), emergency contraceptive use (Beaulieu, Kools, Powell Kennedy, & Humphreys, 2011), and fertility intentions and expectations (Iacovou & Tavares, 2011). However, the intricacies of couples' decision making conversations about first-time parenthood are largely overlooked from a quantitative perspective, especially among couples pursuing first-time biological parenthood. Existing research from a quantitative standpoint has considered how factors like power, gender roles and norms, and employment influence fertility intentions, parenting expectations, and decision making about parenthood (Jansen & Liefbroer, 2006; Kaufman & Bernhardt, 2012; Rosina & Testa, 2009; Stein, Willen, & Pavetic, 2014).

While the extant literature covers an array of significant fertility topics, there appears to be a gap related to the communication patterns and dynamics evidenced in the decision making conversations themselves. An exhaustive list of variables influencing fertility decision making may never exist, as individuals and couples are influenced, primed, and motivated in a variety of conscious and unconscious ways throughout the lifespan. Therefore, this study focused on a few variables related to relationship dynamics and functioning (i.e., perceived partner reciprocity, relationship dedication, and constructive and destructive communication patterns), as well as the decision making self-esteem and sex of the participants.

Statement of Purpose

This study contributed to our understanding of how individuals discuss, decide, and plan to embark on the transition to first-time parenthood with their partners, and how conflict influences the process. Data was collected quantitatively (via online survey) and included variables that had not been considered together in this specific context. This study considered individuals' perspectives about the decision making conversations they had as precursors to the transition to parenthood, versus the transition itself, which has been studied extensively. The sample included participants who were actively trying to conceive or adopt their first child with their partners, those currently expecting their first child with their partners, and those who became first-time parents with their partners by birth or adoption within the past year. Since the study was focused on first-time parenthood, participants were screened to ensure they did not have other children from their current, or any previous, relationship.

While qualitative studies have afforded us a richer understanding of many aspects of fertility decision making, the small samples of these tailored studies limit the generalizability of the findings. The potential conflicts and inherent complexities of discussing first-time parenthood with one's partner, even for those in committed, satisfied relationships, have largely been overlooked. As we come to understand the protective and problematic factors at work during critical discussions about relationship transitions, findings have the potential to inform supplements, or revisions, to educational and therapeutic offerings for couples and individuals.

Research Questions and Hypotheses

This study tested the following:

R1: How do decision making self-esteem, communication danger signs, perceived partner reciprocity, and relationship dedication predict the constructive communication and demand-withdraw behaviors reported during couples' decision making conversations about first-time parenthood?

H1-1: Participants with higher decision making self-esteem and communication danger signs scores, and lower levels of perceived partner reciprocity and relationship dedication, will report less constructive communication and more self-demand/partner-withdraw behavior during their decision making conversations about first-time parenthood.

H1-2: Participants with higher scores on the communication danger signs scale and lower decision making self-esteem, perceived partner reciprocity, and relationship dedication scores will report less constructive communication and higher partner-demand/self-withdraw behavior during these talks.

H1-3. Participants with lower scores on the communication danger signs scale, and higher partner reciprocity and relationship dedication scores, will report higher constructive communication scores and lower demand-withdraw behavior scores (self or partner).

R2. How do scores on the communication danger signs scale relate to relationship dedication and perceived partner reciprocity scores?

H2. Participants with higher scores on the communication danger signs scale will report lower scores on the relationship dedication and perceived partner reciprocity scales.

R3. How does a participant's sex relate to his/her reported decision making self-esteem?

H3. Female participants will report lower levels of decision making self-esteem than male participants.

R4. How does a participant's sex relate to the demand-withdraw behaviors reported during decision making conversations about first-time parenthood?

H4-1. Female participants will report they demanded more and their male partners withdrew more.

H4-2. Male participants will report their female partners demanded more and they withdrew more.

Definitions

General Concepts

First-time parenthood. This study included participants who discussed, decided, and planned for first-time parenthood with their partners (i.e., no other children from this, or any previous, relationship). This encompassed participants actively trying to conceive or adopt their first child with their partners, those currently expecting their first child with their partners, and those who became first-time parents with their partners by birth or adoption within the past year.

Decision making conversations. Participants included in this study had conversations to deliberately discuss, decide, and plan to pursue first-time parenthood together (i.e., pregnancy was not/would not be mistimed or unintended).

Intended pregnancy. An intended pregnancy was one that was planned, wanted, and that occurred at the desired time (Mosher et al., 2012).

Main Variables

Decision making self-esteem. In this study, decision making self-esteem was measured with a 6-item subscale of the more comprehensive Melbourne Decision Making Questionnaire, which considers respondents' "patterns for coping with decisional conflict" (Mann et al., 1997, p. 1). This instrument was selected because it considered the role of conflict in decision making explicitly, aligning it closely with the study's theoretical framework. The self-esteem subscale was used to gather individual-level data from participants to gauge their feelings of confidence and competence with decision making in general.

Dedication. Related to, and often synonymous with, commitment, dedication in this study entailed "the priority of [the] relationship, couple identity, satisfaction with sacrifice, and having a long-term view of the relationship" (Owen, Rhoades, Stanley, & Markman, 2011, p. 826). A 12-item dedication subscale of the Commitment Inventory (Owen et al., 2011) based on Stanley and Markman (1992) assessed this construct.

Perceived partner reciprocity. Partner reciprocity was measured using the Perception of Spousal Reciprocity Scale (Wintre & Gates, 2006). Partner reciprocity is

often implicated in the discussion of constructs like cohesion and alignment, relationship satisfaction, and partner support (Wintre & Gates, 2006). In accord with the study's objectives, this scale was selected because many of the questions related directly to couples' communication and conflict patterns. It spoke to the more enduring dynamics in the couple relationship and distilled down the way partners had of relating to one another.

Communication danger signs. For the purposes of this study, communication danger signs included the negative interaction patterns of “escalation, negative interpretation, withdrawal, and invalidation” (Johnson, Nguyen, Anderson, Liu, & Vennum, 2015, p. 12). A 4-item version of Stanley and Markman's (1997) Communication Danger Signs Scale was used to assess the presence and extent of these negative relationship dynamics in participants' typical exchanges with their partners (Allen, Rhoades, Markman, & Stanley, 2015).

Constructive communication. The revised Communication Patterns Questionnaire measured participants' reports of constructive communication during their decision making conversations about first-time parenthood (Crenshaw, Christensen, Baucom, Epstein, & Baucom, 2017). A shorter version of 23 items, based on the revised scoring, was utilized for this study in lieu of the full 35-item instrument. It included a 9-item constructive communication subscale. In this study, constructive communication entailed healthy interactions that “promote[d] a collaborative approach to problem solving and engender[ed] trust and understanding” (Crenshaw et al., 2017, p. 914).

Demand-withdraw behavior patterns. The demand-withdraw behaviors reported by partners during their decision making conversations were assessed using the 23-item short form of the revised Communication Patterns Questionnaire (Crenshaw et al., 2017). This instrument yielded two subscales related to demand-withdraw behavior: self-demand/partner-withdraw and partner-demand/self-withdraw. Demand-withdraw behaviors “sustain and intensify conflict and are associated with negative affect during and following interaction between partners” (Crenshaw et al., 2017, p. 914).

Assumptions

The aforementioned measures were selected due to reports of appropriate validity and reliability, as well as a history of use in related contexts for many of the scales. However, instruments (and the constructs they purport to measure) can be termed and defined differently in a variety of studies, making it difficult to know exactly what underlying concept is being measured with each scale. Many instruments share similar or identical questions but their names differ (e.g., marital satisfaction versus marital functioning versus marital adjustment). Each instrument was vetted and carefully selected to ensure the questions posed would advance the understanding of this topic through the lenses intended.

It is assumed only qualified participants completed the survey. Skip logic redirected participants who entered disqualifying information to the end of the survey; however, this does not offer full protection from participants misrepresenting themselves. This study focused on individuals’ perspectives, as an intact sample of qualified couples

was not readily available. Additionally, by requiring dual participation, there was a risk of omitting data from interested, qualified participants if only one partner was willing to complete the survey. Given the exploratory nature of this study, the decision was made to consider these conversations from an individual standpoint, and measures and recruitment strategies were tailored accordingly.

The assumptions of social conflict theory guided the design of this study. Conflict theorists contend that competing self-interests often spark conflicts; these conflicts are a fixture of everyday life and interactions, but they can also serve as catalysts for growth and change (Chibucos, Leite, & Weis, 2005). Therefore, some conflict was expected as couples discussed something as significant as the transition to first-time parenthood, especially as they negotiated their competing interests or differing expectations to reach important decisions about it.

Delimitations

This study's sample included participants who discussed, decided, and planned to pursue first-time parenthood with their current partners (i.e., pregnancy was not/would not be mistimed or unintended). Because participants were asked specifically about their discussions, decisions, and plans to pursue parenthood, it would have been irrelevant to survey participants who did not have these conversations.

It is likely that the conversations couples have regarding subsequent children differ from the initial conversations they have about becoming first-time parents. Therefore, participants who already had children (with their current partner or another

partner) were not included. The goal of this study was to collect data from participants at the same life stage (pursuing or recently transitioning into first-time parenthood with their current partner) to compare them across a variety of individual and relational measures. The data could have been confounded by considering participants discussing the transition to parenthood for the very first time with those deciding to have subsequent children who had previous parenting experiences.

Including participants with other children also presented data collection challenges, for instance:

- Participants may have planned some of their pregnancies, while others were mistimed or unintended.
- Participants may have had very different decision making discussions from one pregnancy or adoption to the next.
- There could have been confounding influences of blended/step families, as at least one partner had already transitioned to parenthood, and he/she went through that transition with a different partner.

The decision to include individuals actively trying to conceive or adopt their first child with their partners, those currently expecting their first child with their partners, and those who became first-time parents with their partners by birth or adoption within the past year was made so participants could self-report on fairly recent conversations (to minimize recall bias), while affording enough flexibility (sample not too limited) to make recruitment feasible without funding and a research team.

Summary

While there is a preponderance of literature on the transition to parenthood, we know more about what happens to participants after they become new parents than we do about the earlier stages of the process: the discussions, decisions, and plans that come before baby for couples with intended pregnancies. The vast majority of Americans will become parents in their lifetimes (Adamsons, 2013; Livingston & Cohn, 2010); however, more than one-third of the pregnancies in the United States are classified as unintended (Mosher et al., 2012). Research indicates couples who make conscious decisions together fare better than those who slide into them without planning or discussion (Owen et al., 2013), and unintended pregnancies are associated with a host of negative outcomes for parents and their children (Abajobir et al., 2016; Clinton & Kelber, 1993; Guterman, 2015).

If conscious decisions are the gold standard, this study aimed to uncover some of the protective factors that buffered couples through these decision making conversations about first-time parenthood, which had the potential to be both stressful and emotional. This study explored if/how decision making self-esteem, sex of the participant, communication danger signs, perceived partner reciprocity, and relationship dedication related to participants' reports of their constructive communication and demand-withdraw behavior patterns during these talks. As studies begin to illuminate the dynamics and difficulties that emerge during the decision making conversations

preceding significant transitions, findings could warrant supplements, or updates, to relationship education and therapeutic offerings for couples and individuals.

CHAPTER II

REVIEW OF LITERATURE

Introduction

This section introduces the study's theoretical framework, social conflict theory, as well as two models which loosely informed the study: the relational turbulence model (Solomon & Knobloch, 2004), and the enduring dynamics model (Huston, Caughlin, Houts, Smith, & George, 2001). The transition to parenthood will be discussed briefly, and fertility decision making will be highlighted to set the stage for this study. Next, the literature will be reviewed for each main variable in relevant contexts. The review will encompass couples' communication and conflict, reciprocity, dedication, and decision making self-esteem.

Theoretical Framework

Social Conflict Theory

Some theorists believe conflict is integral to relationship development (Braiker & Kelley, 1979). Siegert and Stamp (1994) contended relationships are often solidified during conflict as partners learn to accept their differences and successfully manage their disagreements. However, conflict can also illuminate issues and incompatibilities that ultimately drive couples apart. Conflict theorists believe conflict springs from individuals' competing self-interests, and they presume that a completely harmonious

life, devoid of conflict, is unrealistic (Chibucos et al., 2005). In this context, we view decision making as a complex process involving “choice, commitment, and conflict, as well as the potential for loss” (Chambers & Rew, 2003, p. 135). Therefore, if we consider conflict a fixture of daily life, a natural byproduct of people with different perspectives and interests clashing from time to time, we realize eliminating conflict is not the aim, but rather learning to manage it appropriately. Given the powerful role of conflict in relationships, social conflict theory will provide a supportive foundation from which we can view the conflicts surrounding participants’ decision making conversations about first-time parenthood as normative, and in many ways necessary.

Models

While there are myriad models and conceptual frameworks that could inform a study such as this, two relevant models will be briefly introduced. They speak to the assumptions that periods of transition can be turbulent for couples and that the dynamics among partners are often enduring in nature.

Relational turbulence model. This model posits that relationship transitions can be turbulent for couples as relational uncertainty exists, and there is often a call for increased interdependence to meet the transition (Solomon & Knobloch, 2004). While the model was initially designed to study early relationship development, it has been applied in broader contexts, including the transition to parenthood (Theiss et al., 2013). Relational uncertainty and partner interference are core components of this model. While the present study focused on slightly different variables, aspects of relational

certainty/uncertainty came across in this study's dedication variable, such as querying participants about the future of their relationships (Owen et al., 2011; Solomon & Knobloch, 2004). Additionally, partner interference related to this study's partner reciprocity variable, as both considered partner involvement in daily activities and interactions (Solomon & Knobloch, 2004; Wintre & Gates, 2006). Intimacy is occasionally measured in studies using the relational turbulence model from a multidimensional perspective, encompassing love, commitment, and future relationship expectations (Solomon & Knobloch, 2004; Theiss & Solomon, 2006). Questions from both the dedication and partner reciprocity scales captured a similar essence. This model aligned nicely with the study's theoretical framework and main variables, as relational turbulence signals "intensified emotional, cognitive, and communicative reactions" during periods of transition (Theiss et al., 2013, p. 217).

Enduring dynamics model. This model presumes that early relationship dynamics are predictive of later ones – couples tend to maintain their interaction patterns over time (Huston et al., 2001). There has been support for this perspective in a variety of studies (Lavner, Karney, & Bradbury, 2014; Solomon & Jackson, 2014; Vennum & Johnson, 2014). This conceptualization of relationship dynamics is integral to this study in two ways. First, in light of research indicating nearly 69% of marital conflicts are perpetual and will never be fully resolved, even among happy couples (Gottman & Silver, 1999), we have to factor in the role of conflict in couples' decision making conversations. Additionally, we must consider the dynamics of a couple before baby to

better understand what happens later in their relationship. Lawrence, Rothman, Cobb, Rothman, and Bradbury (2008) encouraged scholars to view the transition to parenthood within the context of a developing marriage, not independent of a couple's relationship before pregnancy. Therefore, examining the decision making conversations themselves could shed light on why some couples transition to parenthood more successfully than others.

Literature Review

The transition to parenthood has received substantial consideration in the literature, and studies report significant declines in areas like relationship satisfaction (Lawrence, Nylen, & Cobb, 2007; Lawrence et al., 2008) relationship functioning (Doss, Rhoades, Stanley, & Markman, 2009), and relationship quality (Shapiro, Gottman, & Carrere, 2000) once couples bring their first child home. However, some studies find non-parents experience similar declines across the early years of marriage, which often coincide with the transition to parenthood (Mitnick, Heyman, & Smith Slep, 2009). Still others contend there are subgroups of higher risk couples who drag down the satisfaction averages across the transition to parenthood, creating the appearance of a normative crisis that may not exist (Don & Mickelson, 2014). This study did not aim to settle (or weigh in on) this debate. The present study was grounded in Worthington and Buston's (1986) broader assertion that the transition to first-time parenthood is a period of "substantial adjustment" for most couples, posing problems for many of them (p. 443).

We have a far better empirical understanding of what happens to couples after they become parents than we do of the dynamics and interactions that inform their discussions, decisions, and plans to pursue parenthood in the first place. When faced with a significant transition or relationship decision, partners must negotiate their competing interests and expectations to determine if/how their relationship will progress (Schoenfeld & Loving, 2013). Research indicates “relational turbulence” can occur as couples navigate transitions; these periods of flux often exacerbate feelings of stress and uncertainty as partners redefine their relationship and become increasingly interdependent (Solomon & Knobloch, 2004; Theiss et al., 2013). Transitions that stand to increase partners’ intimacy and interconnectedness are often associated with intensified emotions and interpersonal conflicts (Theiss & Solomon, 2006).

Fertility Decision Making

To date, our understanding of how partner attitudes influence fertility behavior is limited, as studies typically consider the female perspective in isolation (Jansen & Liefbroer 2006; Rosina & Testa, 2009). Challenges are further exacerbated by assumptions that partners share similar views, or that participants can accurately report their partners’ attitudes or desires in lieu of dual participation (Jansen & Liefbroer 2006; Rosina & Testa, 2009). In fact, Brase and Brase (2012) noted, “There are both theoretical and empirical reasons to expect that males and females will have distinct attitudes, desires, and decision making processes about having children” (p. 1143).

When spouses have opposing or inconclusive views about childbearing, they may struggle to reach a joint decision. Rosina and Testa (2009) noted that when couples had differing fertility intentions, factors such as gender equity, and the couples' predominant decision making rules affected their ability to resolve their differences. Dunbar and Burgoon (2005) found participants who believed they had more relational power used more dominant communication tactics (verbal and nonverbal) in joint problem-solving tasks. However, Jansen and Liefbroer (2006) noted that partners with disparate views often strove for consensus and implemented bargaining strategies to make joint decisions, doing so in a fairly egalitarian way. In a fertility context, Stein et al. (2014) concluded the female partner's pregnancy intentions had a greater effect on the couple having *another* child in their study of German parents. Rosina and Testa (2009) explained women who desire a child often prevail, as do men who prefer not to have children, at least in older studies. Therefore, whether one partner has more say in these discussions remains an open question, as there is also research indicating both partners' fertility preferences influence the final decision equally (Thomson, 1997). In more recent research, Testa (2012) found Austrian participants of both sexes persisted in their use of contraception when they perceived their desires for a/another child were in conflict with their partners'.

It is no surprise fertility decisions become complex. Miller and Pasta (1995) explained personal traits and experiences influence our fertility desires, which, in conjunction with our partner's desires, yield our fertility intentions. When intentions reach a fever pitch, they can drive action to attempt or prevent pregnancy. Miller, Severy,

and Pasta (2004) expanded on this work by conceptualizing the Traits-Desires-Intentions-Behaviour (TDIB) sequence as a theoretical framework for understanding couples' fertility motivations. Stein et al. (2014) also detailed a model for the decision making process couples go through as they consider childbearing and parenthood. It considers the characteristics of each partner individually, as well as couple characteristics, and examines how these interact with each partner's fertility intentions to generate a decision about parenthood. Hass' (1974) proposed model for fertility decision making considered distinct preconception, pregnancy, and postnatal periods. Hass stressed viewing fertility decision making as process that occurs over time, noting attitudes and decision making may vary considerably within and between stages. Despite the presence of numerous models and frameworks related to fertility decision making, few consider the complex interplay of both partners in fertility discussions and decisions (Jansen & Liefbroer 2006; Rosina & Testa, 2009).

Miller and Pasta (1994) noted three differing desires related to fertility that couples must negotiate: the desire for a/another child, timing or spacing of children, and the number of children desired. A couple may be in general agreement that they want a child, for instance, but have different opinions about the timing or execution of the transition. Because women have historically assumed the majority of childrearing and domestic responsibilities, women are typically impacted across more domains than their husbands by the birth of a child (Adamsons, 2013). Similarity in partners' expectations and attitudes about parenthood help buffer couples from some of the declines in

relationship satisfaction so commonly reported during this period (Adamsons, 2013). Therefore, given the importance of alignment on these issues, it is no wonder clashes over expectations emerge in couples' discussions.

Jansen and Liefbroer (2006) described four heuristics couples enact to make decisions. The first is the power rule, which indicates that the partner with the most resources has the most power, and therefore the greatest influence over decision making. This rule historically favors the male in the relationship. Jansen and Liefbroer coined the term the *golden mean hypothesis* to refer to couples who adhere to a more egalitarian perspective; viewing their spouses' opinions as equally valuable, these partners attempt to compromise when they have conflicting viewpoints (p. 1491). The third rule is based on males and females operating in separate spheres, dividing power along gender-specific lines. Finally, the *social drift rule* applies to couples who become gridlocked and postpone decision making altogether; their topic avoidance perpetuates the status quo (p. 1491).

Decision making on this sensitive topic is further complicated when couples pursue parenthood using assisted reproductive technology (e.g., in vitro fertilization) or third-party involvement (e.g., surrogates, sperm or egg donors, or adoption). Stacey (2006) described the intricacies of modern paths to parenthood, which "no longer appear natural, obligatory, or uniform, but are necessarily reflexive, uncertain, self-fashioning, plural, and politically embattled" (p. 29). Among same-sex couples, for instance, efforts to pursue parenthood are often met with homophobia and discrimination, affording them

fewer options and less support (Chapman, Wardrop, Zappia, Watkins, & Shields, 2012; Downing et al., 2009; Stacey, 2006). These stressors and barriers undoubtedly influence their discussions, decisions, and plans to become parents. However, the research on couples' decision making in each unique context is still limited.

In one adoption study, researchers in the United Kingdom reported more heterosexual couples pursued adoption due to infertility, whereas same-sex couples were more likely to prefer adoption over alternative paths to parenthood (Jennings, Mellish, Tasker, Lamb, & Golombok, 2014). Infertility is widely regarded as a significant stressor (McCarthy & Chiu, 2011), and couples grappling with infertility may experience psychological distress (Greil, Slauson-Blevins, & McQuillan, 2010). This distress stands to exacerbate an already emotional, stressful period of transition and adjustment. Additionally, for couples pursuing parenthood by alternative means, their discussions and decisions must extend into other realms, such as financial demands, access to services, adoption and donor requirements, and legal considerations, among others. However, similar to couples planning to conceive biologically, couples considering adoption or fertility interventions must ultimately align their efforts and timetables. Regardless of how couples pursue parenthood, it appears negotiation and consensus-building are essential functions of a good process (Jansen & Liefbroer, 2006; Olafsdottir, Wikland, & Möller, 2012).

Decision making on this highly sensitive topic, if/when/how to have a child together, is influenced by a myriad of couple and individual factors. How partners relate to one another can set the tone for constructive conversation and decision making, or breed negativity, fueling destructive conflict, and polarizing stalemates. A review of relevant literature for the study's main variables will be presented next.

Couples' Communication

Adamsons (2013) suggested communication plays a critical role in determining whether partner differences become sources of conflict for couples, and a sizeable body of research indicates couples' communication during conflict conversations can predict marital satisfaction (Rehman et al., 2011). Committed, satisfied couples rely on more integrative, constructive communication strategies, like open dialogue and compromise; distressed couples often find themselves caught in negative interaction patterns (Sanderson & Karetsky, 2002). In general, happily married couples tend to engage more positively, offer more approval, and criticize one another less (Madhyastha, Hamaker, & Gottman, 2011). Even in a student sample, Sanderson and Karetsky (2002) found participants with stronger intimacy goals reported discussing relationship problems more openly, and they avoided conflict less.

In one study, spouses decoded their partners' nonverbal messages more effectively than a panel of third-party judges, indicating their shared experiences over time gave them a significant edge in "reading" one another (Sabatelli, Buck, & Dreyer, 1982). It appears couples develop unique ways of relating and responding to one another

as their bonds deepen. Gottman and Driver (2005) described the “bids for emotional connection” partners exchange in their daily interactions (p. 64). These come in the form of turning toward our partner to connect, turning away from our partner if we are distracted, or turning against our partner by responding with anger or irritability. Driver and Gottman (2004) believed relationship intimacy could be built through these small, everyday exchanges; as couples turn toward one another’s bids, they strengthen their friendship and feelings of closeness. Other studies find strong relationships between constructs like emotional intimacy, sexual and relationship satisfaction, and couples’ communication, too (Yoo, Bartle-Haring, Day, & Gangamma, 2014).

A variety of methods have been used to gain insight into couples’ communication patterns, including journal entries and observational studies of couples conversing on heated relationship topics (Madhyastha et al., 2011). In some studies, researchers provided the topic; in others, couples selected their own relationship issues to discuss. However, Williamson, Hanna, Lavner, Bradbury, and Karney (2013) noted that when participants choose their own topics, the variations between couples can no longer be attributed to the couples’ communication abilities alone. They found that in addition to how couples communicate, the subject matter and the perceived difficulty of the topic are vitally important. The authors suggested that by controlling for the severity of the issue and the topic itself, researchers could better isolate the influence of couples’ communication skills. This is one reason why the present study focused on first-time parenthood, as those considering subsequent pregnancies already had parenting

experiences that may have influenced the way they discussed and made decisions about future children.

Through the lens of the relational turbulence model, we can view transitions as periods of increased ambiguity and uncertainty (Solomon & Knobloch, 2004). When individuals perceive relational uncertainty, they are more likely to rely on indirect communication strategies, as the future of the relationship is less clear (Knobloch & Solomon, 2002). In a childbearing context, partners could reach an impasse as to whether or not they want a child together, or when. They may communicate about childbearing more indirectly, as they perceive a misstep on this topic (e.g., applying too much pressure for a child, or pushing to have a child too soon) could drive their partner away. Among those who report high levels of intimacy with their partners, some may forgo discussions of relationship irritations if they deem them insignificant, or if they fear the consequences of broaching the subject(s) (Cloven & Roloff, 1994). Presumably, couples in serious, committed relationships are more apt to pick their battles and avoid topics historically known to escalate or have negative repercussions.

Even among dedicated, satisfied couples, the transition to parenthood may elicit uncertainty and ambiguity all the same. In studying couples across the transition to parenthood using the relational turbulence model, Theiss et al. (2013) focused on *changes* in relational uncertainty and interference from partners in addition to the raw scores on these scales. They worked from the premise that more committed couples would report less relational uncertainty than the casually dating couples surveyed in other studies, so

considering highly committed couples' raw scores in isolation could paint an incomplete picture. By expanding the model, the authors found couples' relationship satisfaction after baby was better predicted by the *magnitude of increase* in these variables across time points.

Couples' Conflict

Given the theoretical framework of this study, a general discussion of couples' conflict is warranted. This study will consider communication danger signs in the relationship generally, and the demand-withdraw behaviors reported during participants' decision making conversations about first-time parenthood specifically. As noted previously, there is research to indicate nearly 69% of marital conflicts are perpetual in nature, even among happy couples (Gottman & Silver, 1999). Unlike solvable problems, these issues persist, often stemming from core differences between partners that can never be fully resolved. Lavner et al. (2014) studied newlyweds in their first four years of marriage and found their problems remained relatively stable, even as their relationship satisfaction declined. The authors likened these ongoing conflicts to chronic conditions that remained with couples over time, in keeping with Huston et al.'s (2001) enduring dynamics model. In a parenting context, numerous studies suggest frequent conflict before baby predicts steeper declines in relationship quality and satisfaction across the transition to parenthood, often amplifying pre-existing issues in the couple relationship (Kluwer & Johnson, 2007; Shapiro et al., 2000).

In general, when partners have differing opinions or priorities, relationships in which husbands are willing to accept influence from their wives fare better (Gottman & Silver, 1999). For instance, a key conflict resolution strategy Gottman espouses is finding some part of your partner's request you can honor, even if you cannot grant it in full (Gottman & Silver, 1999). Gottman and Driver (2005) found the behavior of husbands especially insightful; they suggested that husbands turning away from or against their wives' bids for connection could trigger attack-defend stances or withdrawal during conflict discussions respectively. Negative relationship interactions are strongly linked to divorce potential, especially for husbands, and withdrawal from conflict is associated with less positive connection, which is especially problematic for wives (Stanley, Markman, & Whitton, 2002). Among happy and unhappy couples alike, it is of note that wives tend to initiate the discussion of hot button marital issues or "demand" more often, and husbands are more likely to avoid or withdraw from discussions of problem topics (Christensen & Shenk, 1991; Gottman & Silver, 1999). In predictive studies of newlyweds who would later divorce, a clear pattern emerged. In distressed couples, wives began the conversations harshly, husbands refused to concede or remain open to their wives' influence, and the wives volleyed back some form of negativity (Gottman, Coan, Carrere, & Swanson, 1998).

Gottman (1994) detailed four relationship behaviors (criticism, defensiveness, contempt, and stonewalling) which often precede and predict divorce. While the terminology varies throughout the literature, negative relational dynamics often entail

“escalation, negative interpretation, withdrawal, and invalidation” (Johnson et al., 2015, p. 12). A short version of Stanley and Markman’s (1997) Communication Danger Signs Scale was used in this study, as its questions spoke to the aforementioned problematic behaviors and dynamics, often indicative of relationship distress. It is less about the presence of conflict and more about how it is managed that illuminates a couple’s potential to divorce (Stanley et al., 2002). For instance, Gottman (1994) reported more stable, satisfied couples operated at (at least) a ratio of 5 positive interactions for each negative during conflict discussions, while their distressed counterparts had less than one positive interaction for each negative.

Reciprocity

The term *spousal reciprocity* first appeared in Wintre and Gates (2006). Therefore, this is a difficult concept to trace through the literature, although related constructs are prevalent and well-studied. In their conceptualization of the term, Wintre and Gates concluded, “factors measured in studies of spousal support, such as cohesion, satisfaction, and mechanisms of support, seem to imply a level of reciprocity between an individual and his/her spouse” (p. 85). Therefore, partner reciprocity can be evidenced in a variety of relational contexts. Using the 17-item Perceived Spousal Reciprocity Scale (Wintre & Gates, 2006) as a guide, the ease with which partners converse on a variety of topics, their shared leisure pursuits, and their feelings of intimacy, safety, and respect are all subsumed under this heading. Mutuality is critical. Do we make each other feel safe to share and interact? Do we respect one another? Are we both willing to make sacrifices?

Shapiro et al. (2000) found husbands and wives who had an intimate knowledge of each other's worlds were able to maintain, or increase, the marital satisfaction reported by the wives as new mothers. While reciprocity is critical in relationships, it is important to guard against scorekeeping, or quid pro quo modes of operating (Gottman & Silver, 1999). Overall, couples need to co-create a relationship culture where they are responsive and supportive of one another, without hard and fast expectations of reciprocity. Although, in relationships grounded in mutuality, kind gestures are likely to be reciprocated in the long-run. Partners in these relationships develop a "positive sentiment override" which enables them to give the benefit of the doubt, and see the best in their partners, even when certain bids are not immediately accepted or reciprocated by their partners (Gottman, 1998). They learn to delay gratification, so to speak. This works to deescalate potential conflict situations as partners in positive sentiment override mode are less likely to take the bait and be drawn into arguments. They stay above the fray and infuse situations with positive affect, which helps lower their partners' defenses (Gottman, 1998).

Intimacy and safety are also critical in conceptualizing partner reciprocity. Sinclair and Dowdy (2005) describe emotional intimacy as "a perception of closeness to another that allows sharing of personal feelings, accompanied by expectations of understanding, affirmation, and demonstrations of caring" (p. 193). Inherent in this definition is an expectation our partner will respond to our disclosures appropriately. This relates closely to other definitions of emotional intimacy, which focus on key

components like emotional support and a sense of connectedness with one's partner (McAllister, Thornock, Hammond, Holmes, & Hill, 2012). Cordova and Scott (2001) explained relationships evolve as partners engage in "vulnerable behavior" and those behaviors are reinforced, either positively or negatively (p. 85).

Similarly, Siegert and Stamp (1994) found couples who believed in mutual sacrifice, remained open to one another's perspectives, and were willing to accommodate and compromise had more enduring relationships. They found in the relationships that ended, insufficient communication and unwilling partners were often blamed. Among couples who divorced early, Huston et al. (2001) reported participants saw their partners as becoming less responsive and more contrary. As noted above, it is important for partners to accept influence from one another, another important iteration of relationship reciprocity.

Dedication

Owen et al. (2011) noted higher reports of negative communication were associated with lower dedication scores. Therefore, we would expect partners who scored higher on the communication danger signs and demand-withdraw behavior scales to have lower scores on the dedication scale. Dedication was considered in this study because the long-term orientation of partners and their willingness to sacrifice for one another were likely to influence their decision making conversations about first-time parenthood. The willingness to sacrifice for one's partner is especially critical to this conceptualization, as

numerous researchers identify mutual sacrifice as a key indicator of relationship functioning (Siegert & Stamp, 1994; Surra & Boelter, 2013).

Dedication is a free choice partners make to be in the relationship and build a life together; however, constraints (like an unintended pregnancy) may cause individuals to stay when they would otherwise go (Stanley & Markman, 1992). Constraints make it harder to leave relationships; partners' lives become so interwoven, the pieces are not easily disentangled. Similarly, Rusbult's (1980) investment model considers factors that influence whether couples stay together or separate, such as level of investment and available alternatives. Research indicates couples who make deliberate decisions report more satisfaction and dedication to one another (Owen et al., 2013). In fact, partners who actively plan for their future together create shared meaning, enhancing their feelings of commitment (Sibley, Springer, Vennum, & Hollist, 2015).

Stanley, Rhoades, and Markman (2006) highlighted a distinction between sliding and deciding in relationships. If partners make conscious decisions to pursue parenthood together, they move forward aligned in their vision for the future and make a conscious choice to increase their interdependence and up their level of commitment. However, an unintended pregnancy or reluctant adoption could cause partners to slide into parenthood. The child could act as a constraint that keeps partners together who may have otherwise gone separate ways, likely exacerbating unhealthy dynamics that already existed (Stanley et al., 2006; Vennum & Fincham, 2011). A *high cost slide* like this could alter the life

trajectories of both partners in unexpected, perhaps undesired, ways (Pearson et al., 2005).

Individuals who are more committed to their partners and relationships monitor their relationship alternatives less (Stanley et al., 2002; Quirk et al., 2016). Minimally committed participants who felt ambivalent about their relationships and perceived they could easily find new partners were susceptible to the “grass is always greener” mentality, monitoring new love interests and alternative arrangements more (Niehuis, 2005). However, Quirk et al. (2016) found commitment uncertainty was related to relationship break-up; yet, actively monitoring alternatives was not. The authors noted monitoring could serve two ends: to reaffirm the commitment in place (because better alternatives are not available), or to diminish a couple’s bond over time.

Decision Making Self-Esteem

Janis and Mann’s (1977) conflict theory of decision making is based on the premise that decision making conflicts cause stress, and that stress can hinder our decision making ability (Mann et al., 1997). Similar to a social exchange framework, this theory outlines a complex decision making dance where actors aim to maximize outcomes while preserving their self-image. Similarly, Larrick (1993) outlined motivational theories of decision making which have an emotional component that extends beyond risk tolerance or cost-benefit ratios. Individuals have the capacity to feel disappointment, incompetence, or embarrassment when decisions do not go as planned, which tempers their desire to maximize their benefits at all costs. Decision making self-

esteem, as measured by Mann et al.'s (1997) Melbourne Decision Making Questionnaire, addresses a decision maker's feelings of competence and confidence in making everyday decisions. In the present study, this was an individual-level variable likely to influence couples' decision making conversations about first-time parenthood. If one partner tended to defer to the other and the other was extremely confident in the decisions he/she made, these dynamics were likely to influence the course of their conversations and the ultimate decision they reached.

Summary

While the transition to parenthood has received considerable attention, less is known about the conversations couples have as they discuss, decide, and plan for first-time parenthood. Social conflict theory served as a framework for this study; it presumes conflict is ever-present and critical to relationship development (Braiker & Kelley, 1979; Siegert & Stamp, 1994). Because decision making on this sensitive topic stands to alter a couple's relationship substantially, the relational turbulence model helped us frame these conversations (Solomon & Knobloch, 2004). Discussing the addition of a baby may introduce uncertainty or stress to the system, especially if partners were not aligned in their desires for a child or the timing of the pregnancy (Miller & Pasta, 1994). Huston et al.'s (2001) enduring dynamics model also highlighted a key premise of this study, that early couple dynamics are indicative of later ones. Gottman and Silver (1999) reported 69% of marital conflicts are perpetual in nature and never fully resolve. With this in mind, perpetual conflicts stand to influence decision making if couples have not found

effective ways to manage these recurring issues. By considering the enduring dynamics and conflicts couples contend with in this context, we may (in future studies) discover additional variables that predict success across the transition to parenthood, allowing for more effective relationship education and interventions long before couples conceive or adopt.

While a number of studies have highlighted traits and qualities that facilitate smoother transitions to parenthood (Shapiro et al., 2000), those studies have not been delimited in the same way. By focusing on a few key relational and individual variables in general (largely informed by the extant literature), and constructive and destructive communication during participants' decision making conversations in particular, this study aimed to extend the existing body of knowledge by viewing these critical variables and dynamics through a new lens.

The majority of studies have focused on the fertility views of women in isolation, often assuming partners share the same beliefs, or that women are able to accurately report their partners' innermost thoughts and desires about childbearing topics (Jansen & Liefbroer 2006; Rosina & Testa, 2009). In this study, participation was open to male or female participants who met the study criteria in the hopes of collecting more robust data. The decision was also made to delimit the study to only couples who discussed, decided, and made plans to pursue first-time parenthood. Williamson et al. (2013) aptly noted we cannot attribute variations in communication scores to the couples alone when they are

allowed to choose their own topics, which range in severity. Couples having subsequent children, for instance, may have drawn from previous parenting experiences to inform their decisions in a way first-time parents could not.

Clear communication patterns have emerged in the literature indicating which dynamics and interactions relate to higher functioning, happier couples. For instance, more satisfied couples tend to engage more positively and criticize one another less (Madhyastha et al., 2011). They are also more attuned to each other and are responsive to each other's bids for connection, attention, and affection (Gottman & Driver, 2005). Similarly, negative relational dynamics such as escalation or withdrawal are often associated with relationship distress and termination (Johnson et al., 2015, p. 12). Additionally, this study considered how participants' reports of relationship dedication and perceptions of partner reciprocity related to these discussions. These multifaceted variables captured elements of cohesion, trust, respect, mutuality, and participants' long-term relationship orientations. Finally, surveying participants on their decision making self-esteem added a new texture to the discussion. This variable shed light on how participants' decision making competence and confidence played out in a high stakes context as they navigated their discussions and reached a decision about first-time parenthood with their partners.

CHAPTER III

METHODOLOGY

Introduction

This study's methodology was carefully tailored to collect as much relevant information as possible from participants within the constraints of an online survey. While there are a plethora of variables that could be considered on this topic, the study focused on a few individual and relational variables and explored how they manifested and influenced one another during these critical relationship discussions. This section will outline the specific participants of focus in the study, as well as the ethical safeguards, instruments, recruitment plans, and data analysis strategies implemented.

Participants

This study's sample was comprised of participants who discussed, decided, and made plans to pursue first-time parenthood with their current partners (i.e., pregnancy was not/would not be mistimed or unintended). This included participants actively trying to conceive or adopt their first child with their partners, those currently pregnant with/expecting their first child with their partners, and those who became first-time parents with their partners by birth or adoption within the past year. This was the first child for both partners (i.e., no other children from this, or any previous, relationship), as the focus of this study was on the transition to first-time parenthood. Participants needed to be 18 years of age or older and have internet access to participate.

Protection of Human Subjects

The Institutional Review Board (IRB) application for expedited review was submitted to Texas Woman's University. After approval was received (Appendix A), participant recruitment began (as outlined in the Procedure section). The survey posed demographic and background questions, as well as questions related to participants' relationship dynamics and decision making self-esteem. They were asked to reflect on the conversations they had with their partners as they discussed, decided, and made plans to pursue first-time parenthood together. The questions asked them to provide information about their communication and interactions during those talks.

As far as security and confidentiality, participants completed the online PsychData survey (Appendix B), and their answers could not be linked to any personally identifiable information. Names, phone numbers, mailing addresses, and email addresses were not collected in the survey that contained the questionnaire items. Participants had an opportunity at the end of the survey to add their email addresses into a separate PsychData survey to enter a drawing for a gift card. There was no way to connect those email addresses to a participant's specific questionnaire responses.

Participants could complete the study at their preferred time of day, from their preferred location with internet access. All responses were stored electronically on the secure PsychData server prior to analysis in IBM SPSS Statistics for Windows (SPSS). The PsychData account used for the surveys was password-protected, as well as the computer used to analyze the data in SPSS.

If individuals received flyers and decided to participate, they could access the survey by typing the URL listed on the flyer into an internet browser on their computer, phone, tablet, or similar device. Similarly, those who received the link via online posting or email could click the survey link, or copy and paste it into their browser. The first page of the survey acted as the electronic informed consent (Appendix B). Choosing to proceed with the survey signified a participant's consent. One potential risk in this study was loss of confidentiality. Therefore, the electronic consent form reiterated: "There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions." However, PsychData meets or exceeds the standards set by academic Institutional Review Boards and is more secure than paper surveys. Additionally, participants could choose the environment they completed the survey in to maximize their privacy and ensure they were using a secure, private internet connection (if desired). They were advised to not leave the survey open on a shared computer or device while the survey was in progress.

The second potential risk in this study was emotional discomfort. Participants were asked questions about their relationship dynamics and the conversations they had with their partners as they discussed, decided, and planned for first-time parenthood together. Reflecting on their relationship, and these conversations, could cause emotional discomfort for some participants. However, they could choose the setting they completed the survey in to maximize their privacy and ensure they were using a secure, private internet connection (if desired). They could take breaks during the survey. If they wished

to stop the survey, they could discontinue their participation at any time without penalty. They could simply click the “X” at the top right corner of the survey and choose not to continue. If they felt they may need some professional support, links were provided for the American Psychological Association (APA) and American Association for Marriage and Family Therapy (AAMFT) therapist locators at the beginning and end of the survey. They were encouraged to copy or print the referral information should they feel the need to use it at a later time.

Instruments

The PsychData survey had 92 questions that were estimated to take participants approximately 15-30 minutes to complete (Appendix B). The survey was comprised of the following instruments:

Demographic Questionnaire

Non-identifiable background demographic information was collected from participants, such as their sex, partner’s sex, age, race/origin, highest level of education, geographic location, annual household income, and current relationship status. Questions were also included to confirm participant eligibility and collect background information, such as participants’ desire for and timing of first-time parenthood, use of assisted reproductive technology, and length of time as a couple. Many of these questions were originally developed for an evaluation of the Family Expectations program and were adapted for use in this study (S. Stanley, personal communication, December 30, 2016).

Decision Making Self-Esteem

The Melbourne Decision Making Questionnaire considers respondents' "patterns for coping with decisional conflict" (Mann et al., 1997, p. 1). The questionnaire is divided into two parts, a 6-item decision making self-esteem scale, and a 22-item decision making style scale. The 6-item subscale for decision making self-esteem was used in this study. It gathered individual-level data from participants, inquiring about their overall feelings of decision making prowess. An offshoot of Janis and Mann's (1977) conflict theory of decision making, this instrument presumes perceived threats to an individual's reputation or competence heighten feelings of stress, spurring decisional conflicts (Mann et al., 1998). Sample questions included: *I feel confident about my ability to make decisions* and *it is easy for other people to convince me that their decision rather than mine is the correct one*. Scores are summed with higher scores indicating higher levels of decision making self-esteem (note: half of the items are reverse scored). The 6-item self-esteem scale has been used to a lesser extent in the literature, primarily outside of the United States in a variety of academic disciplines; however, Cronbach's alphas of $\alpha = .70$ (Hajdarevic, Schmitt-Egenolf, Sundbom, Isaksson, & Hornsten, 2013) and $\alpha = .74$ for a 6-country sample (Mann et al., 1998) have been reported.

Communication Danger Signs

For purposes of this study, communication danger signs included negative interaction patterns like "escalation, negative interpretation, withdrawal, and invalidation" (Johnson et al., 2015, p. 12). A 4-item version of Stanley and Markman's

(1997) Communication Danger Signs Scale was used to explore the presence and extent of these negative interactions between partners in their everyday exchanges (Allen et al., 2015). Participants provided scores on a 1-3 Likert scale to indicate the frequency of different interaction patterns (almost never or never, once in a while, or frequently) with higher summed totals indicating more communication danger signs were present. Variations of this scale have been widely utilized and report high reliability and validity. For instance, in a study using the 11-item version, the authors reported Cronbach's alpha of $\alpha = .89$ for men and $\alpha = .91$ for women (Stanley et al., 2005). In another study using the 8-item instrument, $\alpha = .80$ was reported (Stanley et al., 2002). Johnson et al. (2015) cited alpha reliabilities of $\alpha = .80$ for men and $\alpha = .77$ for females using a 4-item version with a 0-5 rating scale.

Items included in this study:

- *Little arguments escalate into ugly fights with accusations, criticisms, name calling, or bringing up past hurts.* (Escalation)
- *My spouse criticizes or belittles my opinions, feelings, or desires.* (Invalidation)
- *My spouse seems to view my words or actions more negatively than I mean them to be.* (Negative Interpretation)
- *When we argue, one of us withdraws...that is, does not want to talk about it anymore, or leaves the scene.* (Withdrawal)

Dedication

Related to, and often synonymous with, commitment, dedication in this study entailed “the priority of [the] relationship, couple identity, satisfaction with sacrifice, and having a long-term view of the relationship” (Owen et al., 2011, p. 826). A 12-item dedication subscale of the Revised Commitment Inventory (measured on a 1-7 Likert scale) based on Stanley and Markman (1992) measured this construct (Owen et al., 2011). Scores are summed, and higher scores indicate higher dedication levels (note: half of the items are reverse scored). According to Owen et al. (2011), dedication is based on the underlying desire to be together, not the external constraints that sometimes trap individuals in undesirable relationships (e.g., lack of suitable alternatives or resources). Willingness to sacrifice for one’s partner is essential to this conceptualization; mutual sacrifice is an important indicator of relationship functioning throughout the literature (Siebert & Stamp, 1994; Surra & Boelter, 2013).

The dedication subscale has been utilized in more than a dozen studies in forms ranging from 3-14 items (Cui & Fincham, 2010; Rhoades, Stanley, & Markman, 2012; Stanley, Amato, Johnson, & Markman, 2006). The 14-item version is cited frequently; however, it includes two questions that relate specifically to personal commitment (e.g., *I do not feel compelled to keep all of the commitments that I make.*) which are omitted from the 12-item version. The 12-item version was used, as this study was concerned with dedication in the context of the couple relationship specifically. Sample questions included: *It makes me feel good to sacrifice for my partner*, and *my relationship with my*

partner is more important to me than almost anything else in my life. In a study using the 4-item version, the authors reported $\alpha = .75$ (Cui & Fincham, 2010), and another study using the 14-item version reported $\alpha = .88$ (Rhoades et al., 2012).

Partner Reciprocity

Partner reciprocity was measured using the Perception of Spousal Reciprocity Scale (Wintre & Gates, 2006), a 17-item instrument measured on a 1-6 Likert scale with higher scores indicating higher levels of perceived spousal reciprocity. Partner reciprocity is often integrated into constructs like cohesion and alignment, relationship satisfaction, and partner support (Wintre & Gates, 2006). In accord with the study's objectives, this scale was selected because many of the questions related directly to couples' communication and conflict patterns. It captured the essence of the relationship, illuminating partners' typical ways of relating and interacting.

This instrument, adapted from the Perception of Parental Reciprocity Scale, demonstrated high internal validity with Cronbach's alpha of .94 (Wintre & Gates, 2006). The authors also reported split-half reliability of .96. Sample questions included: *My partner and I can enjoy each other's company and participate in shared activities*, and *I am able to be myself with my partner*. The final question was altered slightly from "personal views on the role of the man and woman in the home" to "personal views on the role of each partner in the home" so it would be appropriate for all couple types. Similarly, the term *partner* was used in place of *husband/wife* for numerous questions since the study was not limited to married participants.

Constructive Communication

A 23-item short form of the Communication Patterns Questionnaire (CPQ; Crenshaw et al., 2017) was administered. The full 35-item version (Christensen, 1987) has been widely used for decades; however, some scoring inconsistencies and internal reliability concerns have been noted (Futris, Campbell, Nielsen, & Burwell, 2010). The psychometric properties of this instrument were most recently reexamined in 2017 to clarify its factor structure and scoring, and improve the internal reliabilities of its subscales with a variety of samples. The revised scoring recommendations and subscales were utilized for this study. Four separate samples reported alpha reliabilities on the revised constructive communication subscale ranging from $\alpha = .66-.84$ for males and $\alpha = .72-.86$ for females (Crenshaw et al., 2017).

The CPQ posed questions about communication patterns at three time points: when a problem arises, during the discussion of a problem, and after the discussion of a problem. All questions were framed in the past tense for this study, as they were used to query participants about their decision making conversations about first-time parenthood (which had already occurred). Additionally, prompts were revised to remind participants to focus on their communication during these decision making talks in particular. For instance, “When issues or problems arose during our decision making talks about first-time parenthood...”

The constructive communication subscale consisted of nine items measured on Likert scales with values ranging from 1 = very unlikely to 9 = very likely. In this

context, constructive communication entailed healthy interactions that “promote[d] a collaborative approach to problem solving and engender[ed] trust and understanding” (Crenshaw et al., 2017, p. 914). Higher summed scores indicated higher reports of constructive communication (note: three of the nine items were reverse scored). Sample questions included: *both my partner and I expressed our feelings to each other*, and *both my partner and I suggested possible solutions and compromises*.

Demand-Withdraw Behavior Patterns

The same version of the Communication Patterns Questionnaire assessed the demand-withdraw behavior patterns reported during participants’ decision making conversations about first-time parenthood (Crenshaw et al., 2017). The authors noted demand-withdraw behaviors “sustain and intensify conflict and are associated with negative affect during and following interaction between partners” (p. 914). The CPQ had two additional 7-item subscales, self-demand/partner-withdraw and partner-demand/self-withdraw, with questions measured on Likert scales from 1-9. Higher summed scores related to more prevalent demand-withdraw dynamics. Four separate samples reported alpha reliabilities on the self-demand/partner-withdraw subscale ranging from $\alpha = .61-.80$ for males and $\alpha = .77-.81$ for females (Crenshaw et al., 2017). On the partner-demand/self-withdraw subscale, alpha reliabilities ranged from $\alpha = .73-.82$ for males and $\alpha = .72-.82$ for females. Sample questions included: *I nagged and demanded while my partner withdrew, became silent, or refused to discuss the matter further* (self-

demand/partner-withdraw) and *my partner criticized while I defended myself* (partner-demand/self-withdraw).

Procedure

Approximately 265 offices, groups, stores, and entities that catered to the target population were contacted (by phone, email, or in person). Upon obtaining approval from many of those entities, recruitment flyers and electronic posts were distributed in a variety of locations where individuals trying to conceive or adopt, those expecting their first child, or new first-time parents might see them (e.g., social media posts, online parenting forums and groups, adoptive parent support groups, an OBGYN's office, breastfeeding and babywearing groups, CPR providers, a newborn services provider, churches and nonprofits with new/expectant parent programming, newborn photographers, a maternity store, midwives, and doulas). Depending on the type of organization or entity, a flyer was posted in an office, or a stack of flyers was delivered for them to distribute to their customers, clients, or patients. The flyer was made available in an electronic format for those who wished to post or share it electronically with their base. The P.I. set-up a table at a maternity store and distributed flyers personally, but all other recruitment was done indirectly, with the help of more than 50 partners and entities across the country (and even a few internationally).

Facebook ads were also utilized. Specifically, Facebook posts describing the study were “boosted” to potential participants across the country. Numerous targeting parameters were tested with varying levels of engagement, but new parents (0-12 months) who were

married and between the ages of 23-29 were primarily targeted. Facebook could not definitively identify those actively trying to conceive or adopt, or those who were expecting. Parents with preschoolers, early school-age children, preteens, and teenagers were initially excluded to help ensure potential participants were first-time parents, although Facebook later disabled this filtering capability. After the filtering options changed, the ads became less effective.

The P.I.'s TWU email address was listed on all flyers and posts, in case potential participants wished to ask questions or learn more about the study. However, the link to the PsychData survey was included on all recruitment materials so participants could complete it without directly contacting the P.I. Additionally, the recruitment flyer was posted in National Council on Family Relations' discussion groups. The flyers and posts encouraged participants to share the information with others they knew who met the study criteria to expand the pool of potential participants.

Data Analysis

Main Variables

The following variables were included in at least one main analysis, as outlined in the research questions and hypotheses.

- Sex was a nominal variable: male (1), female (2), other (3)
- Decision making self-esteem was a discrete interval variable and higher scores indicated higher self-esteem related to decision making. Coded on a Likert scale from 0-2 (not true for me, sometimes true, true for me).

- Communication dangers signs was a discrete interval variable with higher scores indicating more maladaptive relationship dynamics. Coded on a Likert scale from 1-3 (almost never or never, once in a while, frequently).
- Dedication was a discrete interval level variable and higher scores indicated more dedication to one's partner. Coded on a Likert scale from 1-7 (1 = strongly disagree to 7 = strongly agree).
- Partner reciprocity was a discrete interval variable and higher scores indicated more perceived partner reciprocity. Coded on a Likert scale from 1-6 (1 = strongly disagree to 6 = strongly agree).
- Constructive communication was a discrete interval variable with higher scores indicating healthier communication patterns between partners. Coded on a Likert scale from 1-9 (1 = very unlikely to 9 = very likely).
- Self-demand/partner-withdraw and partner-demand/self-withdraw were discrete interval variables with higher scores indicating more destructive communication patterns between partners. Coded on a Likert scale from 1-9 (1 = very unlikely to 9 = very likely).

Data Analysis Plan

Pre-screening data. Raw data were reviewed for missing values and outliers. If participants did not respond to five or more items on the instruments (not demographic or background questions), they were removed from the sample. Mean imputation was used to address any remaining missing values on the instruments so as many cases as possible

could be retained. The majority of items had no missing values. Among those that did, only 1-2 missing values were replaced with a mean for each item. Designated items were reverse coded per the instrument scoring specifications. Finally, participants reporting five or more extreme outlying responses, as determined by the corresponding box plots, were removed from the sample. The threshold for significance was set at .05 for this study.

Testing

R1: How do decision making self-esteem, communication danger signs, perceived partner reciprocity, and relationship dedication predict constructive communication and demand-withdraw behaviors during decision making conversations?

H1-1: Participants with higher decision making self-esteem and communication danger signs scores, and lower levels of perceived partner reciprocity and relationship dedication, will report less constructive communication and more self-demand/partner-withdraw behavior during their decision making conversations about first-time parenthood.

H1-2: Participants with higher scores on the communication danger signs scale and lower decision making self-esteem, perceived partner reciprocity, and relationship dedication scores will report less constructive communication and higher partner-demand/self-withdraw behavior during these talks.

H1-3. Participants with lower scores on the communication danger signs scale, and higher partner reciprocity and relationship dedication scores, will report higher constructive communication scores and lower demand-withdraw behavior scores (self or partner).

A multivariate multiple linear regression was run to test the aforementioned hypotheses since there were four interval level independent variables and three interval level dependent variables. GPower 3.1 software was used to determine the desired sample size (Faul, Erdfelder, Buchner, & Lang, 2009). A sample of approximately 128 was needed to run this analysis (based on .15 effect size, .05 alpha level, and .8 power).

R2. How do scores on the communication danger signs scale relate to relationship dedication and perceived partner reciprocity scores?

H2. Participants with higher scores on the communication danger signs scale will report lower scores on the relationship dedication and perceived partner reciprocity scales.

This hypothesis was tested with two Pearson correlation analyses to measure the associations between variables. Each analysis had one interval level independent variable and one interval level dependent variable. According to GPower 3.1 estimates, each one-tailed analysis required a sample of 84 participants, assuming correlations of .3, an alpha level of .05, and power of .8 (Faul et al., 2009).

R3. How does a participant's sex relate to his/her reported decision making self-esteem?

H3. Female participants will report lower levels of decision making self-esteem than male participants.

This hypothesis was tested with a one-way analysis of variance because it had one nominal independent variable and one interval level dependent variable. Depending on the effect size desired (.2-.25), GPower 3.1 estimated the necessary sample size to be 128-199 with alpha levels of .05 and power of .8 (Faul et al., 2009).

R4. How does a participant's sex relate to the demand-withdraw behaviors reported during decision making conversations about first-time parenthood?

H4-1. Female participants will report they demanded more and their male partners withdrew more.

H4-2. Male participants will report they withdrew more and their female partners demanded more.

These hypotheses were tested with a multivariate analysis of variance since there was one nominal independent variable and there were two interval level dependent variables. Depending on the effect size desired (.2-.25) GPower 3.1 estimated the necessary sample size to be 128-199 with alpha levels of .05 and power of .8 (Faul et al., 2009).

Summary

This study's sample included individuals who discussed, decided, and planned to pursue first-time parenthood with their partners (i.e., pregnancy was not/would not be mistimed or unintended). This included participants actively trying to conceive or adopt

their first child with their partners, those currently expecting their first child with their partners, and those who became first-time parents with their partners by birth or adoption within the past year. This was the first child for both partners, as the focus of this study was on the transition to first-time parenthood.

A PsychData survey was created for this study (Appendix B). It contained 92 questions for participants about the partner reciprocity, dedication, and communication danger signs they perceived in their relationships, as well as their decision making self-esteem. Additionally, the survey asked participants to retroactively report about their constructive communication and demand-withdraw behavior patterns as they discussed, decided, and made plans to pursue first-time parenthood together. There were demographic and background questions designed to gather additional information about the sample. The survey was estimated to take participants 15-30 minutes to complete.

The study commenced upon approval from the IRB at Texas Woman's University (Appendix A), ensuring participants were adequately protected. A variety of offices, groups, stores, and entities that catered to the target population were contacted (via phone, email, or in person). Upon obtaining approval from many of those entities, recruitment flyers and electronic posts were distributed in locations where individuals trying to conceive or adopt, those expecting their first child, or new first-time parents might see them.

Because an online survey of this nature had the potential risks of loss of confidentiality and emotional discomfort, extra precautions were taken. The survey was

housed on the PsychData server, and the survey data was stored in a password-protected PsychData account on a password-protected computer. Additionally, participants were encouraged to complete the survey in their desired location with a secure internet connection to maximize their privacy. If they wished to discontinue the survey, they could simply close their browser. Therapy resources were listed at the beginning and end of the survey for participants who wished to seek professional help.

Four research questions and seven hypotheses were explored in this study using multivariate multiple linear regression, multivariate analysis of variance, one-way analysis of variance, and bivariate correlations.

CHAPTER IV

RESULTS

Participants who discussed, decided, and planned to pursue first-time parenthood with their partners were invited to complete a 92-item PsychData survey online. In addition to demographic and background questions, the survey included validated research instruments to assess participants' decision making self-esteem, relationship dedication, perceived partner reciprocity, and communication danger signs, as well as their reports of constructive communication and demand-withdraw behavior patterns during the decision making talks they had with their partners about first-time parenthood. Participants were recruited primarily online through Facebook ads, as well as social media groups and pages that catered to new and expectant parents. Recruitment partners included babywearing and breastfeeding groups, support groups for dads and adoptive parents, newborn photographers and maternity stores, churches and nonprofits, doulas and midwives, and CPR trainers, among others.

Sample Description

Demographics

The sample included 214 individual participants (204 females, 9 males, and 1 participant identifying as "other") who had planned, or were planning, for first-time parenthood with their partners. The current relationship status of participants was married

($n = 210$), engaged ($n = 2$), and dating ($n = 2$). Two participants indicated they were in female same-sex relationships, and one participant identified as “other” with a female partner. Participants ($n = 189$) reported having *been in relationships* with their partners between 2-24 years, with the sample mean and median both around seven years. Among married participants ($n = 201$), 98% indicated they were married before getting pregnant with their first child together. Respondents ($N = 214$) were classified into three categories: actively trying to conceive/adopt their first child (7.5%), currently pregnant with/expecting their first child (19.2%), and first-time parents by birth or adoption within the past year (73.4%).

Participants were predominantly from the United States ($n = 207$), although there were also respondents from Australia ($n = 5$), Canada ($n = 1$), and Trinidad and Tobago ($n = 1$). Individuals participated from all regions of the United States: Northeast ($n = 20$), Midwest ($n = 40$), South ($n = 95$), West ($n = 49$). Participants ($n = 211$) ranged in age from 20-42 with an average age just over 29 and a median age of 30 years old. More than 80% of the sample listed a four-year college degree ($n = 89$) or a graduate degree ($n = 85$) as their highest level of education (see Appendix C, Table 1). Almost 90% of the total sample identified as white. Participants also identified as Hispanic/Latino (3.7%), Black/African American (1.4%), Asian (3.3%), American Indian/Alaska Native (.5%), Middle Eastern/North African (.5%), and more than one race (1.4%). More than 40% of the sample reported annual household income of \$100,000 or more, and median annual household income was approximately \$80,000 (see Appendix C, Table 1).

Background Questions

Participants were also queried on a variety of optional background questions related to first-time parenthood. The new and expectant parents in the sample were asked how long they had *known* their partners prior to becoming pregnant. Responses ranged from less than one year to 26 years, with mean and median scores hovering around 7 years prior to pregnancy (see Appendix C, Table 2). All of the respondents ($n = 198$) indicated they wanted to have a baby with their partner right before the pregnancy (see Appendix C, Table 3).

New and expectant first-time parents ($n = 198$) were also asked whether their pregnancy came sooner than they wanted ($n = 18$), at the “right time” ($n = 115$), or later than desired ($n = 65$). When asked about their readiness for first-time parenthood, 48.6% of participants indicated their timelines were the same as their partners’, 32.7% indicated they were ready before their partners, and 18.7% indicated their partners were ready first (see Appendix C, Table 4). Additionally, among those who provided data about their *differing* timelines, participants noted whether they were a few months apart from their partners ($n = 85$), about a year apart ($n = 40$), or a few years apart ($n = 24$). Table 4 shows participants’ actual efforts to conceive or adopt aligned most with their own timeline ($n = 59$), their partner’s timeline ($n = 27$), they met in the middle ($n = 85$), or their desired timelines were the same ($n = 27$).

Almost 16% of participants who were expectant or new parents indicated they utilized assisted reproductive technology (e.g., IVF) or third-party involvement (e.g.,

surrogate, donors, or adoption) to become first-time parents (see Appendix C, Table 3). Among those trying to conceive or adopt ($n = 16$), seven indicated they did not plan to utilize assisted reproductive technology or third-party involvement, seven had or planned to, and two participants were undecided.

Participants were later asked about their decision making conversations about first-time parenthood (see Appendix C, Table 5). When asked how emotional the experience of discussing, deciding, and planning for parenthood was for them, a majority of participants (72.9%) scored it as at least “somewhat emotional,” with 13.1% of the sample classifying it as “very emotional.” Finally, two satisfaction questions were posed. Participants were asked how satisfied they were with *the way* they discussed, decided, and planned to pursue first-time parenthood with their partners. Very few respondents offered neutral or negative responses ($n = 8$). More than half of the sample (55.6%) indicated they were “very satisfied.” The last question asked participants how satisfied they were with the ultimate *decision* they made to pursue first-time parenthood together, and an even higher percentage of respondents indicated they were “very satisfied” (79.9%).

Results of Statistical Analyses

Instruments

Table 6 includes an overview of descriptive statistics and Cronbach’s alphas for each instrument.

Table 6

Cronbach's Alphas and Descriptive Statistics for All Instruments

Instrument	α	Items	M	Mdn	SD	Min	Max
DMSE	.71	6	9.85	11.00	2.00	3	12
Danger	.62	4	5.73	6.00	1.53	4	12
Dedication	.65	12	76.58	78.00	5.41	59	84
Reciprocity	.88	17	92.29	94.00	8.53	52	102
CC	.81	9	72.47	74.00	8.14	45	81
SDPW	.77	7	10.89	8.00	5.59	7	44
PDSW	.77	7	9.58	8.00	4.18	7	33

Note. Results based on sample of $N = 214$. Min = minimum score; Max = maximum score. DMSE = decision making self-esteem; Danger = communication danger signs; CC = constructive communication; SDPW = self-demand/partner-withdraw; PDSW = partner-demand/self-withdraw.

Decision making self-esteem. In the present study, Cronbach's alpha for this subscale was $\alpha = .71$, which aligns with previous research using the 6-item subscale reporting alphas of $\alpha = .70$ (Hajdarevic et al., 2013) and $\alpha = .74$ (Mann et al., 1998). If Item 5 was deleted, "The decisions I make turn out well," the alpha would have increased slightly to $\alpha = .72$ for this sample (see Table 7). The highest score for this subscale is 12 (Mann et al., 1997), and participant scores in this study ranged from 3-12. Overall, participants reported high decision making self-esteem ($M = 9.85$, $SD = 2$); the median score was 11.

Table 7

Means and Cronbach's Alphas for Decision Making Self-Esteem Scale if Items Deleted

Question	<i>M</i>	α
I feel confident about my ability to make decisions.	8.10	.650
I feel inferior to most people in making decisions.	8.23	.650
I think that I am a good decision maker.	8.11	.640
I feel so discouraged that I give up trying to make decisions.	8.12	.636
The decisions I make turn out well.	8.27	.720
It is easy for other people to convince me that their decision rather than mine is the correct one.	8.42	.689

Note. *M* = mean for the scale if item deleted; α = Cronbach's alpha for the scale if item deleted. The fifth question is bolded to indicate removal of the item would have increased the scale's reliability for this sample.

Communication danger signs. Cronbach's alpha for this study, with a predominantly female sample, was $\alpha = .62$. This reliability score is lower than what is typically reported for this scale in the literature, for instance: $\alpha = .91$ for female participants with an 11-item version (Stanley et al., 2005), $\alpha = .80$ for a sample using the 8-item version (Stanley et al., 2002), and $\alpha = .77$ for female participants with a 4-item instrument (Johnson et al., 2015). The 4-item version of Stanley and Markman's (1997) Communication Danger Signs Scale used here has a maximum score of 12, and participants' scores ranged from 4-12. Participants' reports of communication danger

signs were low for this sample overall, indicating more constructive communication among partners ($M = 5.73$, $SD = 1.53$). The median score was 6.

Dedication. Cronbach's alpha for dedication was $\alpha = .65$ in this study. Similar to the previous scale, this was considerably lower than expected given published research utilizing this instrument; for instance, Cui and Fincham (2010) reported $\alpha = .75$ for the 4-item version, and a study using the 14-item version reported $\alpha = .88$ (Rhoades et al., 2012). If Item 11 was deleted, "I am not seriously attracted to anyone other than my partner," the alpha would have increased slightly to $\alpha = .66$ (see Table 8). The 12-item version of the dedication subscale of the Revised Commitment Inventory has a maximum score of 84 (Stanley & Markman, 1992). In this study, participants' scores ranged from 59-84 with a median score of 78, indicating very high reports of relationship dedication among participants ($M = 76.58$, $SD = 5.41$).

Table 8

Means and Cronbach's Alphas for Dedication Scale if Items Deleted

Question	<i>M</i>	<i>α</i>
My relationship with my partner is more important to me than almost anything else in my life.	70.25	.627
I want this relationship to stay strong no matter what rough times we may encounter.	69.70	.644
I like to think of my partner and me more in terms of "us" and "we" than "me" and "him/her."	69.99	.617
I think a lot about what it would be like to be married to (or dating) someone other than my partner.	70.16	.620
My relationship with my partner is clearly part of my future life plans.	69.67	.645
My career (or job, studies, homemaking, childrearing, etc.) is more important to me than my relationship with my partner.	70.33	.612
It makes me feel good to sacrifice for my partner.	71.27	.620
I do not want to have a strong identity as a couple with my partner.	70.29	.645
Giving something up for my partner is frequently not worth the trouble.	70.37	.632
When push comes to shove, my relationship with my partner often must take a back seat to other interests of mine.	70.15	.613
I am not seriously attracted to anyone other than my partner.	70.50	.659
I may not want to be with my partner a few years from now.	69.68	.641

Note. *M* = mean for the scale if item deleted; *α* = Cronbach's alpha for the scale if item deleted. The eleventh question is bolded to indicate removal of the item would have increased the scale's reliability for this sample.

Partner reciprocity. Cronbach's alpha for this sample was $\alpha = .88$ which is on par with reports of its validity and reliability in other studies (Wintre & Gates, 2006). The highest score possible on the 17-item instrument is 102 (Wintre & Gates, 2006), and scores for participants in this study indicated high levels of perceived partner reciprocity ($M = 92.29$, $SD = 8.53$). Scores ranged from 52-102 with a median score of 94.

Constructive communication. The 9-item subscale of the Communication Patterns Questionnaire has a maximum score of 81 (Crenshaw et al., 2017). In this sample, participants reported high levels of constructive communication during their decision making conversations about first-time parenthood ($M = 72.47$, $SD = 8.14$). The median score was 74, and the range was 45-81. Cronbach's alpha for this sample was $\alpha = .81$ which aligns with other reports ranging from $\alpha = .66$ -.84 for males and $\alpha = .72$ -.86 for females (Crenshaw et al., 2017).

Self-demand/partner-withdraw. The highest score possible on this 7-item subscale of the Communication Patterns Questionnaire is 63 (Crenshaw et al., 2017). The median score in this sample was 8, and scores ranged from 7-44. Overall, participants reported very low levels of self-demand/partner-withdraw behavior during their decision making talks about parenthood ($M = 10.89$, $SD = 5.59$). Cronbach's alpha for this sample was $\alpha = .77$, aligning with research citing alphas of $\alpha = .61$ -.80 for males and $\alpha = .77$ -.81 for females in four separate samples (Crenshaw et al., 2017). The item-total statistics

indicated reliability would improve to .81 if the first item, “I tried to start a discussion while my partner tried to avoid a discussion,” was removed (see Table 9).

Table 9

Means and Cronbach’s Alphas for Self-Demand/Partner-Withdraw Scale if Items Deleted

Question	<i>M</i>	<i>α</i>
I tried to start a discussion while my partner tried to avoid a discussion.	8.79	.813
I nagged and demanded while my partner withdrew, became silent, or refused to discuss the matter further.	9.26	.732
I criticized while my partner defended himself or herself.	9.39	.737
I pressured my partner to take some action or stop some action, while my partner resisted.	9.07	.713
I threatened negative consequences and my partner gave in or backed down.	9.62	.732
I called my partner names, swore at my partner, or attacked my partner's character.	9.71	.751
I pressured my partner to apologize or promise to do better, while my partner resisted.	9.53	.733

Note. *M* = mean for the scale if item deleted; *α* = Cronbach’s alpha for the scale if item deleted. The first question is bolded to indicate removal of the item would have increased the scale’s reliability for this sample.

Partner-demand/self-withdraw. This 7-item subscale of the Communication Patterns Questionnaire also has a maximum score of 63 (Crenshaw et al., 2017); the median score in this sample was 8. Participants reported very low levels of partner-

demand/self-withdraw behavior during their decision making conversations about first-time parenthood ($M = 9.58$, $SD = 4.18$). Cronbach's alpha for this sample was $\alpha = .77$, which is in keeping with reported alphas ranging from $\alpha = .73$ -.82 for males and $\alpha = .72$ -.82 for females in other studies (Crenshaw et al., 2017). Similar to the previous scale, the item-total statistics indicated if the first question in this set was removed, "My partner tried to start a discussion while I tried to avoid a discussion," Cronbach's alpha would have increased to $\alpha = .80$ for this sample (see Table 10).

Table 10

Means and Cronbach's Alphas for Partner-Demand/Self-Withdraw Scale if Items Deleted

Question	<i>M</i>	<i>α</i>
My partner tried to start a discussion while I tried to avoid a discussion.	7.89	.796
My partner nagged and demanded while I withdrew, became silent, or refused to discuss the matter further.	8.20	.698
My partner criticized while I defended myself.	8.18	.717
My partner pressured me to take some action or stop some action, while I resisted.	8.13	.744
My partner threatened negative consequences and I gave in or backed down.	8.36	.728
My partner called me names, swore at me, or attacked my character.	8.46	.747
My partner pressured me to apologize or promise to do better, while I resisted.	8.29	.725

Note. *M* = mean for the scale if item deleted; α = Cronbach's alpha for the scale if item deleted. The first question is bolded to indicate removal of the item would have increased the scale's reliability for this sample.

Main Analyses

R1: Multivariate Multiple Linear Regression

A multivariate multiple linear regression was calculated to predict constructive communication, self-demand/partner-withdraw, and partner-demand/self-withdraw scores based on decision making self-esteem, communication danger signs, perceived partner reciprocity, and dedication scores. A basic correlation analysis among the independent variables revealed all were correlated at .52 or below, alleviating any concerns of multicollinearity in the analysis (see Table 11).

Table 11

Correlations Among IVs: Decision Making Self-Esteem, Communication Danger Signs, Dedication, and Perceived Partner Reciprocity

	DMSE	Danger	Dedication	Reciprocity
DMSE				
Pearson Correlation	1	-.104	.105	.131
Significance (2-tailed)		.130	.124	.056
Danger				
Pearson Correlation	-.104	1	-.236**	-.520**
Significance (2-tailed)	.130		.000	.000
Dedication				
Pearson Correlation	.105	-.236**	1	.444**
Significance (2-tailed)	.124	.000		.000
Reciprocity				
Pearson Correlation	.131	-.520**	.444**	1
Significance (2-tailed)	.056	.000	.000	

Note. Results based on sample of $N = 214$. DMSE = decision making self-esteem; Danger = communication danger signs.

** $p < .01$.

Using Pillai's trace, the multivariate multiple linear regression revealed three significant effects for communication danger signs, dedication, and perceived partner reciprocity (see Table 12). The effect of decision making self-esteem was not significant in the omnibus test.

Communication danger signs: $F(3, 207) = 3.23, p = .023$, partial $\eta^2 = .05$

Dedication: $F(3, 207) = 6.89, p < .001$, partial $\eta^2 = .09$

Partner reciprocity: $F(3, 207) = 19.82, p < .001$, partial $\eta^2 = .22$

Table 12

Pillai's Trace for each IV: Decision Making Self-Esteem, Communication Danger Signs, Dedication, and Perceived Partner Reciprocity

Effect	Value	F	Hypothesis df	Error df	p	Partial η^2
Intercept	.242	22.037	3	207	.000	.242
DMSE	.032	2.252	3	207	.083	.032
Danger*	.045	3.231	3	207	.023	.045
Dedication**	.091	6.893	3	207	.000	.091
Reciprocity**	.223	19.817	3	207	.000	.223

Note. Results based on sample of $N = 214$. DMSE = decision making self-esteem; Danger = communication danger signs.

* $p < .05$.

** $p < .01$.

Constructive communication. Two of the independent variables, dedication and perceived partner reciprocity, were significant predictors of constructive communication (see Table 13). Participants' predicted constructive communication was equal to $3.37 + .31 (\text{DEDICATION}) + .48 (\text{RECIPROCITY})$ where dedication was coded 1 = *strongly disagree* to 7 = *strongly agree*, and reciprocity was coded 1 = *strongly disagree* to 6 = *strongly agree*. Participants' constructive communication scores increased almost one-third of a point ($b = .31$) for every 1-point increase in their dedication scores, and almost half a point ($b = .48$) for each 1-point increase in their reciprocity scores (95% CIs for dedication [.13, .49] and reciprocity [.36, .61]). Partial $\eta^2 = .05$ for dedication and .21 for reciprocity, indicating these predictors accounted for approximately 26% of the variance in participants' constructive communication scores.

Self-demand/partner-withdraw. Perceived partner reciprocity was the only significant predictor of participants' reports of self-demand/partner-withdraw (SDPW) behavior (see Table 13). Participants' predicted SDPW behavior was equal to $32.34 - .24 (\text{RECIPROCITY})$ where reciprocity was coded 1 = *strongly disagree* to 6 = *strongly agree*. SDPW scores decreased almost a quarter of a point ($b = -.24$) for every 1-point increase in reciprocity scores (95% CI [-.34, -.14]). Partial $\eta^2 = .1$, so reciprocity accounted for almost 10% of the variance in participants' SDPW scores.

Partner-demand/self-withdraw. Finally, there were three significant predictors of partner-demand/self-withdraw (PDSW) behavior: decision making self-esteem, dedication, and perceived partner reciprocity (see Table 13). Participants' PDSW

behavior could be calculated with the equation $37.41 - .33 (\text{DECISION MAKING SELF-ESTEEM}) - .12 (\text{DEDICATION}) - .16 (\text{RECIPROCITY})$. Decision making self-esteem was coded 2 = *true for me* to 0 = *not true for me*, dedication was coded 1 = *strongly disagree* to 7 = *strongly agree*, and reciprocity was coded 1 = *strongly disagree* to 6 = *strongly agree*. PDSW scores decreased by .33 for each 1-point increase in decision making self-esteem, .12 for each point increase in dedication, and .16 for each point increase in partner reciprocity. Overall, these three predictors accounted for 13% of the variance in PDSW scores. Partial η^2 was .03 for decision making self-esteem, .02 for dedication, and .08 for reciprocity (95% CI [-.59, -.07], [-.23, -.01], and [-.24, -.08] respectively).

Table 13

Parameter Estimates: Significant Predictors of Constructive Communication, Self-Demand/Partner-Withdraw, and Partner-Demand/Self-Withdraw

DV	Parameter	<i>b</i>	<i>SE</i>	<i>t</i>	<i>p</i>	95% CI		Partial η^2
						<i>LL</i>	<i>UL</i>	
CC	Intercept	3.373	8.311	.406	.685	-13.011	19.757	.001
	DMSE	.091	.221	.409	.683	-.346	.527	.001
	Danger Signs	-.007	.335	-.020	.984	-.668	.654	.000
	Dedication**	.308	.090	3.406	.001	.130	.486	.053
	Reciprocity**	.484	.065	7.413	.000	.355	.613	.208
SDPW	Intercept	32.342	6.490	4.983	.000	19.548	45.137	.106
	DMSE	-.189	.173	-1.092	.276	-.530	.152	.006
	Danger Signs	.486	.262	1.857	.065	-.030	1.002	.016
	Dedication	5.630E-5	.071	.001	.999	-.139	.139	.000
	Reciprocity**	-.243	.051	-4.756	.000	-.343	-.142	.098
PDSW	Intercept	37.407	4.911	7.617	.000	27.726	47.088	.217
	DMSE*	-.327	.131	-2.500	.013	-.585	-.069	.029
	Danger Signs	-.125	.198	-.630	.530	-.515	.266	.002
	Dedication*	-.119	.053	-2.235	.026	-.225	-.014	.023
	Reciprocity**	-.160	.039	-4.141	.000	-.236	-.084	.076

Note. DV = dependent variable; CC = constructive communication; SDPW = self-demand/partner-withdraw; PDSW = partner-demand/self-withdraw. Under parameters, DMSE = decision making self-esteem; Danger Signs = communication danger signs.

* $p < .05$.

** $p < .01$.

R2: Pearson Correlations

There was a significant negative correlation between communication danger signs and relationship dedication, albeit fairly weak, at $r = -.236$ (see Table 14). Participants

who reported higher scores on the communication danger signs scale had lower dedication scores.

Table 14

Bivariate Correlations for Communication Danger Signs and Dedication Variables

	Communication Danger Signs	Dedication
Communication Danger Signs		
Pearson Correlation	1	-.236**
Significance (1-tailed)		.000
<i>N</i>	214	214
Dedication		
Pearson Correlation	-.236**	1
Significance (1-tailed)	.000	
<i>N</i>	214	214

Note. ** $p < .01$ (1-tailed).

In the second correlation, communication danger signs and perceived partner reciprocity also had a negative relationship. This test was significant with a moderate negative correlation of $r = -.520$, indicating higher reports of communication danger signs were related to less perceived partner reciprocity (see Table 15).

Table 15

Bivariate Correlations for Communication Danger Signs and Perceived Partner Reciprocity Variables

	Communication Danger Signs	Perceived Partner Reciprocity
Communication Danger Signs		
Pearson Correlation	1	-.520**
Significance (1-tailed)		.000
<i>N</i>	214	214
Perceived Partner Reciprocity		
Pearson Correlation	-.520**	1
Significance (1-tailed)	.000	
<i>N</i>	214	214

Note. ** $p < .01$ (1-tailed).

R3: One-Way Analysis of Variance (ANOVA)

A one-way ANOVA was conducted with participant sex as the independent variable and decision making self-esteem as the dependent variable. The results were not significant, $F(2, 211) = 1.36$, $p = .26$ (see Table 16). To get a more comprehensive view, mean scores of decision making self-esteem by sex were considered. Female participants averaged 9.81/12 on the decision making self-esteem scale, whereas the male participants averaged 10.89/12 (see Table 17). So, while the ANOVA was not significant, the means indicated some potential differences by sex, although this must be interpreted with caution due to the small sample of male participants.

Table 16

Output Table for One-Way ANOVA: Participant Sex (IV) and Decision Making Self-Esteem (DV)

	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Between Groups	10.782	2	5.391	1.357	.260
Within Groups	838.433	211	3.974		
Total	849.215	213			

Table 17

Means and Standard Deviations for Decision Making Self-Esteem by Sex

Sex	<i>M</i>	<i>SD</i>	<i>n</i>
Male	10.89	1.269	9
Female	9.81	2.017	204
Other	9.00	.	1
Total	9.85	1.997	214

R4: Multivariate Analysis of Variance (MANOVA)

A MANOVA was conducted with one nominal independent variable (sex) and two interval level dependent variables (self-demand/partner-withdraw and partner-demand/self-withdraw). In this study, the MANOVA was not significant, $V = .01$, $F(4, 422) = .68$, $p = .60$, partial $\eta^2 = .01$ (see Table 18). However, mean scores indicated females had higher reports of self-demand/partner-withdraw behavior than the male participants ($M = 11.01$ for females and $M = 8.11$ for males) (see Table 19). On the

partner-demand/self-withdraw variable, the mean for males was the same as the previous scale ($M = 8.11$), but the female average dropped to $M = 9.64$ (see Table 19). Mean scores for males are provided for comparison, but no definitive trends or conclusions can be reported due to the limited sample size.

Table 18

MANOVA Output: Pillai's Trace for Sex (IV)

Effect	Value	F	Hypothesis df	Error df	p	Partial η^2
Intercept	.179	22.873	2	210	.000	.179
Sex	.013	.683	4	422	.604	.006

Table 19

Means and Standard Deviations for Self-Demand/Partner-Withdraw and Partner-Demand/Self-Withdraw by Sex

Sex	<i>M</i>	<i>SD</i>	<i>n</i>
SDPW			
Male	8.11	2.261	9
Female	11.01	5.673	204
Other	12.00	.	1
Total	10.89	5.587	214
PDSW			
Male	8.11	2.261	9
Female	9.64	4.240	204
Other	12.00	.	1
Total	9.58	4.177	214

Note. SDPW = self-demand/partner-withdraw; PDSW = partner-demand/self-withdraw.

Summary

A sample of 214 participants, predominantly white, educated, first-time mothers around 30 years old from across the United States completed this survey. Overall, participants in this study reported high decision making self-esteem, relationship dedication, and perceived partner reciprocity scores, as well as low scores on the communication danger signs scale. Additionally, participants indicated there were high levels of constructive communication and minimal demand-withdraw behavior during their decision making conversations about first-time parenthood with their partners.

The multivariate multiple linear regression revealed three significant effects (communication danger signs, dedication, and perceived partner reciprocity). Upon

further analysis, relationship dedication and perceived partner reciprocity were significant predictors of constructive communication in this sample. Reciprocity was the only significant predictor of SDPW behavior, and decision making self-esteem, dedication, and reciprocity were all significant predictors of PDSW behavior.

Using Pearson correlations, the communication danger signs variable was negatively correlated with both perceived partner reciprocity and relationship dedication. The results of the ANOVA and MANOVA were not significant; however, a comparison of means revealed some potential differences by sex related to decision making self-esteem and demand-withdraw behavior that could be explored in future studies.

CHAPTER V

DISCUSSION

Demographics

Overall, this sample skewed heavily toward females who were white, educated, first-time mothers, around 30 years old. The lack of male participation was discouraging given the concerted efforts to reach out to new/expectant dads' groups across the country, but not entirely surprising given the literature on related fertility topics, which predominantly cites the female perspective (Jansen & Liefbroer 2006; Rosina & Testa, 2009). Approximately 265 potential recruitment partners were contacted across the country, and internationally, so the homogeneity of this sample was not intended, or expected. Facebook ads allowed for nationwide recruitment, which facilitated a more geographically diverse sample. Recruitment partners in other countries agreed to share the information on their social media channels, which likely resulted in the seven responses from outside the United States.

Given the parameters that participants should have discussed, decided, and planned for parenthood with their partners, it stands to reason that the sample was comprised of mostly married participants (versus dating or engaged) with more established relationship histories together. The fact that more new parents participated than those trying to conceive/adopt or expecting is likely due to recruitment challenges in

targeting those groups. Couples appear less likely to share they are “trying” until they become pregnant. A large online community for individuals trying to conceive did not permit posting access, as they believed third-party posts compromised the solidarity and privacy of the community. It proved difficult to partner with adoption agencies and fertility clinics for this study, as many cited confidentiality concerns for their clients or were unresponsive to requests. At the time the survey was live, participation seemed to spike in conjunction with Facebook ads; however, Facebook only allowed for the definitive targeting of new parents, not those trying to conceive/adopt or expecting, which may have led to an oversampling of that subgroup of participants.

Main Variables

Overall, participants reported high levels of decision making self-esteem, relationship dedication, and perceived partner reciprocity. Reports of communication danger signs were very low overall, which indicated participants experienced fewer negative interactions with their partners generally. During their decision making conversations about first-time parenthood specifically, participants reported high levels of constructive communication and low levels of demand-withdraw behavior. These findings provide evidence for a generally healthy sample, with respondents scoring higher in desirable relationship categories and lower in the more problematic, “red flag” areas.

Hypotheses

H1-1: Participants with higher decision making self-esteem and communication danger signs scores, and lower levels of perceived partner reciprocity and relationship dedication, will report less constructive communication and more self-demand/partner-withdraw behavior during their decision making conversations about first-time parenthood.

H1-2: Participants with higher scores on the communication danger signs scale and lower decision making self-esteem, perceived partner reciprocity, and relationship dedication scores will report less constructive communication and higher partner-demand/self-withdraw behavior during these talks.

H1-3. Participants with lower scores on the communication danger scale and higher perceived partner reciprocity and higher relationship dedication scores will have higher constructive communication scores and lower demand-withdraw behavior scores (self or partner).

A multivariate multiple linear regression was conducted to test all three components of the first hypothesis. The analysis indicated decision making self-esteem (H1-1 and H1-2) and communication danger signs (all hypotheses) were not significant predictors of constructive communication, but relationship dedication and perceived partner reciprocity were (all hypotheses). As anticipated, lower reciprocity and dedication scores predicted lower constructive communication scores during couples' decision making conversations about first-time parenthood. This finding aligns with a

preponderance of literature on healthy relationship dynamics. For instance, nondistressed couples often engage with one another more positively, criticize less, and use more constructive communication strategies (Madhyastha et al., 2011; Sanderson & Karetsky, 2002).

Perceived partner reciprocity was the only significant predictor of SDPW behavior for H1-1, and as hypothesized, they were negatively correlated. Existing research supports this finding as constructs related to reciprocity, like intimacy (Driver & Gottman, 2004), emotional support (McAllister et al., 2012), and responsiveness (Huston et al., 2001), are associated with healthier relationship functioning. In this study, high levels of perceived partner reciprocity predicted less self-demand/partner-withdraw behavior during decision making conversations about first-time parenthood.

For the PDSW variable in H1-2, decision making self-esteem, dedication, and reciprocity were all significant predictors. All three variables were negatively correlated with PDSW behavior, as predicted. So, higher dedication levels predicted less PDSW behavior during participants' decision making conversations about first-time parenthood. Similar to the previous finding (H1-1), higher levels of perceived partner reciprocity predicted less PDSW behavior, too. In this study, lower decision making self-esteem predicted more PDSW behavior during participants' discussions of first-time parenthood (H1-2).

If participants rated their decision making self-esteem lower in general contexts, it could follow that they disengaged (i.e., self-withdrawal) from decision making

conversations about first-time parenthood if they felt overwhelmed, or otherwise less confident making decisions of that magnitude. Considering Knobloch and Solomon's (2002) finding that avoidance is more prevalent when individuals perceive episodic relational uncertainty, discussions about the transition to parenthood could rouse feelings of uncertainty, which cause some partners to communicate less directly than they otherwise would.

Overall, the fact that the communication danger signs variable was not a significant predictor of constructive communication or demand-withdraw behavior in this study was somewhat perplexing. Upon further analysis and reflection, the homogeneity of this sample may have affected the reliability of this scale, especially utilizing the short 4-item version with just 3 answer choices for each question. This may have limited variability in the data, which kept Cronbach's alpha low and limited its predictive power. There is also a chance that participants were self-reporting in socially desirable ways, or that so much time had passed since these discussions that they rewrote their earlier conversations in a more favorable light with the benefit of some perspective. Since this finding was unexpected based on the existing literature, and because properties of this scale were not as reliable here as in other studies and samples (Johnson et al., 2015; Stanley et al., 2005; Stanley et al., 2002), it seems appropriate to interpret the insignificant findings from the communication danger signs scale as an anomaly. It warrants further testing to see whether more diverse samples, the use of a longer version

of this scale, or 0-5 item scoring (Johnson et al., 2015) yield more reliable, significant results in similar studies in the future.

H2: Participants with higher scores on the communication danger signs scale will report lower scores on the relationship dedication and perceived partner reciprocity scales.

As predicted, participants who reported higher scores on the communication danger signs scale had lower dedication and perceived partner reciprocity scores. This aligns with the findings of Owen et al. (2011); the authors found higher reports of negative communication were associated with lower dedication scores. Reciprocity and communication danger signs ($r = -.520$) may have been more strongly correlated than dedication and communication danger signs ($r = -.236$) from an “order of operations” standpoint. For instance, if a couple relies on the negative interaction patterns evidenced in the communication danger signs scale regularly, those exchanges are likely to erode feelings of trust, intimacy, and reciprocity. Since reciprocity and dedication were correlated at $r = .44$, a drop in one would hasten a drop in the other. It would follow that partners may feel less dedicated to one another as time goes on, once feelings of reciprocity and relational safety are compromised. In fact, the four items in the communication danger signs scale align closely with Gottman’s “Four Horsemen of the Apocalypse” (criticism, defensiveness, contempt, and stonewalling) which often precede and predict divorce (Gottman, 1994).

H3. Female participants will report lower levels of decision making self-esteem than male participants.

The results of this one-way ANOVA were not significant, which makes sense given the disproportionately female sample. However, a basic comparison of means showed male participants ($M = 10.89$) averaged higher scores of decision making self-esteem than the females ($M = 9.81$). Although based on a very small sample of males ($n = 9$), this provides some superficial support in the predicted direction and warrants replication in a more balanced sample of males and females.

H4-1. Female participants will report they demanded more and their male partners withdrew more (self-demand/partner-withdraw).

H4-2. Male participants will report they withdrew more and their female partners demanded more (partner-demand/self-withdraw).

Similar to the previous hypothesis, the MANOVA conducted for H4-1 and H4-2 was not significant, and the analysis was limited by the small sample of males. Again, the means afforded us a bit of preliminary information. Females had higher average reports of self-demand/partner-withdraw behavior ($M = 11.01$) than the male participants ($M = 8.11$) which provided some support for H4-1. In a broader research context, this finding would make sense. According to Gottman and Silver (1999), wives initiated discussion of heated relationship topics nearly 80% of the time, and men tended to avoid discussion of these touchy relationship issues. Their findings held for both happy and unhappy couples;

therefore, it is not surprising that women may have demanded more in discussions related to first-time parenthood while men withdrew or avoided them more. This sex-based difference in demand-withdraw behavior is cited extensively in the literature (Christensen & Shenk, 1991; Gottman 1998; Stanley et al., 2002). Women also reported lower scores on the partner-demand/self-withdraw scale ($M = 9.64$), which makes sense given their higher scores on the self-demand/partner-withdraw scale. The male results were inconclusive, perhaps due to the small sample size again; men reported identical mean scores on both demand-withdraw subscales. It is important to note that reports of demand-withdraw behavior were quite low for males and females overall, on both the SDPW and PDSW subscales, so no definitive conclusions can be drawn from these post hoc comparisons of means.

Limitations

As with previous research on this topic (Jansen & Liefbroer 2006; Rosina & Testa, 2009), male participation was extremely limited in this study, despite concerted efforts to recruit fathers and fathers-to-be. This limited the applicability of the hypotheses related to sex and did not afford us a comprehensive view of decision making conversations about first-time parenthood. Future research, with more extensive resources, could recruit dyads and link their data for more robust analyses and insights. Both viewpoints are critical in these discussions. Brase and Brase (2012) cited a variety of reasons why “attitudes, desires, and decision making processes about having children”

would differ among males and females including gender socialization, biology, and differing forms of parental investment (p. 1143).

There was limited participation from those in same-sex relationships ($n = 2$) and the contingent of new parents who had utilized assisted reproductive technology or third-party involvement (e.g., adoption) was also fairly small ($n = 31$). Among those trying to conceive, seven participants indicated they had or planned to utilize these services. While fertility clinics, adoption agencies, online baby-related forums, and adoption support groups were targeted specifically in the recruitment strategy, lack of participation from those entities hindered recruitment of these underrepresented subgroups.

Self-report was another limitation of this study. While participants' self-reports provided good preliminary data to inform future study of this topic, recall issues or bias may have crept into the data, as many of the participants were thinking back on conversations that took place months or years in the past. Additionally, many of the study's variables were assessed globally (i.e., decision making self-esteem, relationship dedication, perceived partner reciprocity, and communication danger signs) and those levels may have varied over time, conflating responses. While there would be tremendous benefit to observing couples having these discussions about first-time parenthood in real-time, or at multiple time points, those who are actively discussing/deciding to pursue parenthood or who are trying to conceive are far more difficult to identify than those who are expectant or new parents. Additionally, these conversations could take place over the course of years and be difficult to "pin down" at any given point. Some participants

shared they were aligned in their initial timelines and desires for a child, only to realize biological conception did not occur as planned. Some participants embarked on a second round of decision making talks with their partners as they considered next steps like IVF, donors, or adoption.

Theiss et al. (2013) explained that relational turbulence signals “intensified emotional, cognitive, and communicative reactions” during periods of transition (p. 217), which would be fitting in the context of first-time parenthood. However, the authors aptly noted more committed participants, like those represented in this sample, would experience less relational uncertainty than participants who may be dating or in less established relationship stages. Instead of looking at raw scores on the variables, they considered changes in scores across the transition to parenthood. While highly committed participants’ baseline scores may be higher, as they were here, studying couples longitudinally allowed for a more nuanced understanding of this transition on relationship functioning which may have been beneficial in this study, too.

In hindsight, it would have been helpful to clarify Question 4, “How did this pregnancy happen?”, since it was used as a screening question to vet qualified participants. Some participants shared after the fact that while they intended to have a child, they did not “plan” it, per se. They planned not to have a plan together. For instance, they may have discontinued contraceptive use and were no longer preventing pregnancy, but they were not “planning” it by specifically tracking ovulation or altering

their regular routines in any way. This approach could align with the third answer choice, “We talked about it, planned it, and then made a decision together to do it,” since partners still came to a consensus regarding their fertility intentions, timing preferences, and plans for conception. However, many participants read the second answer choice as a closer fit, “We talked about it, but then it just sort of happened.” Those who selected answer two were redirected out of the survey for entering a disqualifying response, which may have negatively impacted recruitment. Therefore, the language would need to be tailored more carefully to distinguish couples with an intentionally flexible approach to parenthood from those who discussed their desire for a child earlier in the relationship but made no concrete decisions or plans about when/how to pursue parenthood together.

Finally, the alpha reliabilities for the dedication ($\alpha = .65$) and communication danger signs ($\alpha = .62$) scales were not as high as is typically seen in the literature, and inter-item correlations were low for many questions. Upon more careful analysis of the data, the homogeneity of this sample may have resulted in less variability on both scales. Inconsistent or apathetic responders are another possible explanation, although alpha levels on the other scales were fairly high ($\alpha = .71-.88$), so the low reliabilities reported for those two scales may simply be anomalous. With those measures being less reliable in this study, it is possible researchers with more diverse samples would detect more significant effects than those presented here.

Implications

In accord with much existing research, this study found that participants who reported higher levels of relationship dedication and perceived partner reciprocity had higher reports of constructive communication during their decision making conversations about first-time parenthood. Therefore, helping couples communicate constructively goes beyond teaching specific communication skills; it stems from underlying interaction patterns and feelings of dedication and reciprocity between partners. The climate of the relationship can facilitate more constructive conversations. Existing research reinforces this. Gottman and Silver (1999), for instance, outlined seven research-based principles for making marriage work, which included important relationship tasks like strengthening a couple's foundation of friendship, being responsive to one another and willing to accept influence, and creating shared meaning as a couple. These principles align nicely with the reciprocity and dedication variables selected for this study and focus on a holistic picture of healthy dynamics and practices that sustain happy relationships.

The enduring dynamics model views early relationship interactions as predictive of later ones (Huston et al., 2001). Therefore, couples who practice reciprocity and are dedicated to one another are likely to see those attributes translate to their everyday communication, which in turn helps them navigate transitions with more ease than couples without that firm foundation of trust, mutual sacrifice, safety, intimacy, and a shared long-term orientation. This may explain why participants who scored high on general relationship scales of dedication and reciprocity and low on communication

danger signs saw those strengths facilitate constructive decision making conversations about first-time parenthood. Ter Kuile, Kluwer, Finkenauer, and Van Der Lippe (2017) had similar findings: participants' perceptions of responsiveness, felt gratitude, and felt trust prior to pregnancy could predict how they adapted to parenthood up to four years later.

While participants in this sample did not have high reports of communication danger signs or demand-withdraw patterns to indicate high levels of conflict, they did provide a small window of insight into the emotionality of these conversations when the vast majority of participants described the parenthood conversations as at least “somewhat” emotional (72.9%), and 13% considered them “very emotional” (see Appendix C, Table 5). As suspected, even among cohesive, healthy couples, decision making conversations about first-time parenthood are emotion-laden, which can be a breeding ground for conflict and misunderstanding. Fortunately, in this sample, many participants had strong relational foundations from which to navigate the discussions and approach the transition to parenthood, despite the emotionality, affording us important insights for relationship education and therapeutic interventions.

Additionally, while participants did not report high levels of destructive communication here, more than half of the new and expectant parents who participated indicated their desired timelines for parenthood varied from their partners', ranging from a few months to a few years. These differences could certainly set the stage for potential

conflicts and power struggles as timing disparities are reconciled. Therefore, in keeping with social conflict theory, some degree of conflict should be expected during these conversations as couples negotiate differing desires, timelines, and methods/approaches to parenthood. Whether that conflict is constructive or destructive may very well be tied to some of the underlying strengths of the couple that afford them the ability to face challenges and work through them cohesively, despite the emotionality or uncertainty of a transition like this. Among all of the variables studied here, reciprocity was a significant predictor of constructive communication, as well as both forms of demand-withdraw behavior, reiterating the critical function it serves in couples' relational lives.

Also of note, participants' satisfaction with the decision making *process* was slightly lower, on average, than their satisfaction with their ultimate *decision* to have a child together (see Appendix C, Table 2). Both averages were still very high, but this difference could indicate that even in a generally healthy sample some conflict, misunderstandings, or frustrations crept in along the way. However, despite the inherent challenges of reconciling differing preferences and expectations, participants were ultimately pleased to get on the same page and have a child together. This would fit with the study's theoretical framework, as social conflict theory presupposes that conflict is normal, and often necessary, to relational development (Braiker & Kelley, 1979; Siegert & Stamp, 1994), and the transition to parenthood is widely regarded as time of "substantial adjustment" for couples, proving problematic for many of them (Worthington & Buston, 1986, p. 443).

Suggestions for Future Research

Future research on these decision making conversations should make a concerted effort to recruit males; dyads would be ideal to compare couples' reports on the same conversations to see how partners' perceptions, timelines, and strategies varied.

Background questions related to the actual timing of the pregnancy, differences in timeline preferences among partners, and whose timeline the actual pregnancy aligned with most were not found in an established research instrument. Therefore, they were posed in an exploratory manner here, and not tied to specific hypotheses.

Questions related to timing can shed light on power and influence dynamics among partners during their decision making conversations, which could be explored in future studies of this nature. It would be interesting to poll participants on the types of persuasion and influence strategies used during these discussions as they negotiated differences in desire for a child, timelines, and specific plans/methods for pursuing first-time parenthood. This would enable researchers to better understand the mechanisms of persuasion and conflict as a function of the decision making process. In fact, only destructive conflicts were addressed here, so measuring conflict on a constructive-destructive continuum may reveal conflicts or differences of opinion were, in fact, prevalent, but participants in "healthier" relationships did not perceive them as problematic. Collecting data on the types of topics and challenges discussed during these conversations could prove fruitful as well.

Future research could delve deeper into the decision making conversations couples have regarding biological parenthood versus those who pursue adoption or require third-party assistance for conception (e.g., in vitro fertilization, sperm/egg donors, or surrogates) to see if the complexity of the parenthood process affects the nature of the discussions, frequency or severity of conflicts, or the emotionality of the experience. Previous research gives us reason to believe it would. Williamson et al. (2013) explained that beyond how couples communicate, the nature and complexity of the topic are also important. Controlling for the severity of the topic allowed for better examination of couples' communication skills. Therefore, controlling for the nature of couples' conversations (e.g., a more straightforward approach to biological conception without intervention versus IVF or adoption) could be useful in identifying group differences in future studies. As noted earlier, same-sex couples may encounter homophobia and discrimination as they pursue parenthood, resulting in fewer options and less support (Chapman et al., 2012; Downing et al., 2009; Stacey, 2006), while couples struggling with infertility may experience it as a crisis that elicits feelings of psychological distress (Greil et al., 2010). Therefore, conducting similar research with more diverse samples promises to enrich our understanding of these discussions across couple types and fertility/adoption approaches.

Summary

While numerous relational variables were considered in this study, perceived partner reciprocity was a significant predictor of constructive communication and both forms of demand-withdraw behavior during participants' decision making conversations about first-time parenthood with their partners. Similarly, dedication was a significant predictor of constructive communication and partner-demand/self-withdraw behavior during these talks. This study supports a growing body of literature which reports qualities like reciprocity and dedication are negatively correlated with negative interaction patterns (i.e., "communication danger signs" in this study), and both emerged as protective factors which buffered participants from some of the conflict, emotionality, and uncertainty inherent in a transition talk of this magnitude.

Future research should recruit a more diverse sample to study this topic more thoroughly. Male participation is essential for a comprehensive view of these conversations, and dyadic recruitment would be ideal. Additionally, oversampling underrepresented groups such as same-sex couples and/or those pursuing first-time parenthood using assisted reproductive technology (e.g., IVF) or third party interventions (e.g., surrogate, sperm/egg donors, or adoption) could add more nuance to the discussion. It is likely that couples' differing options/prospects for parenthood inform the nature and content of their discussions, decisions, and plans. Therefore, significant differences may emerge among couples who discuss and plan for shorter, more straight-forward paths to

parenthood versus couples who face longer, windier roads to the same end, warranting further exploration.

While the transition to parenthood has been studied extensively, the present study contributes to a smaller body of research on the discussions and decisions that precede the transition among couples who plan for first-time parenthood. While unintended pregnancies are associated with a host of negative outcomes (Abajobir et al., 2016; Clinton & Kelber, 1993; Guterman, 2015), it has largely been taken for granted that married couples who plan for parenthood do so with relative ease. This may in fact be the case, presuming couples are relationally “healthy” and have cultivated high levels of reciprocity and dedication. Otherwise, applying both the social conflict theory and enduring dynamics model, the decision making talks about first-time parenthood may exacerbate problematic dynamics for couples less equipped to cope. Therefore, preventive education and early relationship interventions are recommended to help partners solidify their relational footing before discussing, deciding, and planning to pursue first-time parenthood together.

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APPENDIX A

IRB Approval Letter



Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378
email: IRB@twu.edu
<http://www.twu.edu/irb.html>

DATE: March 9, 2018

TO: Ms. Kara Shade
Family Sciences

FROM: Institutional Review Board (IRB) - Denton

Re: *Approval for Baby Talk: Decision Making Conversations about First-Time Parenthood (Protocol #: 20002)*

The above referenced study has been reviewed and approved by the Denton IRB (operating under FWA00000178) on 3/9/2018 using an expedited review procedure. This approval is valid for one year and expires on 3/9/2019. The IRB will send an email notification 45 days prior to the expiration date with instructions to extend or close the study. It is your responsibility to request an extension for the study if it is not yet complete, to close the protocol file when the study is complete, and to make certain that the study is not conducted beyond the expiration date.

If applicable, agency approval letters must be submitted to the IRB upon receipt prior to any data collection at that agency. A request to close this study must be filed with the Institutional Review Board at the completion of the study. Because you do not utilize a signed consent form for your study, the filing of signatures of subjects with the IRB is not required.

Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All forms are located on the IRB website. If you have any questions, please contact the TWU IRB.

cc. Dr. Jerry Whitworth, Family Sciences
Dr. Rhonda R. Buckley, Family Sciences
Graduate School

APPENDIX B

Informed Consent and PsychData Survey

Baby Talk: Decision Making Conversations About First-Time Parenthood

TEXAS WOMAN'S UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

Principal Investigator (PI): Kara Shade, M.A., CFLE.....kshade@twu.edu

Faculty Advisor: Rhonda Buckley, Ph.D.....rbuckley@twu.edu

Explanation and Purpose of Research

You are being asked to participate in the dissertation research study of Ms. Kara Shade at Texas Woman's University. The purpose of this research is to explore how different variables influenced the conversations you had with your partner as you discussed, decided, and planned for first-time parenthood together.

Description of Procedures

As a participant in this study, you will be asked to complete a PsychData survey. We anticipate it will take approximately 15-30 minutes of your time. The survey will ask you questions about your relationship dynamics and how you feel about your decision making abilities in general. There will also be questions asking you to reflect on the conversations you and your partner had as you discussed, decided, and made plans to pursue first-time parenthood together.

Eligibility Criteria

1) You must be in one of the following stages at this time:

- Actively trying to conceive or adopt your first child with your partner
- Currently pregnant with/expecting your first child/children with your partner
- You and your partner became first-time parents by birth or adoption within the past year

2) To participate, you and your partner need to have discussed, decided, and planned to pursue first-time parenthood together (i.e., pregnancy was not/would not be mistimed or unintended).

3) This is/will be the first child for both partners (i.e., no other children from this, or any previous, relationship).

4) Participants must be 18+ and have internet access to complete the online survey.

Note: Please complete the survey independently. You may share the survey link with others who meet the eligibility requirements.

Potential Risks

There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions. No personally identifiable information will be collected in the survey containing the questionnaire items (no IP addresses will be collected either), but you may provide your email address in a separate PsychData survey if you decide to participate in the gift card drawing. The separate PsychData survey containing the email addresses will be deleted after the gift cards are distributed. Only the PI and her advisor will have access to the PsychData account that will house the surveys. PsychData meets or exceeds the standards set by academic Institutional Review Boards and is more secure than paper surveys. You can choose the environment you complete the survey in to maximize your privacy and ensure you are using a secure, private internet connection (if desired). You are advised to not leave the survey open on a shared computer or device while the survey is in progress.

There is a potential risk of emotional discomfort should you choose to participate in this study. You will be asked questions about your relationship dynamics and the conversations you had with your partner as you discussed, decided, and planned for first-time parenthood together. Reflecting on your relationship, and those conversations, could cause emotional discomfort for some participants. However, you can complete the online survey in the location of your choice to maximize feelings of privacy. You may take breaks during the survey. Should you wish to stop the survey, you can discontinue participation at any time without penalty. Simply click the “X” at the top right corner of the survey and do not to continue. If you feel you may need some professional support, please go to the American Psychological Association (APA) therapist locator to find a professional that fits your needs: <http://locator.apa.org>. If you and your partner would like professional support together, please go to the American Association for Marriage and Family Therapy (AAMFT) therapist locator to find a professional that fits your needs: <https://www.therapistlocator.net/imis15/tl/Default.aspx>. You are encouraged to copy or print this referral information should you feel the need to use it at a later time.

There is a potential risk of loss of anonymity as a study participant if you choose to provide an email address for the gift card drawing. Upon completion of the survey, you will have the option to participate in a gift card drawing. To enter, you will need to provide an email address in a separate PsychData survey. If you use an email address that includes your name, there is a slight chance that your name could be recognizable to the PI or her advisor. As such, there is a risk of loss of anonymity as a study participant; however, your responses to the questionnaire items will still be anonymous as there will be no way to link questionnaire responses to the separate survey used for the gift card drawing. All email addresses will be housed in a password-protected PsychData account, so only the PI and her advisor will have access to them. If you are concerned

about losing anonymity as a study participant, you may choose to use an email address that does not contain your name, or you may choose not to participate in the gift card drawing.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Participation in this study is voluntary, and you may withdraw from it at any time without penalty. Upon completion of the survey, you may provide your email address in a separate survey to be entered into a drawing for one of four \$25 Amazon gift cards. Winners will be randomly selected. If you would like to receive a summary of the research findings once the study is completed, please send an email to the **PI**, Kara Shade, at kshade@twu.edu.

Questions Regarding the Study

If you have any questions about the research study, you should ask the researchers; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

If you agree with these statements and choose to participate, please click on the 'Continue' button below to begin the study. **Completing this survey constitutes your informed consent to act as a participant in this research.**

Page Break

***1) Are you 18 years of age or older?**

Yes

No

Page Break

***2) Which of the following describes your current situation best?**

My partner and I are actively trying to conceive or adopt our first child.

My partner and I are currently pregnant with/expecting our first child/children.

My partner and I became first-time parents by birth or adoption within the past year.

None of the above

Page Break

***3) Did you plan this pregnancy?**

Yes

No

Page Break

***4) How did this pregnancy happen?**

We didn't think about whether to have a baby. It just happened.

We talked about it, but then it just sort of happened.

We talked about it, planned it, and then made a decision together to do it.

Page Break

***5) Was the pregnancy of your first child/children planned?**

Yes

No

Page Break

***6) How did the pregnancy of your first child/children happen?**

We didn't think about whether to have a baby. It just happened.

We talked about it, but then it just sort of happened.

We talked about it, planned it, and then made a decision together to do it

Page Break

7) Would you say the pregnancy came sooner than you wanted, about the right time, or later than you wanted?

Sooner

Right time

Later

8) Right before the pregnancy, did you want to have a baby with your partner?

Definitely no

Probably no

Probably yes

Definitely yes

9) How long did you know your partner before becoming pregnant with this child?

***10) Is this the first child for both partners (from this relationship, or any other relationship)?**

Yes

No

Page Break

***11)** Did you and your partner utilize assisted reproductive technology (e.g., IVF) or third-party involvement (e.g., surrogate, sperm/egg donors, or adoption) to make first-time parenthood possible?

Yes

No

Page Break

***12)** Will the child you're trying to conceive or adopt be the first child for both partners (from this, or any other relationship)?

Yes

No

Page Break

13) Have you and your partner utilized (or do you plan to utilize) assisted reproductive technology (e.g., IVF) or third-party involvement (e.g., surrogate, sperm/egg donors, or adoption) to make first-time parenthood possible?

Yes

No

Unsure/Undecided

***14)** Was one partner "ready" to pursue first-time parenthood sooner than the other?

I was ready first.

My partner was ready first.

We were both ready at about the same time.

15) How different were your desired timelines for trying to conceive or adopt?

We were a few months apart.

We were about a year apart.

We were a few years apart.

Other (please specify)

16) Did the time you actually began trying to conceive or adopt align more closely with your timeline or your partner's?

My timeline

My partner's timeline

We met somewhere in the middle

Other (please specify)

17) Your sex:

Male

Female

Other (please specify)

18) Your partner's sex:

Male

Female

Other (please specify)

19) Your age:

20) Which country do you live in?

- United States
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas, The
- Bahrain
- Bangladesh
- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bhutan
- Bolivia
- Bosnia and Herzegovina
- Botswana
- Brazil
- Brunei
- Bulgaria
- Burkina Faso
- Burma
- Burundi
- Cambodia

- Cameroon
- Canada
- Cabo Verde
- Central African Republic
- Chad
- Chile
- China
- Colombia
- Comoros
- Congo, Democratic Republic of the
- Congo, Republic of the
- Costa Rica
- Cote d'Ivoire
- Croatia
- Cuba
- Curacao
- Cyprus
- Czechia
- Denmark
- Djibouti
- Dominica
- Dominican Republic
- East Timor (see Timor-Leste)
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Fiji
- Finland
- France
- Gabon
- Gambia, The
- Georgia
- Germany
- Ghana
- Greece
- Grenada

- Guatemala
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Holy See
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Israel
- Italy
- Jamaica
- Japan
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Korea, North
- Korea, South
- Kosovo
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macau
- Macedonia
- Madagascar

- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Mauritania
- Mauritius
- Mexico
- Micronesia
- Moldova
- Monaco
- Mongolia
- Montenegro
- Morocco
- Mozambique
- Namibia
- Nauru
- Nepal
- Netherlands
- New Zealand
- Nicaragua
- Niger
- Nigeria
- North Korea
- Norway
- Oman
- Pakistan
- Palau
- Palestinian Territories
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Poland
- Portugal
- Qatar
- Romania
- Russia

- Rwanda
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Sao Tome and Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Sint Maarten
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
- South Korea
- South Sudan
- Spain
- Sri Lanka
- Sudan
- Suriname
- Swaziland
- Sweden
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- Timor-Leste
- Togo
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey
- Turkmenistan

- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela
- Vietnam
- Yemen
- Zambia
- Zimbabwe
- Other (please specify)

21) In which state or province do you live?

22) Your race or origin:

- White
- Hispanic, Latino, or Spanish origin
- Black or African American
- Asian
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- More than one race or origin
- Unknown race or origin
- Other (please specify)

23) Your highest level of education:

- Less than high school
- Some high school
- High school graduate or GED
- Some college (at least 1 year or technical training)
- 2-year college or associate's degree
- 4-year college or bachelor's degree
- Graduate degree
- Other (please specify)

24) Your annual household income:

Less than \$10,000
\$10,000-\$19,999
\$20,000-\$29,999
\$30,000-\$39,999
\$40,000-\$49,999
\$50,000-\$59,999
\$60,000-\$69,999
\$70,000-\$79,999
\$80,000-\$89,999
\$90,000-\$99,999
\$100,000+

***25) Your current relationship status:**

Married
Engaged
Dating
Other (please specify)

Page Break

26) When did you marry your partner?

before getting pregnant with our first child together
while pregnant with our first child together
after our first child together was born

27) How long have you been in a relationship with your partner?

1 = Not	2	3	4 =	5	6	7 = Very
Very			Somewhat			Emotional
Emotional			Emotional			

28) How emotional was the experience of discussing, deciding, and planning for first-time parenthood for you?

1 = Not Satisfied 2 3 4 = Neutral 5 6 7 = Very Satisfied

29) Overall, how satisfied are you with the WAY you and your partner discussed, decided, and planned to pursue first-time parenthood together?

30) Overall, how satisfied are you with the ultimate DECISION you and your partner made to pursue first-time parenthood together?

Page Break

People differ in how comfortable they feel about making decisions. Please indicate how you feel about making decisions by selecting the response which is most applicable to you.

	True for me	Sometimes true	Not true for me
31) I feel confident about my ability to make decisions.			
32) I feel inferior to most people in making decisions.			
33) I think that I am a good decision maker.			
34) I feel so discouraged that I give up trying to make decisions.			
35) The decisions I make turn out well.			
36) It is easy for other people to convince me that their decision rather than mine is the correct one.			

Page Break

Please answer each of the following questions in terms of your relationship with your partner (in general). Please answer these questions by yourself (not with your partner).

Use the following 3-point scale to rate how often you and your partner experience the following:

1 = Almost never or never	2 = Once in awhile	3 = Frequently
--------------------------------------	-------------------------------	---------------------------

37) Little arguments escalate into ugly fights with accusations, criticisms, name calling, or bringing up past hurts.

38) My partner criticizes or belittles my opinions, feelings, or desires.

39) My partner seems to view my words or actions more negatively than I mean them to be.

40) When we argue, one of us withdraws...that is, doesn't want to talk about it anymore; or leaves the scene.

Page Break

Please answer each question below by indicating how strongly you agree or disagree with the idea expressed. You can select any number from 1 to 7 to indicate various levels of agreement or disagreement with the idea expressed. Please try to respond to each item.

1 =	2	3	4 =	5	6	7 =
Strongly			Neither			Strongly
Disagree			Agree			Agree
			Nor			
			Disagree			

41) My relationship with my partner is more important to me than almost anything else in my life.

42) I want this relationship to stay strong no matter what rough times we may encounter.

43) I like to think of my partner and me more in terms of "us" and "we" than "me" and "him/her."

44) I think a lot about what it would be like to be married to (or dating) someone other than my partner.

45) My relationship with my partner is clearly part of my future life plans.

46) My career (or job, studies, homemaking, childrearing, etc.) is more important to me than my relationship with my partner.

47) It makes me feel good to sacrifice for my partner.

48) I do not want to have a strong identity as a couple with my partner.

49) Giving something up for my partner is frequently not worth the trouble.

50) When push comes to shove, my relationship with my partner often must take a back seat to other interests of mine.

51) I am not seriously attracted to anyone other than my partner.

52) I may not want to be with my partner a few years from now.

Page Break

Please score the extent to which you agree or disagree with each statement.

1 = Strongly Disagree 2 = Disagree 3 = Slightly Disagree 4 = Slightly Agree 5 = Agree 6 = Strongly Agree

- 53)** My partner lets me conduct my life as I please.
- 54)** I often feel that my partner is talking "at" me and not with me.
- 55)** My partner and I can enjoy each other's company and participate in shared activities.
- 56)** I feel that my partner is approachable to discuss problems within our families.
- 57)** My partner is comfortable expressing his/her doubts and fears with me.
- 58)** Mutual respect is a term I can use to describe my relationship with my partner.
- 59)** I am able to be myself with my partner.
- 60)** I am usually very cautious about what I say to my partner.
- 61)** When I try to share my concerns with my partner, his/her response usually makes me sorry I began the conversation.
- 62)** I can communicate as well with my partner as I can with my other friends.

My partner and I can meaningfully discuss the following issues:

1 = Strongly Disagree 2 = Disagree 3 = Slightly Disagree 4 = Slightly Agree 5 = Agree 6 = Strongly Agree

- 63)** Budgets and other financial issues
- 64)** My relationship with our parents
- 65)** Career decisions (i.e., job changes, job relocations, etc.)
- 66)** Religion
- 67)** Sexual relations

68) Life events (i.e., starting a family, retirement, etc.)

69) Personal views on the role of each partner in the home

Page Break

The transition to first-time parenthood represents a period of significant adjustment for the majority of couples. We are interested in how you and your partner dealt with issues or problems that arose during your decision making conversations about first-time parenthood.

As you answer the following questions, reflect on the conversations you had with your partner as you did the following:

***discussed the possibility of conceiving or adopting your first child together**

***decided to conceive or adopt your first child together**

***planned to conceive or adopt your first child together**

Please rate each item on a scale of 1 (= very **unlikely**) to 9 (= very likely).

When issues or problems arose during our decision making talks about first-time parenthood...

1 = Very Unlikely	2	3	4	5	6	7	8	9 = Very Likely
------------------------------	----------	----------	----------	----------	----------	----------	----------	--------------------------------

70) Both my partner and I avoided discussing the problem/issue.

71) Both my partner and I tried to discuss the problem/issue.

72) I tried to start a discussion while my partner tried to avoid a discussion.

73) My partner tried to start a discussion while I tried to avoid a discussion.

When discussing issues or problems during your decision making conversations about first-time parenthood...

1 = Very Unlikely

2

3

4

5

6

7

8

9 =
Very
Likely

- 74)** Both my partner and I expressed our feelings to each other.
- 75)** Both my partner and I suggested possible solutions and compromises.
- 76)** I nagged and demanded while my partner withdrew, became silent, or refused to discuss the matter further.
- 77)** My partner nagged and demanded while I withdrew, became silent, or refused to discuss the matter further.
- 78)** I criticized while my partner defended himself or herself.
- 79)** My partner criticized while I defended myself.
- 80)** I pressured my partner to take some action or stop some action, while my partner resisted.
- 81)** My partner pressured me to take some action or stop some action, while I resisted.
- 82)** I threatened negative consequences and my partner gave in or backed down.
- 83)** My partner threatened negative consequences and I gave in or backed down.
- 84)** I called my partner names, swore at my partner, or attacked my partner's character.
- 85)** My partner called me names, swore at me, or attacked my character.

After a discussion of an issue or problem during your decision making conversations about first-time parenthood...

1 = Very Unlikely 2 3 4 5 6 7 8 9 = Very Likely

- 86)** Both my partner and I felt understood by each other.
- 87)** Both my partner and I withdrew from each other.
- 88)** Both my partner and I felt that the problem or issue had been solved.
- 89)** Neither I nor my partner were giving to the other.
- 90)** Both my partner and I tried to be especially nice to each other.
- 91)** I pressured my partner to apologize or promise to do better, while my partner resisted.
- 92)** My partner pressured me to apologize or promise to do better, while I resisted.

Page Break

Thank you for your participation!

You will have a one-time opportunity to provide your email address for a chance to win one of four \$25 Amazon gift cards. If you would like to participate in the drawing, click 'Continue' below to be redirected to the gift card survey.

You will be asked to provide your email address in a separate survey, so there will be no way to connect your email address with your questionnaire responses. The survey containing your email address will be deleted after the gift cards are distributed.

If you have questions about the study, please contact the P.I., Kara Shade, at kshade@twu.edu.

If you feel you may need some professional support, please go to the American Psychological Association (APA) therapist locator to find a professional that fits your needs: <http://locator.apa.org/>.

If you and your partner would like professional support together, please go to the American Association for Marriage and Family Therapy (AAMFT) therapist locator to

find a professional that fits your needs:
<https://www.therapistlocator.net/imis15/tl/Default.aspx>.

Automatic Page Break

Baby Talk: Decision Making Conversations About First-Time Parenthood

Thank you for participating!

For maximum confidentiality, please close this window.

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APPENDIX C

Supplemental Tables

Table 1

Participants' Highest Education Level and Annual Household Income: Frequency and Percentage of the Sample

Characteristic	Frequency	Valid Percent	Cumulative Percent
Highest Level of Education			
High school graduate or GED	2	.9	.9
Some college (at least 1 year or technical training)	28	13.1	14.0
2-year college/associate's degree	10	4.7	18.7
4-year college/bachelor's degree	89	41.6	60.3
Graduate degree	85	39.7	100.0
Total	214	100.0	
Income			
Less than \$10,000	3	1.4	1.4
\$10,000-\$19,999	3	1.4	2.8
\$20,000-\$29,999	8	3.7	6.5
\$30,000-\$39,999	8	3.7	10.3
\$40,000-\$49,999	10	4.7	15.0
\$50,000-\$59,999	15	7.0	22.0
\$60,000-\$69,999	18	8.4	30.4
\$70,000-\$79,999	19	8.9	39.3
\$80,000-\$89,999	25	11.7	50.9
\$90,000-\$99,999	17	7.9	58.9
\$100,000+	88	41.1	100.0
Total	214	100.0	

Table 2

*Relationship, Emotionality, and Satisfaction Background Questions:
Descriptive Statistics*

	<i>M</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>	<i>N</i>
How long did you know your partner before becoming pregnant with this child? (years)	7.11	3.97	0	26	195
How emotional was the experience of discussing, deciding, and planning for first-time parenthood for you?	4.31	1.706	1	7	214
Overall, how satisfied are you with the WAY you and your partner discussed, decided, and planned to pursue first-time parenthood together?	6.36	.885	3	7	214
Overall, how satisfied are you with the ultimate DECISION you and your partner made to pursue first-time parenthood together?	6.71	.711	2	7	214

Note. Min = minimum score/value; Max = maximum score/value.

Table 3

Background Questions for New and Expectant Parents: Frequency and Percentage of the Sample

Question	Frequency	Valid Percent	Cumulative Percent
Right before the pregnancy, did you want to have a baby with your partner?			
Probably yes	7	3.5	3.5
Definitely yes	191	96.5	100.0
Total	198	100.0	
Did you and your partner utilize assisted reproductive technology or third-party involvement to make first-time parenthood possible?			
Yes	31	15.7	15.7
No	167	84.3	100.0
Total	198	100.0	

Table 4

Background Questions Related to Timing and Readiness: Frequency and Percentage of the Sample

Question	Frequency	Valid Percent	Cumulative Percent
Was one partner "ready" to pursue first-time parenthood sooner than the other?			
I was ready first.	70	32.7	32.7
My partner was ready first.	40	18.7	51.4
We were both ready at about the same time.	104	48.6	100.0
Total	214	100.0	
How different were your desired timelines for trying to conceive or adopt?			
We were a few months apart.	85	42.7	42.7
We were about a year apart.	40	20.1	62.8
We were a few years apart.	24	12.1	74.9
Unclear/Unknown	3	1.5	76.4
Same	47	23.6	100.0
Total	199	100.0	
Did the time you actually began trying to conceive or adopt align more closely with your timeline or your partner's?			
My timeline	59	29.5	29.5
My partner's timeline	27	13.5	43.0
We met somewhere in the middle	85	42.5	85.5
Unclear/Unknown	2	1.0	86.5
Same	27	13.5	100.0
Total	200	100.0	

Table 5

Emotionality and Satisfaction Background Questions: Frequency and Percentage of the Sample

Question	Frequency	Valid Percent	Cumulative Percent
How emotional was the experience of discussing, deciding, and planning for first-time parenthood for you?			
1 = Not Very Emotional	15	7.0	7.0
2	23	10.7	17.8
3	20	9.3	27.1
4 = Somewhat Emotional	59	27.6	54.7
5	45	21.0	75.7
6	24	11.2	86.9
7 = Very Emotional	28	13.1	100.0
Total	214	100.0	
Overall, how satisfied are you with the WAY you and your partner discussed, decided, and planned to pursue first-time parenthood together?			
3	4	1.9	1.9
4 = Neutral	4	1.9	3.7
5	23	10.7	14.5
6	64	29.9	44.4
7 = Very Satisfied	119	55.6	100.0
Total	214	100.0	
Overall, how satisfied are you with the ultimate DECISION you and your partner made to pursue first-time parenthood together?			
2	1	.5	.5
3	2	.9	1.4
4 = Neutral	2	.9	2.3
5	4	1.9	4.2
6	34	15.9	20.1
7 = Very Satisfied	171	79.9	100.0
Total	214	100.0	