

**HETEROSEXUAL MOTHERS' EXPERIENCE OF MUTUALITY AND QUALITY OF
MARRIAGE DURING THE TRANSITION TO PARENTHOOD**

**A DISSERTATION
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COLLEGE OF ARTS AND SCIENCES**

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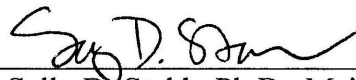
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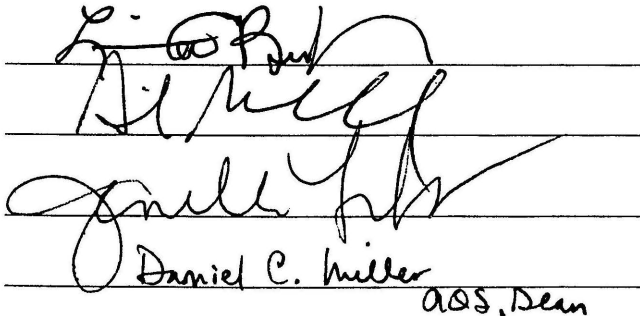
To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Heather S. Weiner entitled "Heterosexual mothers' experience of mutuality and quality of marriage during the transition to parenthood." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Counseling Psychology.



Sally D. Stabb, Ph.D., Major Professor

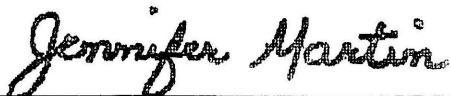
We have read this dissertation and recommend its acceptance:



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Dean of the Graduate School

DEDICATION

This dissertation is dedicated to my three sons who inspire me every day. I am so lucky and I love you.

ABSTRACT

HEATHER WEINER

HETEROSEXUAL MOTHERS' EXPERIENCE OF MUTUALITY AND QUALITY OF MARRIAGE DURING THE TRANSITION TO PARENTHOOD

DECEMBER 2011

This study of heterosexual married women with at least one child age five or younger explored women's experience of mutuality and marital satisfaction after the birth of a child. One hundred and forty-one women completed demographic information, the Mutual Psychological Development Questionnaire (MPDQ), and the Quality of Dyadic Relationship (QDR36) online through Survey Monkey. The results of this survey demonstrated the important relationship between mutuality and marital satisfaction for women after the birth of a child. Women who are younger and have a shorter length of marriage had greater marital satisfaction after the birth of a child than women who are older and have been married for a longer period of time. An inverse relationship of dyadic consensus with mutuality was identified. This result lent strength to mutuality as a flexible concept that supports Relational Cultural Theory's (Jordan, 2010) main paradigm that relationships grow through connections built on independence, comprise, and conflict that resolved honestly and productively.

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CHAPTER I

INTRODUCTION

The proposed study focused on heterosexual women in formal marriages, which has been the almost exclusive emphasis of researchers examining couple adjustment for new parents. Much less work has been done with cohabitating heterosexual couples' adjustment to parenting, and minimal work in this domain appears with lesbian mothers; none could be found with bisexual mothers. The researcher acknowledged that these boundaries will lead to the exclusion of non-heterosexual mothers' voices and this limitation is explored further in the Discussion section of the dissertation. On the other hand, working within the framework of an already established body of literature allowed more direct comparisons to previous work and kept the project to a manageable size given the practical constraints involved.

Caring for a new born baby is demanding, time consuming, stressful, and a full time job (Moller, Hwang, & Wickberg, 2006). After many decades of investigation, many researchers accepted the decline of marital satisfaction after the birth of a child as an axiom (i.e., Belsky & Kelly, 1994; Cox, Paley, Payne & Burchinal, 1999; Shapiro, Gottman, & Carrere, 2000). How do married couples successfully transition their marriages after the birth of a child and then incorporate parenthood into the relationship during the toddler and preschool years? Early childhood “represents a stressful period for the whole family, with potentially negative consequences for all family members and

family relationships. The stresses and strains of this period for the whole family may in turn negatively impact children” (Feinberg, Jones, Kan & Goslin, 2010, p. 533).

Women’s relational satisfaction decreases after the birth of a child (Belsky, Spanier, & Rovine, 1983; Cox, Paley, Burchinal & Payne, 1999; Houts, Barnett-Walker, Paley & Cox, 2008; Waldron & Routh, 1981) and this often will later lead to the decline of a husband’s marital satisfaction (Shapiro et al., 2000). Cowan and Cowan (2000) identified parenthood as one of the most difficult and stressful life transitions. This study explored how women experience their marriages in the context of marital quality and mutuality after the birth of a child through the preschool years. Mothers were asked to assess their marriages through both a traditional lens and a feminist lens based in relational – cultural theory (Genero, Miller, Surrey, & Baldwin, 1992).

Gaining an understanding of women’s experience of their marriage as they go through the transition of parenthood is an important exploration. Healthy marriages protect against depression, divorce/separation and are imperative for child development (Cowan & Cowan, 1988; Cox, Paley, Burchinal, & Payne, 1999). In the literature on heterosexual marriages, numerous aspects of marriage related to the transition to parenthood have been explored in an effort identify various ways to mediate the stresses of the transition to parenthood. Demographics such as the age a woman becomes a mother, length of marriage, and prior parenthood conflict management have been identified as aspects of the life cycle that ease the transition. The older and more mature couples are when they have their first child in conjunction with the length of time they have been married has been demonstrated to be protective against the decline of marital

quality (Bouchard, Lachance-Grzela, & Goguen, 2008), as the relationship is more established and the marriage has weathered its challenges. How couples handled conflict prior to the birth of a child has been shown to be directly related to how they negotiate conflict as they transition to parenthood. Couples who have a positive conflict resolution style will likely navigate the stresses of parenthood with less stress than couples who remain in distress or chronic conflict (Belsky & Pensky, 1988; Cowan & Cowan 2000). When women become mothers they are often left with a majority of responsibility for child care and house hold tasks whether or not they work outside the home (Nomaguchi & Milkie, 2003). When women have the expectation that their husbands will be active partners in childcare and household tasks, they often experience a steep decline in marital satisfaction (Ruble, Fleming, Hackel, & Stangor, 1988; Ruble, Fleming, Stangor, Brooks-Gunn, Fitzmaurice, & Deutsch, 1990). Lawrence, Cobb, Rothman, Rothman, and Bradbury (2008) found that pre-pregnancy marital satisfaction and whether a pregnancy was pre-planned generally protect marriages from steep declines in marital quality.

Most research, however, that examined a couples' transition to parenthood originates from traditional developmental theories, which have focused on androcentric, racist, heterosexual values, such as autonomy, individuation and instrumentalism (Jordan, 2010). Relational-Cultural theory (RCT) questions these theories by exploring women's meaning, values, experience, and ways of knowing. When Miller (1976/1986) wrote *Toward a New Psychology of Women* she challenged the established psychological institution. Jordan and Dooley (2001) proposed that RCT helped shift the zeitgeist from "the psychology of the individual, or the separate self, to a psychology of connection or

relatedness” (p. 2). This theory has greatly expanded over time and continues to move toward the future. Within this context mutuality is defined, by Jordan (2010), as growth toward and increased capacity for respect, having an impact on the other, and being open to being changed by the other. . . it is a way of relating, a shared activity in which each (or all) of the people involved are participating as fully as possible. (p. 104-105; Miller & Stiver, 1997)

This interpersonal theory of development focuses on the importance of connection and how disconnections are repaired and utilized, to further grow the relationship. So if a couple remains connected and has positive mutuality in combination with high relationship quality, that will help buffer against relational decline during what Feinberg et al. (2010) identified as a “particularly stressful and risky period of family life” (p.532).

Overview of the Study

This study compared two instruments that measure individuals’ experience of relationships, the Quality of Dyadic Relationships (QDR36; Ahlberg, Lilleengen, Lönnfjord, & Petersen, 2009) and the Mutual Psychological Development Questionnaire (MPDQ; Genero, Miller & Surrey, 1992). The QDR36 emerged from a relatively traditional theoretical framework of dyadic satisfaction. On the other hand, the MPDQ is firmly rooted in the feminist model of Relational Cultural theory.

The QDR36 is a modified version of the Dyadic Adjustment Scale (Spanier, 1976). The scale explores the quality of marriage or a committed relationship, and is made up of five subscales including: dyadic consensus (level of agreement on important

issues), dyadic cohesion (amount of shared activity), dyadic satisfaction (level of satisfaction), dyadic sensuality (level of expressed affection), and dyadic sexuality (level of sexual satisfaction, interest, and whether sexual needs are being met). The total sum of these subscale scores result in a measure of marital or relational quality. The MPDQ has a total score of mutuality, which Genero, Miller, and Surrey, (1992) explained is based on Miller's (1986) definition of mutuality, which is identified as including six key elements. The operational definitions of these elements are defined by Genero, Miller, and Surrey (1992, p. 2) and are as follows:

1. Empathy: The process by which one person experiences the feelings and thoughts of another and simultaneously knows her/his own different feelings and thoughts (e.g., pick up on my feelings; be receptive; have difficulty listening to me).
2. Engagement: The focusing on one another in a meaningful way (e.g., show an interest; get bored).
3. Authenticity: The process of coming closer to knowing and sharing one's experience with another. Seeing and recognizing the other for who she/he is and being seen and recognized for who one is (e.g., share similar experiences; try to understand me; avoid being honest; keep feelings inside).
4. Empowerment: The capacity for action that emerges from connection within a relationship. To participate in an interaction in such a way that one simultaneously enhances one's own capacity to act as well as the other's (e.g., express an opinion clearly; feel moved; feel like we're not getting anywhere).

5. Zest: Feelings of vitality, aliveness, energy, enjoyment, and gusto (e.g., see the humor in things; feel energized by our conversation; feel down).
6. Diversity: The process of openly expressing and receiving or “working through” different perspectives, opinions, and feelings. Leads to an increased sense of connection and enlargement of the relationship rather than the dissolution of connection (e.g., respect my point of view; be open-minded; get impatient; get frustrated).

Given the importance of relationships and how couples’ manage the difficult and stressful experience of parenthood, it was important to explore this issue from a woman-centered point of view, as well as a more traditional point of view, in order to build psycho-educational programs and clinical interventions to better prepare women for this transition as well as address these issues in treatment.

CHAPTER II

LITERATURE REVIEW

For the most part, this literature review explored how women experienced their marriages after becoming a parent in the framework of relational/cultural theory and how it compared and contrasted to more traditional explorations of marriage. Having preschool aged children is often considered to be one of the most challenging events in a marriage. Often this is a time in a marriage when both partners are working to redefine their roles in the marriage while figuring out their new role of parent. This transition can be substantially stressful on both individuals as well as the relationship. Gottman noted in his research that 67 percent of couples become unhappy with each other during the first three years of a child's life (Gottman & Gottman, 2007). How do couples make a healthy transition to parenthood? It is not easy to be romantic with a crying baby in the middle of night or with a young toddler throwing a tantrum. It is difficult to integrate a child into the family and reorganize the marital relationship on little sleep, work obligations, financial obligations, concerns about the child's well being, and possible health concerns for both parents and child. What helps a marriage remain healthy and satisfying after children? How do couples manage sleep deprivation and still share both emotional and physical intimacy? These are challenges that most couples having children must face.

Transition to Parenthood and Marital Satisfaction

Cowan (1999) delineated several aspects of family life that have influence over how spouses become parents. A partner's sense of self and inner strength, his or her attitude toward life, and emotional state are important factors for how individuals and couples transition into parenthood. Communication patterns, family roles, and the relationship between the parent and the child have an effect on how the marital relationship transitions into parenthood. Also, positive relationship and active roles of extended family and other support relationships can help the partner's transition to parenthood go more smoothly. Gottman and Gottman (2007) shared the results from 16 different studies that examine over 200 couples, both before and after babies, in their book *And Baby Makes Three*. The authors explicated that the two thirds of marriages that report decline identified that "being with a baby tasted so sweet, but being together as partners turned bitter; increased in conflict and hostility soured family life" (p.16). Gottman cites E. E. LeMasters (1957) research that 83 percent of new parents experienced moderate to severe crisis during their transition to parenthood. Gottman and Gottman (2007) delineated their results explaining that:

...after a child is born parents: feel unappreciated, the frequency and intensity of relationship conflict increase, a mother's sexual desire drops precipitously, fatigue which leaves less to offer their partners emotionally, major shift in identity, values and goals, parents often want to be better at parenting than their own parents were with them, couples begin to date events as before baby and after baby, after a

child is born mothers often get a tremendous amount of support from family and other mothers while fathers are often pushed aside and withdraw by working and as a result of a father's unhappiness children withdraw from fathers. (pp.22-23)

Waite, Haggstrom, and Kanouse (1985) pointed out that this is a paradoxical relationship, as the presence of children often promotes marital stability by reducing the likelihood of separation and divorce. However, children have also been associated with the deterioration of marital functioning. Umberson, Williams, Powers, Chen, and Campbell (2005) ascertained that a child brings an increased sense of meaningfulness which often supersedes the lessening of marital satisfaction and individual well being. Belsky and Hsieh (1998) cited numerous studies completed over a ten year period that demonstrate marital decline specifically across the transition to parenthood through the preschool years of a child's development. Several studies indicated that the linear decline in marital satisfaction is a result of family roles becoming more traditional as couples transition to parenthood (Belsky & Kelly, 1994; Cowan & Cowan, 1988; Fox, 2009; Kluwer, Heesink & Van De Vliert, 1997). Belsky and Pensky (1988) identified in their research that couples in comparatively harmonious relationships did not have serious negative impacts on their marriages as a result of their transition to parenthood and couples that were previously struggling intensified their conflicts. Some couples experienced positive shifts and develop new skills for resolving problems (Cowan & Cowan, 1988; Cox, Paley, Payne, & Burchinal, 1999).

Initial decline in marital satisfaction after the birth of a child may be normative; however, as the literature has demonstrated time and again, couples are more likely to

experience a linear decline in marital satisfaction over time and with the continued addition of children. Kurdek (1999) examined the trajectory of change in marital quality over the first ten years of marriage. Marital quality declined rapidly during the early years of marriage, stabilized, and then declined again. Husbands and wives living with biological children experienced a steeper decline than those living without children or those living with stepchildren.

Women's experience of transitioning to parenthood has been shown in particular to have significant affects on their experience of their marriage. Women's marital satisfaction has been shown to decrease postnatally (Belsky et al., 1983; Cox, Paley, Burchinal, & Payne, 1999; Houts, Barnett-Walker, Paley & Cox, 2008; Waldron & Routh, 1981) and this often later lead to the decline of men's marital satisfaction (Shapiro et al., 2000). Women often underestimated the stress that a child will bring into their lives and their marriages, and when the reality does not match the expectation, their relationships are often affected negatively (Belsky & Isabella, 1985). Married mothers' have often had greater housework and home-focused tasks and greater marital conflict than their childless counterparts (Nomaguchi & Milkie, 2003). Marital conflict is often compounded when a woman's expectations of how her partner will contribute to the household tasks and childcare are violated (Ruble et al., 1988; Ruble et al., 1990). However, married mothers' were also shown to have less depression than their married childless female counterparts (Nomaguchi & Milkie, 2003). When women felt that they could fulfill their own needs, they felt better equipped to meet the needs of their children and were less likely to experience the baby as a hindrance to personal development

(Ahlborg & Strandmark, 2001). Gaining a pragmatic understanding of how women experience parenthood and the risk factors is valuable in order to both assess how women experience parenthood as well as identifying traits that women experience in marriage that lead to marital satisfaction and thus a psychologically healthy marriage and family. The importance of a healthy marriage has been shown to be seminal to the development of children, can possibly decrease the degree that women struggle with postpartum depression as well as possibly decrease the percentage of divorce (Cox, Paley, Burchinal, et al., 1999; Feinberg, et al., 2010). It is not only important to identify and assist couples who are struggling with this transition; it is important to learn what protective qualities couples encompass that allow them to reorganize their practical lives as well as relationships successfully. It is important to note that remaining a childless couple is not necessarily a buffer against divorce, as the 2009 divorce statistics indicated that couples without children have a 66% divorce rate while couples with children have a 40% divorce rate (Children of Divorce Statistics, n.d.). This statistic, while interesting, does not indicate how many couples with children remain unhappily married.

Most researchers (MacDermid, Huston, & McHale, 1990; Nomaguchi & Milkie, 2003) stated and explained the difficulties that women have when transitioning to parenthood by relating that mothers often carried a majority of the burden of responsibility. The life-course perspective has shown that women who postpone parenting will tend to adjust to motherhood more easily with higher marital satisfaction than younger, less mature counterparts (Garrison, Blalock, Zarski, & Merritt, 1997).

Bouchard, Lachance-Grzela, and Goguen (2008) identified numerous research studies

conducted in the 1980s and 1990s that overwhelmingly demonstrated the importance of delaying motherhood in order to gain the benefits of maturity and increased length of unions, which were shown to buffer against decreased marital quality and increased ease transitioning to motherhood. Bouchard et al. (2008) sampled 143 Canadian women, utilizing a demographic questionnaire that included the question “Was your pregnancy or your partner’s pregnancy a planned event?” (p. 74). Union quality was assessed by the Dyadic Adjustment Scale (DAS; Spanier, 1976). The previous research was confirmed, as the results indicated that the timing of pregnancy and the age of the mother were crucial elements that were predictive of a more positive transition to parenthood. The longer the relationship (i.e., at least 9.5 years) prior to the birth of a child the more positive the transition to motherhood and the more positive the relationship fared during the transition.

Marriage quality or marital satisfaction continues to be the most widely studied topic area for romantic relationships (Bradbury, Fincham, & Beach, 2000), due to the sweeping consequences for physical and mental well-being (Burman & Margolin, 1992) and its relationship to parenting styles (Erel & Burman, 1995). The early research in this area focused on behavioral interaction patterns (e.g., Gottman, 1979), with the guiding premise being that positive and constructive behaviors directly related to enhanced marital satisfaction and negative deconstructive behaviors were associated with distressed marriages (Christensen & Schenk, 1991).

Destructive couples exhibited considerably more tension, hostility and negative affect than communication skills, supportive validation, and supportive validation,

and positive affect. In contrast, Constructive couples maintained eye contact, asked their partner for more information, and conveyed that their partner's statements had been registered, acknowledged and encouraged. (Houts, Barnett-Walker, Paley, & Cox, 2008, p. 119)

As common sense would dictate, negative destructive conflict is bad for marriage and often leads to divorce. Longitudinal research has shown that conflict in relationships was directly related to relationship quality at pregnancy and adjustment to the birth of a first child, and that the lower the quality of the relationship prior to pregnancy and birth, the more likely the relationship was to deteriorate as the couple transitions through parenthood (Kluwer & Johnson, 2007). Cox, Paley, Burchinal, and Payne (1999) explored whether it was the absence of positive behavior or the presence of negative behavior that had an influence on marital satisfaction. Cox et al. indicated that the relationship is unclear and it should not be assumed that the marital satisfaction is in direct relationship with the absence of negative behaviors.

It has been demonstrated by numerous researchers (Cox et al., 1999; Filsinger & Thoma, 1988) that it is not the conflict in a marriage that decreases marital satisfaction but rather the couples' ability to solve problems in a constructive manner rather than a destructive manner that allows couples to remain satisfied with their relationship.

Problem-solving behaviors are often established early in a relationship and patterns of behavior are often maintained through the life of a marriage (Huston & Houts, 1998).

Huston, Niehuis, and Smith, (2001) found that partners who described themselves as unhappy 13 years into their marriage, described experiencing less love, reported greater

ambivalence, viewed their partners as less responsive, and expressed greater negativity about the relationship. Consistent logic would hypothesize that the relationship will experience greater stress as the result of the birth of a child. Therefore, it stands to reason that the overall incidence of conflict will likely increase after the birth of a child if the manner in which the couple solves problems and manages their conflict remains stable (Belsky & Pensky, 1988; Cowan & Cowan, 2000). Couples who vacillate between constructive and destructive problem-solving may have greater vulnerability to marital distress, than couples who do not vacillate as a complex problem-solving pattern (Cox & Paley, 1997) leads to greater difficulty adapting to the reality of the birth of a child and all of the adjustments necessary to integrate a child into the family.

Belsky, Spanier, and Rovine (1983) explored marital change in response to the birth of a first born or a second or later-born child from the last trimester of pregnancy to nine months postpartum. Seventy-two couples completed a marital interview and questionnaire that included surveys about the household division of labor and an assessment of marital characterization. Couples also completed the Dyadic Adjustment Scale as well as a home evaluation that included observation of mother and infant, father and infant, as well as husband and wife. The results of the study indicated a modest but significant unfavorable change in the marital relationship as the result of the birth of a child. Researchers indicated a gender difference stating:

Data clearly suggest that in some respects wives' marital adjustment is more sensitive to the effects of adding a baby to the family than is husbands'

adjustment, at least in so far as evaluation of the cohesiveness of the relationship is concerned. (Belsky, Spanier, & Rovine, 1983, p.575)

The researchers attributed this gender difference to the greater burden of responsibility placed on the wife for the care of the baby and the division of household labor that did not shift for the husband. The results also indicated a decline over time of affectional expression and frequency of joint leisure activities. Interestingly, the overall quality of the relationship was shown to be lower for couples raising more than one child and furthermore marital quality was shown to decline following the transition to parenthood and this decline continued as additional children were added to the family.

Belsky and Hsieh (1998) studied 104 Caucasian couples who had been married more than four years with infants averaging 10 months in age and these families were eventually followed until the children were five years of age. Both parents completed assessments of personality and marital quality. Marital love, conflict, marital dynamics, and co-parenting were evaluated. The researchers discerned a significant decline in feelings of love and there was some suggestion that wives were less content with their marriage than were the husbands. The results also indicated that there was no significant change in marital conflict from the end of the child's first year until the child's fifth birthday, although wives seem to experience greater marital conflict, but not less love. The issues of co-parenting were significant indicators of marital satisfaction and love, such that when the relationships were unsupportive and undermining, marital conflict increased and feelings of love decreased.

Prenatal marital satisfaction has been shown to be a prominent indicator of the health of a marriage as a couple transitions to parenthood. Cox, Paley, Burchinal, and Payne (1999) identified that patterns of marital change were related to whether the pregnancy was planned, the depressive symptoms of partners, and the problem-solving capabilities of couple. This research confirmed the importance of the risk factor of the prenatal health of the marriage as well as good problem-solving skills as predictors of how a couple will fare in their transition to parenthood. Results also indicated that unplanned pregnancy and more depressive symptoms of spouses in couples who exhibited less positive marital interactions demonstrated greater difficulty transitioning to parenthood than couples who planned the pregnancy. When women's experiences of motherhood were less positive than anticipated, there were adverse effects on the marriage.

Cox, Paley, Burchinal, and Payne (1999) observed problem-solving interactions of 136 couples at 3, 12 and 24 months after the birth of their first child. The sample was from a rural population and primarily Caucasian with African American couples comprising only 3% of the sample. Researchers also utilized self-report measures to assess depression, planned versus unplanned pregnancy, and marital self-report of concerns. At the completion of the two year study, 11 couples were either separated or divorced. The results were confirmatory with previous research identifying that increased depression was correlated with decreased marital satisfaction. This effect was compounded when the pregnancy was unplanned. A gender effect was shown for wives even when the pregnancy was planned and there were greater depressive

symptomatology and the researchers attribute by explaining: “In the case of planned pregnancies, women may have strong positive expectations of what it will be like to have a child. When they experience more depressive symptoms, it may result in their experiencing the transition to parenthood less positively than they expected” (Cox, Paley, Burchinal & Payne, 1999, p. 621). The research also confirmed the importance of problem-solving communication as significantly important to transitioning successfully to parenthood. The more positive both partners’ prenatal problem-solving skills were, the greater the marital satisfaction post-natally. Greater marital satisfaction during the transition to parenthood was also associated with more positive problem-solving when demonstrated by a single partner in the couple. These couples tended to show decline but then began to recover; however, if neither partner had constructive problem-solving skills, partners identified the greatest decline of marital satisfaction over time.

Shapiro, Gottman, and Carrere (2000) explored the transition to parenthood by attempting to identify factors that may buffer against the decline of marital satisfaction. They conducted a longitudinal study of 130 newlywed couples over a six-year period. Couples were interviewed using the Oral History Interview (OHI) which explores how a relationship began, the philosophy of a relationship, and how the relationship has changed over time. The interview is behaviorally coded for predictors of marital stability and predictors of divorce. Included in the predictors of marital stability were:

...fondness and admiration expressed by each spouse for his or her partner, the amount of expansiveness and awareness of their partner’s world and the amount

of unity expressed by each spouse through his or her use of the words we and us.

(Shapiro et al., 2000, p. 61)

The predictors of divorce included amount of criticism or negativity expressed between partners, the extent of disappointment or disillusionment about the marriage, and the extent to which partners experienced their marriage as out of control or chaotic (Shapiro et al., 2000). There were no divorces in the group of couples who became parents during the study; in contrast, there were 17 divorces in the group of couples who remained childless. The results demonstrated differences in how wives and husbands experience their marriages as a result of the transition to parenthood. Sixty-seven percent of women who became mothers during the study reported a decline in marital satisfaction after becoming a parent. These same women reported much higher rates of marital satisfaction than women who remained childless. While 49% of the women who remained childless experienced declining marital satisfaction, 51% reported either stable or increased marital satisfaction. An interesting result was that women did not always experience this decline relatively soon after the birth. In some cases, women did not report decline in marital satisfaction until two years post-partum and reported relatively stable marital satisfaction during the initial transition of parenthood. Husbands in this study reported a greater decline in marital satisfaction after having children than husbands who remained childless. However, this effect was not significant. Shapiro et al. (2000) identified several factors that were correlated with stable and increased marital satisfaction for wives post-transition to parenthood including "... husbands that expressed fondness and affection toward his wife, the husband expressed high awareness for his wife and their

relationship through expansiveness or the wife expressed high awareness for her husband and their relationship” (p. 65). In contrast, the authors indicated that there is a more precipitous decline in marital satisfaction for women when the husband expresses greater negativity toward the wife, greater disappointment in the marriage, and both partners experience their lives as chaotic.

Guttmann and Lazar (2004) compared 60 first time parents and 60 childless couples located in Israel in order to explore their marital satisfaction. Couples were asked to rank the degree of satisfaction with several aspects of their marriages. The researchers identified a somewhat different premise to base their work and stated that “the transition to parenthood does not have a negative effect on parents’ satisfaction but that it does change much of the nature of their partnership . . . and its complex relation to marital satisfaction” (p. 148). Researchers proposed that if couples ranked the priorities specific for their marriage that the reduction in marital satisfaction during the transition to parenthood would be lessened. Participants were asked to complete the marital satisfaction survey, which was comprised of two subscales: The marital satisfaction scale and the marital satisfaction importance scale. The results of this research indicated that first-time parents have different factors that contribute to marital satisfaction than the factors that contribute to marital satisfaction for childless couples. Interestingly, the results of this research denoted that parents are generally more satisfied with their marriages than childless couples. Guttmann and Lazar (2004) identified the factors of agreement, consideration, and intimacy as important for first-time parents. The researchers explained this result by attributing this finding to the culture and religion of

the participants. They explained that the Israeli Jewish culture highly values couples that have children so that childless couples may feel a lack of cultural accomplishment.

Ahlborg and Strandmark (2001) are Swedish researchers who conducted an initial study to describe the intimate relationships of first-time parents, specifically issues related to mental health, in an effort to better support these families with clinically competent professionals.

Parents are often unprepared for the changes in their sexual desire . . . It is not surprising that parents of small children experience a change in their sexual life, because of the time and energy that is needed to care for the children. (Alborg & Strandmark, 2001 p. 319)

Five couples were interviewed at six months and 18 months after the birth of the couple's first child. The results of the study indicated that the baby was the focus of the attention and this had different meaning for the couples, depending on how they experienced the marital relationship. All couples experienced the baby's influence on the relationship as positive; however, couples acknowledged they had less time for themselves and for each other. They acknowledged that this shift made it more difficult to maintain their roles as husband and wife. Another strain reported was not getting enough sleep, creating irritation. Two of the five couples reported mild strain on their marriages and both couples reported that mutual concern about the baby deepened their solidarity. All five of the couples used good communication to express their needs, took responsibility, and valued their partners' needs as much as their own. Two of the five couples indicated that the baby was the focus at the expense of the father, as the father

described feeling rejected in his role as husband. These same couples, as well as a third couple, reported experiencing severe strain on the relationship. These couples expressed feelings of frustration and insufficient communication, which was then exacerbated when the mothers became pregnant with their second children. Mothers in this group reported feeling powerlessness and insufficient as mothers when the baby was crying and difficult to console. Four of the five mothers reported that at six months post-delivery, their sexual desire remained lower than prior to childbirth.

Talbot and McHale (2004) researched how parental adjustment moderates the relationship between marital and co-parenting quality. Fifty married couples and their 12-month-old infants were assessed on three separate occasions in a university setting, and completed the California Psychological Inventory at home. Marital quality, individual adjustment, and quality of co-parenting were evaluated. Overall, marital quality was positively related to co-parenting harmony, while co-parenting negativity was indicative of lower marital quality. When fathers were highly flexible, co-parenting was shown to be more harmonious, child-centered and warm. Mothers were shown to have greater influence on the structure of family processes, and maternal self-control and flexibility also made significant contributions to marital quality and harmonious co-parenting. Parents who reported more harmonious co-parenting also tended to show greater respect to their children.

Ahlborg, Dahlof, and Hallberg (2005) analyzed the a modified version of the DAS completed by 820 Swedish parents in an effort to describe the quality of intimate relationships of parents six months after the birth of their first child. The researchers

added three items about communication, four items about sensuality, three items on sexuality, and one question about consensus on baby matters to the DAS. The researchers in this study controlled for the health of a child, as inclusion required a healthy child in order avoid the stress of a sick child. Results indicated that most couples remained satisfied with their marriages, when they were prepared for changes in their intimate relationships. Fathers were more satisfied than mothers. Fathers did express more stress than mothers, which the researchers explained by the stating that fathers were striving to fulfill both their professional role and the role of father. Both fathers and mothers were slightly dissatisfied with their dyadic sexuality. According the researchers, fathers wanted greater sensuality than mothers, as fathers wanted more physical contact (i.e., hugging, kissing, and affection) from their partners. There was a low correlation between sexual desire and sexual activity. This study “revealed some association between breastfeeding and reduced sexual desire, activity and contentment” (Ahlborg, Dahlof, & Hallberg, 2005, p. 173). The additional dimension of communication was closely related to the experience of the intimate relationship. The authors believed that this modified version of the DAS more thoroughly explored both parents experience of marriage.

Ahlborg and Strandmark (2006) further explored factors that influence the quality of intimate relationships for first-time parents. Five hundred and thirty five questionnaires, which included the previously modified DAS that was supplemented with questions about mutual communication, sensual and sexual relationship as well as questions related to the baby and breastfeeding, were completed. Two open-ended questions were included, asking participants to describe the main reasons for how they

experienced their intimate relationships and describing any steps they were using to change the situation. Questionnaires were distributed by nurses six month after a child's birth. The qualitative data demonstrated that intimate relationships are affected by the reciprocal relationships between four identified categories. These four categories reflect access to or lack of (1) coping by adjustment to parental role (sharing of responsibility, mutual respect); (2) intimacy (togetherness and love); (3) coping with external conditions; and (4) coping by communication.

Lawrence et al. (2008) explored marital satisfaction by administering the Quality of Marriage Index (Norton, 1983) and measuring the degree of pregnancy planning with 156 married couples (104 parent couples and 52 childless couples). The researchers followed couples from the first six months of marriage through 12 months after the birth of the first child. All of the parent couples transitioned to parenthood in the first five years of marriage. Pre-planning of the pregnancy and pre-pregnancy marital satisfaction were found to be protective factors against the decline of marital satisfaction. Spouses who were more satisfied prior to pregnancy had children earlier in marriage and were more likely to plan the pregnancy. Husbands who were in marriages that scored higher on pre-pregnancy marital quality and pre-planned pregnancies were more likely to experience protracted decline in their experience of marriage quality, while this prolonged delay in decline was not experienced by wives. The researchers stressed that parenthood increased the rate of marital quality deterioration when compared to childless couples.

The role of shared leisure time across the transition of parenthood has been linked to marital quality. “Literature suggests that couples who are undergoing the transition to parenthood may be at increased risk for declining rates of leisure participation and declining marital satisfaction” (Claxton & Perry-Jenkins, 2008, p. 31). Claxton and Perry-Jenkins (2008) qualitatively explored both the role of shared leisure time and independent leisure time by interviewing 147 couples. Researchers addressed leisure time as it relates generally to the transition of parenthood, how the changes are different for husbands and wives, how leisure relates to marital quality during the transition to parenthood, and the likeliness that the changes in leisure time correlate with marital quality. Couples were interviewed during the third trimester of pregnancy and then three times during the first year post-baby. Couples completed the Personal Relationship Scale (Braiker & Kelley, 1979) and were also interviewed in order to collect the data necessary. Results indicated that both husbands and wives experience an immediate decline in both shared and independent leisure. However, as wives go back to work, often couples gradually begin to increase their leisure time again but neither husbands nor wives returned to full prenatal levels of leisure. Wives who reported more prenatal shared leisure time predicted higher marital love and less conflict one year postpartum. The research supported previous research and marriage self-help books that encourage couples to spend more time together in order to maintain the health of the marriage. Interestingly, husbands that reported less individual leisure time activity prior to the birth of the baby predicted higher levels of marital quality one year after the birth of the baby. Claxton and Perry-Jenkins (2008) identified that the decrease in shared leisure time

correlated with positive marital quality. The researchers explained this by stating that couples with high prenatal levels of leisure time were resilient and more able to transition into less leisure time while maintain positive marital quality.

Houts, Barnett-Walker, Paley, and Cox (2008) explored the spouses' aptitude for handling marital conflict in either a constructive or destructive approach by following couples during the first five years of their child's life. The study utilized five points of assessment occurring prenatally and at 3, 12 and 24 month post-birth and at five years after the birth of a child. One hundred and thirty-eight families participated initially and the number declined to 94 families at the five-year mark. At the prenatal visit, couples had been married on average 3.4 years and the average age of the women was 26 and for the men it was 28. Couples were videotaped sharing their feelings with one another and attempting to reach a resolution over a disagreement. The videotapes were then coded assessing verbal and nonverbal behaviors. Self-report measures were also utilized in order to assess depressive symptomatology, marital satisfaction, marital intimacy, and feelings about one's partner and the relationship. The results indicated that most couples' modes of problem-solving remained stable during the research period. The research demonstrated who couples that always utilized a destructive problem-solving style experienced higher levels of mental health issues and more negative views of their marriages. Wives in these relationships reported greater levels of depression and more negative views of marriage than their counterparts in the "always constructive" and "mixed problem-solving" categories. The problem-solving style of "always constructive" appears to have revealed that husbands experienced greater protection of their mental

health and their marriages reporting fewer negative and greater positive views of their marriages. However, couples in the “mixed” and “always destructive” categories demonstrated greater susceptibility to separation and divorce. This result demonstrated that couples who vacillate in their problem-solving style can present distinctive issues (Houts et al., 2008).

Khazan, McHale, and Decourcey (2008) explored how the violated expectations for division of childcare creates stress and affects marital satisfaction. One hundred and nineteen couples completed both quantitative assessments of the division of child/household labor, degree of pre- to post-partum wish violations of how the labor would be divided, marital satisfaction, and co-parenting. Couples were also videotaped in specific tasks and then coded for active competition between parents, verbal sparring, warmth, and cooperation between parents. The result demonstrated that when a mother’s wishes about the division of childcare are violated and unfulfilled there are negative consequences for the family.

In families where women witnessed a greater discrepancy between their wished-for family ideal and the one that actually materialized, they were not only more likely to report lower levels of marital satisfaction but also to be partners in co-parenting alliances showing some subtle, beginning signs of poorer coordination and greater conflict. (Khazan et al., 2008, p.356)

Curran, Hazen, Jacobvitz, and Feldman (2005) explored how early family relationships predict marital maintenance during the transition to parenthood. One hundred and twenty five couples were assessed during the third trimester, when the child

was eight months old and then again when the child was 24 months old. Adults completed the Adult Attachment Interview (George, Kaplan, & Main, 1996), including the maintenance scale from the adult attachment interview, the Grandparent Marriage Interview (Jacobvitz, 1992). The results demonstrated that partners identified as dismissive in their attachment style had lower levels of prenatal marital maintenance compared to adults who were preoccupied with their early relationships with their parents. These same couples described their own parents' marriages as lacking richness. This study revealed the importance of exploring representations of early family relationships. It should be noted that this pattern does not have to be passed to other generations and was not necessarily predictive, as some participants who had difficult memories of their parents' marriage worked hard to care for their marriages in response to what they learned as children (Curran et al., 2005; Curran, Hazan, Jacobvitz, & Sasaki, 2006).

Curran et al. (2006) further explored how representations of parents' marriage predict couples' own marital emotional attunement (emotional connectedness and responsiveness) during the transition to parenthood. Eighty-six couples were assessed during the third trimester, when the child was 8, 12-15, and 24 months as well as when the child was seven years old. Adults completed the Grandparent Marriage Interview (Jacobvitz, 1992), the Depression Scale (Radloff, 1977), and the vocabulary scale on the Wechsler Adult Intelligence Scale-revised (Wechsler, 1981). Couples were also videotaped in marital interactions and tasks related to emotional attunement, which were coded for dyadic emotional attunement, positivity, and negativity. The results

demonstrated that when there is anticipation of marital difficulties following the transition to parenthood, if there was insight, then parents made an effort to increase the attention to marital maintenance. When there was low insight about disharmonious patterns in the family of origin, this was predictive of marital discord and low marital satisfaction during the transition to parenthood. Moller, Hwang, and Wickberg (2006) also demonstrated how attachment styles can be predictive of how individuals' transition to parenthood and experience marriage during this transition. In previous research (Kobak & Hazan, 1991; van Ijzendoorn & Bakermans-Kranenburg, 1996) there was not an association between secure attachment and relationship satisfaction; however, these researchers found a significant correlation between insecure attachment and relationship dissatisfaction.

Curran, Hazen, and Mann (2009) studied how expectations of marriage and parenthood are predictors of supportive co-parenting for first-time parents. Eighty couples along with five singles participated in the study. Ninety-four percent of the participants were married and all were expecting their first child. A majority of the participants were European American (84.8%), with the remainder of the participants divided between Latin American (7.3%), African American (2.4%), and biracial or other (5.5%). Data were collected at five different points over an eight-year period. Couples were interviewed separately during the third trimester, at 8, 12, 15, and 24 months and then again when the child was seven years old. Along with a videotaped triadic family interaction task, couples were asked to complete several scales to assess their representations of marriage, expectations of parenthood, co-parenting ratings, depressive

symptoms, verbal intelligence, and marital satisfaction. After controlling for depressive symptoms, verbal intelligence, family income, and marital satisfaction, an assessment of how marital representations and expectations are related to parenting and the support of one another's parenting were assessed. These representations and expectations seem to have had a considerable impact on a couples' transition into parenthood. Results demonstrated that individuals with higher expectations about the changes that concerned personal well being, as individuals transition into parenthood, predicted lower support for partners' parenting, as the individuals may become disillusioned about the realities of parenting. This effect seemed to be stronger for women than men and the researchers explained this finding by citing the gender gap for domestic duties that often occurs when a child is born, leaving the mother with increased household responsibilities. Curran et al. (2009) also revealed an interesting result that supported their previous research. If a person is unaware of how these negative representations of parenthood and marriage may affect how they built their relationships or conduct their parenting, then they were likely to have a negative impact on the family and marriage. However, if a person had insight and awareness about their negative representations then they were likely to create new positive relationships and representations. The concept of how family representations impact parenting appeared to be an important concept, as their children will gain their own representations about marriage and parenting from their experiences with their parents and the cycle continues. The importance of representations and expectations appeared to have begun in childhood and remained as adults unless the conscious decision to change is made.

Doss, Rhoades, Stanley, and Markman (2009) examined the effect of the transition to parenthood on relationship quality in an eight year study. This study explored the effect of the birth of a couple's first child during the first eight years of marriage. One hundred and thirty-two couples had their first child during the first eight years of the study. The mean age of participants was 26.38 years old and on average, couples mean education was 15.63 years. Ten percent of fathers reported that the pregnancy was unplanned, and 68% reported cohabitating prior to marriage. During the study, three couples divorced. Couples were recruited from religious organizations, described themselves as "somewhat religious," and 26% of couples reported attending church at least once each week. Through the religious organization, each couple was given premarital education. Couples completed the Marital Adjustment Test (Locke & Wallace, 1959), the 10-item Confidence Scale (Whitton, Olmos-Gallo, Stanley, Prado, & Kline et al., 2007), the 14-item Dedication Scale from the Commitment Inventory (Stanley & Markman, 1992), the Communication Danger Signs Scale (Stanley & Markman, 1992) and the Marital Agendas Protocol (Notarius & Vanzetti, 1983) at three different points in the study. Participants were also videotaped discussing relationship problems and the Interactional Dimensions Coding System (Kline, Julien, Baucom, Hartman, Gilbert, & Gonzales, 2004) specifically the negative communication subscale, was utilized to code couples' problem discussions. The results demonstrated a sudden deterioration of relationship function on all measures following the birth of a child. For mothers specifically, "relationship satisfaction, self-reported problem intensity, and poor conflict management, observed negative communication, and relationship confidence all

showed sudden deterioration” (Doss et al., 2009, p. 610). The results indicated that after the transition to parenthood there were no areas of relationship functioning that were affected positively. Specifically, mothers reported significantly more relationship conflict and poorer management of conflict after the birth of a child. Other post-birth risk factors included observed negative communication, difficulties in the mother’s family of origin, shorter duration of the marriage prior to the birth, and giving birth to a girl. These negative effects on the relationship after the birth of a child seemed to persist at least through four years after the birth. The researchers also noted that these changes were sudden after the birth and persisted over time.

Hirschberger, Srivastava, Marsh, Cowan, and Cowan(2009) explored the connections between attachment, marital satisfaction, and divorce over a 15 year period by assessing two overlapping studies that together lasted 15 years. The first sample (81 couples) began from pregnancy with the first child to age 5.5 and the children in the second sample (96 couples) ranged from age 4.5 to 14.5. Researchers examined the trend of marital satisfaction over time and how a partner’s attachment security relates long term to marital satisfaction. The researchers then considered how both attachment and marital satisfaction relate to the risk of marital dissolution (divorce). At each point of assessment, couples arrived at the laboratory and completed the Locke-Wallace Self Report Inventory of Marital Adjustment (Locke & Wallace, 1959) and the second cohort participants completed an assessment of attachment security based on Bartholomew and Horowitz’s (1991) Attachment Inventory, when their children were 5.5 years old. Their results confirmed and extended previous research, which demonstrated that marital satisfaction

declines significantly over time. This decline did not seem to taper over time during the 15 years of parenthood assessed, which translated for most couples studied into 19 years of marriage. Marital satisfaction did seem to be related to attachment security, as when one partner was described as securely attached, s/he not only experienced greater marital satisfaction but so did her/his partner. Hirschberger et al. (2009) noted that a sense of security provides one of the most basic needs in marriage and therefore increases marital satisfaction. The results also demonstrated that marital satisfaction at nine years into marriage, around the time that a child enters school, was a predictor of divorce. However, later measures of marital satisfaction were not predictors of divorce. The time between a child's birth and when a child is entering elementary school seems to be a critical time of in a marriage as a couple redefines itself in the new context of parenthood.

David (2009) explored the association between marital quality and the peer relationships of children between three and six years old. Peer relationships were observed and the amount and quality of the peer interactions were rated and combined with teacher ratings of social competence. The children's temperaments were assessed by their teachers utilizing the Child Behavior Questionnaire (Rothbart, Ahadi, Hershey, & Fisher, 2001) and the Revised Dimensions of Temperament Survey (Windle & Lerner, 1986). Marital quality was assessed utilizing the Family Expressiveness Questionnaire (Halberstadt, 1986), the Mutual Constructive Communication subscale from the Communication Patterns Questionnaire (Christensen, 1988) and the Kansas Marital Satisfaction Scale (Schumm, Paff-Bergen, Hatch, & Obiorah, 1986). Results demonstrated a main regression effect, indicating that high levels of positive marital

quality were associated with positive peer relationships for preschoolers identified as low effortful control. A gender effect was identified which showed greater positive results for girls than for boys. David (2009) stressed these results as preliminary and encouraged further research.

Schermerhorn et. al. (2010) explored how family functioning related to a child's psychosocial adjustment, while exploring confounding genetic factors as well as environmental factors. Their results indicated that low marital quality and disagreement about parenting practices were related to a child's internal and external problems, and specifically to a child's ability to adjust. Results also demonstrated that the age of parental divorce has direct associations with a child's adjustment difficulties. Hakvoort, Bos, van Balen, and Hermanns (2010) explored the association between family relationships and the psychosocial adjustment of children in intact families utilizing the Marital Satisfaction Scale (Gerris, Vermulst, Boxtel, Janssens, van Zutphen, & Felling, 1993) and the Strengths and Difficulties Questionnaire (Goodman, 1997). The findings confirmed that a warm marital relationship is correlated with a parent-child relationship that is characterized by high levels of acceptance and low levels of conflicts. Researchers noted that their results are specifically predictive of a child's behavior and general self-esteem.

Summary of Transition to Parenthood and Marital Satisfaction

In summary, a review of the literature demonstrated that a majority of married couples experience significant decline in marital satisfaction after the birth of a child. Many researchers acknowledged the decline of marital satisfaction after the birth of a

child as a maxim of life-span literature (Belsky & Kelly, 1994; Cox, Paley, Payne, & Burchinal, 1999; Shapiro, Gottman, & Carrere, 2000). Feinberg et al. (2010) identified early childhood as a period of time that is stressful for the entire family and further concluded that the possible negative consequences of this stress may impact the children. Healthy marriages protected against depression, divorce/separation, and are imperative for child development (Cowan & Cowan, 1988; Cox, Paley, Burchinal et al., 1999). After the birth of a child, mothers were often left with a majority of responsibility for childcare, which may be one reason that women experience a decline in relational satisfaction (Belsky, Spanier, & Rovine, 1983; Cox, Paley, Burchinal, & Payne, 1999; Houts, Barnett-Walker, Paley & Cox, 2008; Waldron & Routh, 1981). Smith (1999) explored the importance of self and identity as women transition to motherhood and suggested that pregnancy can act as psychological preparation for mothering. Demographics, such as the age a woman becomes a mother, length of marriage prior to the birth of a child, and prior conflict management skills, have been demonstrated to be mediating factors for marital satisfaction during this transition (Belsky & Pensky, 1988; Bouchard, Lachance-Grzela, & Goguen, 2008; Cowan & Cowan, 2000).

Transition to Parenthood and Intervention

Larson and Holman (1994) described marriage as the most important and fundamental human relationship, explaining that it is marriage that establishes family relationships and the edification of future generations. The exploration of marital satisfaction is central to the individual and the family as well as society as a whole. Strong marriages and families benefit our society socially and economically. Further

exploration of marital quality and its components are also useful in helping to create empirically-based treatment programs for couples in distress as well as to help identify factors that may provide a buffer against serious distress during transition to parenthood. In an effort to demonstrate how significant the widely agreed upon stress of the transition to parenthood is, a review of how interventions can assist in the transition is potentially useful.

Gattis, Simpson, and Christensen (2008) explored the modestly researched question of how couples therapy affects how couples co-parent and children's adjustment. Gattis et al. (2008) cited Vu and Christensen's (2003) review of literature, which noted that more than 20% of trials that explored couples therapy did not even report if couples had children. Davies and Cummings (1994) meta-analysis verified that children exposed to chronic, unresolved marital distress are at greater risk for both externalizing and internalizing problems than children who have not been exposed to continued unresolved marital distress. Deave, Johnson, and Ingram (2008) interviewed 24 women in South-West England, 20 of who had partners, about the needs of women during pregnancy and again several months after the birth. Participants were interviewed twice at 28 weeks of gestation and again at 3-4 months postpartum utilizing a semi-structured interview to assess areas of support (i.e., family, friends, and colleagues), parenting classes, support groups, partner relationships as well as the partners' perspectives. The study concluded that women felt supported; however, the women wanted more information about the concrete aspects of parenting as well as more preparatory information about how their identity and their relationship will change after

the birth of a child. Women discussed feeling unprepared for all of the changes that occurred during the transition to parenthood.

Gattis et al. (2008) conducted a study as part of two larger studies conducted at the University of California and the University of Washington. One hundred and thirty-four couples were assessed as part of the study. All of the couples were actively in couples therapy and were married on average over 12 years, and 68 of the couples had a least one child with an average age of six. The Dyadic Adjustment Scale (Spanier, 1976), Marital Satisfaction Inventory-Revised (Snyder, 1997) which includes the Dissatisfaction with Children Scale and the Conflict over Child Rearing were utilized to assess marital satisfaction and parenting. The Youth Outcome Questionnaire (Burlingame, Wells, Lambert, & Cox, 2004) was employed to assess child adjustment. Results demonstrated that after 26 weeks of therapy, longer-married couples without children made more rapid and significant gains during therapy than couples with children and couples with children that had been married a similar length of time. It should be noted that this effect was mild when compared to longer married couples with children. Couples' conflict over child rearing was shown to decrease during treatment and these gains were shown to have continued at the two year follow-up. Changes in conflict over child rearing and child adjustment were associated with change in marital satisfaction. As parents were happier with their marriages, their child rearing skills and their experience of their child's adjustment seemed to improve. Researchers seemed to suggest that these gains were reciprocal. Results also demonstrated that parents viewed their children as becoming better adjusted during the course of therapy. However, parents' improvement in marital

adjustment was not maintained at follow-up. Gattis et. al. (2008) concluded that “improvements in marriage with couple therapy are associated with changes in the whole family system” (p. 841). The results demonstrated the importance of marital satisfaction as it relates to children, the couples health, and mental health for couples during parenthood.

Pinquart and Teubert (2010) explored the effects of parent education for expectant and new parents utilizing a meta-analysis of 142 papers. They identified small significant effects in the areas of parenting, parental stress, child abuse, child social development, child motor development, child mental health, parental health, and couple adjustment. The authors of the meta-analysis noted that these effects varied depending on the methods of delivery of the parental education at the transition to parenthood. This study is important as it demonstrated the importance of this transition point for couples, as the identity of the couple shifts to include parenthood. The analysis also demonstrated the importance of providing prenatal education about both concrete skills for caring for a child but also for the social and emotional changes that take place during the transition to parenthood.

Feinberg et. al. (2010) demonstrated the importance of a solid family foundation for both parents and children by exploring whether the Family Foundations Program bolstered marital and family resiliency during the transition. Authors noted that, according to the national survey, early childhood is often the period of time when parent-to-child violence and intimate partner violence is the most prevalent. Feinberg et al. described early childhood as a good time to offer parents education to help with their

transition and mediate the possible difficulties that occur in marriages and families during the time. One hundred and sixty-nine couples who were first-time parents were divided into three groups, including a control group, in order to explore whether a psychoeducational program helped with the transition to parenthood. Results supported that the intervention had positive long term impact on parental stress, efficacy, depression, co-parenting, and relationship quality when compared to parents who did not receive any intervention. Children whose parents participated in the intervention had fewer behavior problems and demonstrated better social competency than children whose parents did not participate in any intervention.

Cowan, Cowan, and Barry (2011) completed a ten-year follow up of couples who participated in one of two different variations of couples' group preventive interventions that were completed when their oldest child was in pre-kindergarten. Couples assigned to the intervention that focused on marital skills exhibited greater sustained marital satisfaction compared to couples that participated in the intervention that focused on parenting. These couples also had a mildly significant positive effect for couple communication. Cowan et al. (2011) demonstrated that when parents are given the tools to help with the transition through parenthood during their children's early years, the positive effects of such intervention can be maintained as a child is entering high school.

Summary of the Literature for the Transition to Parenthood and Intervention

In general, the research supported that intervention prior to the birth of a child and after the birth of a child is a worthwhile endeavor. The literature supported both the use of psycho-education related to teaching concrete parenting skills as well as education

about the emotional and social transition to parenting. Deave (2008) identified that women wanted both concrete parenting tools as well as preparatory information about the likely changes to individual identity as well as relationship changes. Gattis et al. (2008) established that couples experienced long lasting positive effects of therapy. The results indicated that as the marriage improved, parents were happier, child rearing skills improved, and there were general improvements to the entire family system. The importance of parent education that included both concrete parenting skills as well as a focus on social and emotional marital skills was supported by the meta-analysis completed by Pinquart and Teubert (2010). Feinberg et al. (2010) and Cowan, Cowan, and Barry (2011) demonstrated the importance of parent psycho-education that focused both on parenting skill as well as marital skills as both pieces of research indicate that these forms of intervention have positive long-term impact on marital satisfaction and the larger family system.

Cross-cultural Research

Marriage and parenting have been researched in a variety of cultures. For example, Feldman (2000) explored father involvement, parent activity and marital satisfaction. Sixty Israeli dual-earner couples and their first child (five months old) were videotaped in individual interviews that lasted more than two hours and completed the Marital Adjustment Test (Locke & Wallace, 1959). The interviews were comprised of questions that focused on sharing household chores, childcare responsibilities, as well as the range of parenting activities. The interviews were coded for parent sensitivity and infant readiness to interact. The results demonstrated that the relationships of the triad

were interdependent as each member of the family contributes to the relationship dyads. Results showed positive associations between marital satisfaction and sensitive fathering. Feldman (2000) explained that the results demonstrated less change in marital convergence or agreement between parental marital satisfaction after the birth of a child than previous research and this is explained by identifying the differences between single-earner versus dual-earner families. When the a child is born in a single earner family, the shift toward more traditional gender roles was likely to be more pronounced, whereas dual-earner families were more likely to share responsibilities for childcare and the household. Feldman (2000) also noted that “Mothers in Israel receive paid and mandatory maternity leave for three months and easier work conditions for one year” (p. 187). Women in Israel were given a shorter work day allowing time for readjustment, which may prevent a father’s stress to provide as well as marital decline (Feldman, 2000).

Yu, Lucero-Liu, Gamble, Taylor, Christensen, and Modry-Mandell (2008) explored how Mexican cultural values impact the partner relationship as well as parenting relationships. The researchers specifically examined the concepts of *simpatía* defined as “harmonious interpersonal relationships” (p.169) and *respeto* defined as “respect for an authority figure” (p. 169). Fifty couples of Mexican origin with preschool age children (mean age 4.68) were interviewed six months apart. Fathers were present for the first interview but not the second interview. Researchers identified the population as homogenous in that all of the participants were low-income, which made it possible to control for the indirect effect of socioeconomic status on relationship adjustment. The mean age of the mothers was 30.70 years and the mean age of fathers was 33.74 years.

Spanish was the primary language spoken by the participants and a majority of the participants were first generation Mexican Americans. Forty-seven percent of mothers and fathers reported having no high school education, 29% of mothers and 34% of fathers completed a high school education or equivalency, and 20% of mothers and 19% of fathers reported some college education or technical education. The interviews were conducted in the language that was most comfortable for the family members. Face-to-face interviews included a modified version of the *Simpatía* scale (Griffith, Joe, Chatham, & Simpson, 1998). The value of *respeto* was assessed utilizing a modified version of the Family Relational Values Q-sort measure (Wozniak, Sung, Crump, Edgar-Smith, & Litzinger, 1996). Relationship adjustment was examined by the Short Marital Adjustment Test (Locke & Wallace, 1959), and parental agreement on child rearing was assessed using a modified version of Conflict over Child Rearing subscale that is part of the Marital Satisfaction Inventory (Synder, 1997). It is not clear if the interviewer read and assisted the participants with the measures or conducted qualitative data collection. The co-parenting relationship was assessed using the Coparental Interaction Questionnaire (Ahrns & Wallisch, 1987) and the child's temperament was assessed with the Temperament Assessment Battery for Children (Presley & Martin, 1994). The satisfaction with partner's parenting was assessed with questions that were answered on a five point likert scale. The results showed that when fathers' demonstrated greater *simpatía* and *respeto* toward the mothers, mothers reported higher relationship adjustment and greater parental agreement, respectively. However, the more a father expected the mother to adhere to the cultural concept of *respeto* toward the father, the more mothers

reported negative relationship adjustment and decreased parental agreement. For fathers, there was no association between relationship adjustment or parental agreement and mothers' desire for adherence to *simpatía* or *respeto*. Yu et al. (2008) interpreted this gender effect by suggesting that mothers' experiences of relationship adjustment and parenting are more sensitive to and dependent on the fathers' use of traditional Mexican cultural values. Fathers did not report being affected by mothers' commitment to these cultural values.

Tamis-LeMonda and Kahana-Kalman (2009) embarked on a study to describe the experience of ethnic variations of a new mothers' hopes, concerns, and expectations for themselves and their families. Three hundred and eighty low-income mothers (56 Chinese, 115 Dominican, 112 African American, and 97 Mexican) of healthy full-term newborns were interviewed in a 40 minute session that took place bedside in the hospital maternity ward. Eleven mothers did not complete the interview and therefore 369 interviews were coded for the statistical analysis. At the end of the audio-taped interview, a standard three open-ended questions were asked in order to access the specific research questions including: "(1) How do you think things will change in your life and your family now that you have a baby? (2) What are your hopes and plans for your child and family over the next year? (3) Do you have any concerns right now about your child or family?" (Tamis-LeMonda & Kahana-Kalman, 2009, p. 41). All individuals were interviewed in the language of the participant's choice. The African American participants were U.S. born and the Chinese, Dominican, and Mexican mothers were first generation. The average age of the mothers was 26.24 years and the average number of

years of education was 10.55. Interview responses were classified into the four categories of child development, parenting, family, and resources. Researchers noted that mothers spoke more globally about the broader circumstances of their lives than they did about their child's future development. The mothers stressed their focus on resources specific to their low-income status. However, there were ethnic differences, as Chinese mothers focused on their child's academic achievement and African American mothers focused on gaining education and overcoming the obstacles to get their children education. Dominican mother's focused on work, childcare, and desire to move to a better community. Mexican mothers spoke of family and emphasized family well-being and health. Mothers who did not reside with the father of the child were more focused on financial concerns and accessing resources to assist with childcare costs.

Howard and Brooks-Gunn (2009) investigated how relationship supportiveness changes during the transition to parenthood during the first five years after a child's birth. Mothers and fathers ($n = 2,172$) at least one of whom was experiencing their first birth, were assessed at birth of their child, when the child was age one, three and five years old. The participants of this study were widely varied and considered fragile families or highly at-risk families (e.g., low socioeconomic status, poor health care, poor education, and few job opportunities). Mothers ranged in age from 14 to 47 years at the time of a child's birth with a mean age of participants were 23.5 years. Forty-four percent of mothers were African American, 27% were Latin American, 24% were European American and the remaining 5% were various ethnicities. Education levels for mothers varied as 29% completing a high school diploma or equivalent, 33% had less than a high

school education, 12% had a college or graduate degree, and 26% had some college or technical training. Fathers ranged in age from 15 to 67 at the time of birth with a mean age of 25.8 years. Forty-four percent of fathers were African American, 27% were Latin American, 24% were European American, and the 5% were various ethnicities.

Education levels for fathers varied as 32% had a high school education, 32% had less than a high school education, 12% had a college or graduate degree, and 24% had some college or technical training. Couples were either married or unmarried and assessed through the National Survey of Families and Households regarding the emotional supportiveness from the other parent (Julian & Knapp, 1995).

Whether or not a couple had ended their relationship was questioned at each assessment point (Howard & Brooks-Gunn, 2009). At the baseline, 21% of the couples were married, 40% were living together, and 29% were living separately but in a romantic relationship. Both mothers and fathers reported a high level of supportiveness after the birth of a child and this assessment point was not found to be a predictor of marital quality or whether the relationship would maintain over time. The assessment of supportiveness at a year was most highly correlated with the strength of the relationship and whether the relationship would sustain. The researchers explained this by acknowledging that this time for parents requires reorganization of the family system and roles within the family. Whether or not parents are married at birth was shown to be a predictor of relationship sustainability. Married parents reported greater supportiveness, had a more positive relationship trajectory, than the unmarried parents who reported greater instability, which was reflected in a greater decline of reported supportiveness as

well as a more negative predictive relationship trajectory. The length of the relationship was also a predictor of positive relationship trajectory; the longer the prenatal relationship was the more likely the relationship was to have a positive trajectory. Children's health at birth was also a predictor of whether a relationship will dissolve. For example, babies born with low birth weight were more likely to have health issues, which further stressed the parental relationship. Finally, several predictors were related to parental race. For example, African American fathers reported lower perceived supportiveness at birth and at one year and non-European American mothers reported fewer declines in supportiveness throughout the five years. Interracial couples were more likely to break up during the five years of the study than their counterparts.

Summary of the Cross-Cultural Literature

The cross-cultural literature supported the general understanding of the psychological community that the birth of a child creates stress on the marriage, and that the transition to parenthood for both parents can be a challenging (Howard & Brooks-Gunn, 2009; Yu et al., 2008). However, there were no common threads in the multicultural literature, with studies reviewed focusing on a variety of dispersed topics, such as *simpatico* and *respeto* (Yu et al., 2008), mother's expectations (Tamis-LeMonda & Kahana-Kalman, 2009) or support in fragile families (Howard & Brooks-Gunn, 2009). The cross-cultural research results demonstrated the specific cultural values of that society related to marriage and parenting.

Overall Summary of the Transition to Parenthood Literature

The literature that focused on marriage during the transition to parenthood has established clearly through numerous studies that marital satisfaction declines over time and that the birth of a child stresses the dyad even further (i.e., Belsky & Kelly, 1994; Cox, Paley, Payne, & Burchinal, 1999; Shapiro, Gottman, & Carrere, 2000). Women's experience of this transition within their marriage was often dependent on their expectations prior to the birth of a child, their husband's contribution to childcare and housework, the couples problem-solving and communications skills as well as their willingness to care for their marriage (Nomaguchi & Milkie, 2003; Cox et. al., 1999; Filsinger & Thoma, 1988). The research also demonstrated that the older the couple and the longer the marriage prior to the birth of a child the more resilient the marriage (Bouchard, Lachance-Grzela, and Goguen 2008).

Researchers have called for the continued exploration of women's experience of the transition to parenthood through a more feminist relational lens (Smith, 1999). Smith intimated that the increase in interpersonal contacts of motherhood fundamentally changes the conception of self as it relates to others by qualitatively examining women's identity development during the transition to motherhood. Four case studies of British women going through the transition to motherhood were analyzed. Interviews, diaries, and repertory grids were utilized to move from research to theory. This research demonstrated that, when women experience pregnancy, they often shift their focus from the public world of work to a more personal family- and friends-centered world, which assists women in this transition. Smith (1999) "suggested that the pregnancy can act as

psychological preparation for mothering” (p. 294). This research is proffered on a relational theoretical understanding of self and identity, as it identifies and highlights the importance of mothers’ shifts in identity to become more relationally-based during the transition to parenthood. Relational Cultural Theory (RCT; Jordan, 1997; Miller & Stiver, 1997) is a framework to help explore women’s experience of the transition to parenthood in a language that works for women.

Relational/Cultural Theory

A feminist relational cultural theoretical model informs the research presented in this dissertation. Most research that examined a couple’s transition to parenthood originates from traditional developmental theories, which have focused on androcentric, racist, heterosexual values, such as autonomy, individuation, and instrumentalism. Most of the traditional theorists, such as Erikson, Freud and Kohlberg, based their theories of development primarily on White, middle-class men. As a result of the women’s movement of the 1960’s and 1970’s, there has been a paradigm shift from the traditional patriarchal models of development, personality, pathology, and therapy. The absences of women in psychological theory lead both Jean Baker Miller (1976/1986a) and Carol Gilligan (1982) to present their classic works, *Toward a New Psychology of Women* and *In a Different Voice* respectively. These theorists changed the fabric of psychology for women. They noted that the existing paradigm of separation and independence reflects core beliefs of androcentric Western values and argued that these traditional models made women appear less mature, less able, and more pathological compared to men (Spencer, 2000). Jean Baker Miller’s achievement has been considered the single most influential

work for developmental theory (Miller, 1986). Miller helped shift the focus of developmental theory from individuation, separation, and autonomy to continuous engagement and mutual participation in relationships with self and others as the catalyst for mutual growth.

The Stone Center's Relational/Cultural Theory (RCT) explored women's meaning, values, experience, and ways of knowing. This model was previously called Self-in-Relation Theory. Jordan and Dooley (2001) proposed that RCT is a component of this zeitgeist shift from "the psychology of the individual, or the separate self, to a psychology of connection or relatedness" (p. 2). Over the last three decades, this model has expanded from representing the psychology of women to demonstrating how all people can benefit from greater connection and mutuality in all areas of their lives (Jordan, 2010).

The Relational / Cultural theory (RCT) is an interpersonal model of development and psychotherapy with its roots in feminism and is based on the inner sense of connection as the central organizing factor in women's development. This theory has been developed through qualitative processes of observation and clinical reports and has lead to the shift in paradigms for women. This exploration has moved our field toward new values, terms, and clinical processes when studying women's experience, leading to a greater understanding of women's contextual worldviews as well as innovative therapeutic techniques. RCT gives emphasis to how relational mutuality - that is, interpersonal connection in growth enhancing relationships - leads to healthy psychological functioning (Jordan 1997; Jordan & Hartling, 2002; Miller & Stiver, 1997).

RCT also explained that lack of mutuality and connection is responsible psychological symptoms and disorders. Bergman (1991) has identified how RCT also applies to the male experience and highlights the similarities and differences in male-female interactions, socialization, and development.

Miller wrote in her classic text *Toward a New Psychology of Women* (1976/1986), “Women stay with, build on, and develop in a context of connections with others” (p. 83). Women often arrange their self-worth around the ability to make and maintain relationships. This definition of women’s self-worth as tied to relationships begins very early in life for girls, as they are encouraged to increase their empathetic abilities and practice learning about others. The context in which most women function is that of active participants in the development of other people. This kind of interaction is labeled as a growth-fostering relationship and is the basis for all psychological development. All growth occurs in psychological connection within relationships, not separate from them (Miller, 1991; Miller & Stiver, 1997). All individuals involved in the connection foster the growth and development of all other participants, which is termed mutual psychological development. Active participation in mutually empathetic relationships then becomes the goal of psychological development (Miller & Stiver, 1997). It is out of this interplay of experiences that women develop a sense of self, a mental representation of one’s self (Miller, 1991). Hence, psychological health is considered a function of participation in growth-fostering relationships in which mutually empowering connections occur (Miller & Stiver, 1997).

Connections, disconnections and reconnections in relationships are the central developmental process. Disconnection will always occur in all relationships. However, it is how those conflicts are managed that can either lead to growth and transformation or further “counter-relational” disconnection and potentially feelings of isolation (Comstock, Hammer, Strentzsch, Cannon, Parson, & Salazar, 2008, p. 283). When conflict is not resolved mutually after countless attempts, individuals are likely to experience chronic disconnection. Walker (2008) defined chronic, deadening disconnection as “characterized by a perpetual lack of mutuality. There is no possibility for growth-enhancing connection or mutual empowerment. Under those conditions, to walk away is to make a bold claim on renewal and relational possibility” (p.143). Connections take place when relationships are mutually empathetic and engaging, and result in both people developing in five important ways (Miller & Stiver, 1997). Initially, both participants experience a sense of connection that brings about an energy or zest. Second, both individuals active in the relationship feel empowered outside the realm of their relationship. Third, each person gains insight into his/her feelings as well as insight into the feelings of his/her counterpart. Fourth, both have an enhanced sense of self-worth and finally, both experience a desire for a deeper connection (Miller & Stiver, 1997). Jordan (2008) simply identified and restated “the five good things” created by growth fostering relationship:

1. A sense of zest
2. Clarity about oneself, the other and the relationship
3. A sense of personal worth

4. The capacity to be creative and productive
5. The desire for the more connection. (p. 2)

Psychological health is a product of these types of connections and therefore it stands to reason that pathology is the result of repeated and chronic disconnections. Disconnections occur “whenever a relationship is not mutually empathetic and mutually empowering” (Miller & Stiver, 1997, p. 51). The normative flow of relationships is connection, disconnection, and reconnection and it is this continued process of reconnection that is the key to psychological development. It is the reconnection that cultivates development when a relationship does not simply return at the same state of connection but rather deepens and moves to new levels (Miller & Stiver, 1997). When an individual is consistently disconnected without reconnection, a sense that one must change oneself in order to engage can lead to further isolation and disconnection. This conflict is referred to as the central relational paradox. “The paradox is that the very strategies we employ to maintain relationships preclude our full engagement in relationship” (Spencer, 2000, p. 6).

Through the natural progression of relationships, individuals develop relational images or “images that portray the patterns of their relational experiences” (Miller & Stiver, 1997, p. 40). These images become the framework for what individuals believe about others and themselves. If individuals are time and again disconnected, then the relational images formed will often be dysfunctional. In other words, women and men continue to play out these relational images, dysfunctional and otherwise, until understanding of power in relationships is gained, and as a consequence, make different

choices. Mutual empathy and empowerment that is provided by intimate relationships or the connection of a therapist to the individual has the power to help individuals make positive movement in relationships. Mutual empathy is defined as “openness to influence, emotional availability, and a constantly changing pattern of responding to and affecting the other’s state. There is both receptivity and active initiative toward the other” (Jordan, 1991, p. 82). This mutual connection implies that each individual in the relationship is willing and able to attend and care for one another as well as be attended to and cared for. According to RCT, this is a seminal component for building healthy relationships, as it creates an environment where partners can grow in a connected relationship, because they are understood, have mutual respect, and are nurtured. According to RCT, this new relationship fosters the five good things (noted earlier) in relationships as well as new relational images. The word mutual in this context means each party is active, involved, and present in the relationship.

Difficult emotions related to current and past experiences can then be reframed into a contextual framework of the marriage and new identity of its participants. The contextual nature of the feminist empowerment model provides a framework on which an understanding of how connections and disconnections in a marriage contribute to a woman’s overall satisfaction in the marriage. Empowerment is defined from a feminist point of as power from within and not the power over (Miller, 1986; Miller & Stiver, 1997; Walker, 2008). In other words, each partner uses his / her power to benefit all persons involved in the interaction in a way that is not hierarchical but rather egalitarian. Miller and Stiver (1997) highlighted the importance of the larger context in which

relationships occur. They affirmed that the patriarchal culture organized in a hierarchical power structure has effects on all groups and has an impact on even the most intimate relationship.

The context of marriage and how partners interact significantly impacts the family system and parenting decisions. The models or “relational images” (Jordan, 2010, p. 90) that parents offer their children within the family context may be the most influential information children are offered about relationships throughout their childhood. The emotional connection between mother and child begins in infancy and exists as the basis of all continuing psychological growth (Miller, 1991). If parents are utilizing the tenets of RCT, with or without realizing it, then it is likely that connection and mutuality are highly valued and will be passed along to their children. Jordan (2010) discusses the importance of utilizing relational parenting in order to:

promote the development of clarity through helping children develop personal awareness and differentiating thoughts, feelings and actions. It also promotes awareness of clarity through helping children develop personal awareness and sensitivity to others needs, and communications are an essential part of psychological growth and helping children develop listening and communication skills. (p. 90)

Relational parenting accentuates the importance of empathy, mutual relationships, and capacity to utilize conflict in a positive manner as well as appreciating difference by embracing growth around difference (Jordan, 2010). Relational parenting places a high value on taking responsibility in relationships and demonstrating respect for each

individual and honoring each person's dignity (Jordan, 2010). This type of parenting often challenges gender stereotypes, which move relationships toward greater mutuality and has the potential to transform not only children but family systems.

Measuring Mutuality

Mutual empathy and empowerment allow for movement toward change, which only comes with authentic connection. This connection was explored in the present study in a quantitative manner using the Mutual Psychological Development Questionnaire (MPDQ; Genero, Miller, & Surrey, 1992). By exploring the mutual connection and development of a marriage, an understanding of marriage after the birth of a child or children may be gained in a very different context than it has been explored by psychology in the past. The MPDQ (Genero, Miller, & Surrey, 1992) has been used to correlate mutuality with numerous psychological issues. Some examples of previous research subjects are: empathy and relational empowerment (Evans, 2002), child-adult relationships in the context of PTSD (Bruns, 2002), body image (Sanfter, Ryan, & Pierce, 2009), eating patterns and self-silencing (Wechsler, 2005), eating disorders and family functioning (Sanftner et. al., 2006), lesbian relationship satisfaction over the life cycle (Ganiron, 2007), relational competency for girls in foster care (Kappus, 2008), relational practice for aggressive adolescent females (Cannon, 2008), and acculturation and familism in mother-daughter suicidal/nonsuicidal adolescent Latinas (Zayas, Bright, Alvarez-Sanchez & Cabassa, 2009). With all of its previous uses, the MPDQ had not yet been used to explore heterosexual women's experience of marriage during the transition to parenthood in the early years of child development. This is an important exploration to

help identify women's needs and their own assessment of their relational behaviors with their spouses during this high risk and very stressful time period.

Purpose of the Study

The purpose of this study was to explore a woman's experience of her marriage as both partners transition to parenthood during a child's early development. The question posed was: How do women evaluate their marriages after the birth of a child in both traditional and RCT frameworks? A traditional framework was assessed by a standard measure of dyadic satisfaction, utilizing the QDR36 (Ahlborg, personal communication, Tuesday, December 14, 2010). A feminist exploration of mutuality focused on the importance of connection was measured by utilizing the MPDQ (Genero, Miller, & Surrey, 1992). Another important motivation for conducting this study was the importance of correlating the MPDQ (Genero, Miller, & Surrey, 1992) with the QDR36 (T. Ahlborg, personal communication, Tuesday, December 14, 2010). The QDR36 is an innovative new measure of marital quality and the author of the instrument is continuing to assess its validity.

The following specific hypotheses were explored in the present study:

1. It was predicted that the total score of the QDR36 (marital quality) will be in a direct relationship with the total score of the MPDQ (mutuality).
2. A positive correlation was predicted between the concept of mutuality and the subscales of the QDR36 including: dyadic consensus, dyadic cohesion, dyadic satisfaction, dyadic sensuality and dyadic sexuality.

3. It was predicted that an increased length of marriage and maternal age will be associated with increased marital quality and mutuality.
4. It was predicted that the subscales of the QDR36 have reliability scores equal to or greater than .70.

CHAPTER III

METHODS

Participants

The criterion for inclusion in the study included being over age 18, heterosexual, female, and married with at least one child age five or younger. The final sample consisted of 141 women from a general online community sample. A minimum of 111 women were needed to obtain satisfactory statistical power of .95 and alpha of .05 using the G*Power program (Faul, Erdfelder, Buchner, & Lang, 2009). The demographic characteristics of the sample are presented below in Tables 1 and 2.

Table 1

Demographic Data on Sample Participants: Continuous Variables

Variable	Mean	SD	Range
Age	34.61	4.04	22-44
Spouse's Age	37.20	4.89	26-57
Length of Relationship	9.63	3.65	2-20
Years Married	7.37	7.00	1-15

Note: All numbers represent years.

Table 2

Demographic Data on Sample Participants: Categorical Variables

Variable	Frequency	Percent
Level of Education		
High School	4	(2.8%)
Technical School	3	(2.1%)
Associates Degree	4	(2.8%)
Bachelor's Degree	45	(31.9%)
Graduate School	82	(58.2%)
Ethnicity		
African American	8	(5.7%)
American Indian	1	(.7%)
Asian	3	(2.1%)
Hispanic	3	(2.1%)
White	126	(89.4%)

It should also be noted that 48 women had one child, 69 women had two children, 18 women had three children, three women had four children and one woman had five children. The ages of the children ranged from newborn to age 10 with all women reporting at least one child age five or younger. Women reported having a total of 257 children (123 boys and 134 girls). The socioeconomic status of the participants was

skewed toward higher incomes, and ranged from a yearly salary of \$10,000.00 to \$1,000,000.00 with a median income of \$125,000.00. At the 25% quartile the income level was \$85,000.00 and at the 75% quartile the income level was \$177,500.00 with an inter-quartile range of \$92,500.

Instruments

Demographic Questionnaire

Each participant completed a demographic questionnaire developed by the investigator (see Appendix A). This questionnaire requested the following information: age, ethnicity, sexual orientation, level of education, socioeconomic status, relationship status (in order to confirm marital status), length of marriage, ages and gender of children.

Mutuality

The Mutual Psychological Development Questionnaire (MPDQ; Genero, Miller, & Surrey, 1992; see Appendix B) is a 22-item self report measure conceptualized based on Relational Cultural Theory (RCT) to explore mutuality in dyadic relationships. (Jordan et al., 1991). A Likert scale is employed with scores ranging from 1 for never to 6 for all the time. The instrument is balanced with nearly equal positive and negative framed questions. When scoring, the negative items get reversed in order to get a total rating for the MPDQ. The total rating is acquired by summing the item ratings and dividing by the total number of items. Scores then range from 1 (indicating that the relationship is perceived to have low mutuality) to 6 (indicating a high level of perceived mutuality). Two equivalent forms of MPDQ (form A and B) exist; however, only form A

will be used for this study (see Appendix B). The items are short and designed to measure the six dimensions of mutuality identified by Miller (1986), which include: empathy, engagement, authenticity, empowerment, zest, and diversity. The MPDQ was intended to explore the mutuality of each member of the dyad, as reported by one member of the couple. The scale has two sections, each 11 items. The first section investigates the degree to which the participant feels that they respond to their relational partner in an attentive, engaged, and empathic way. Sample items from this section include: “when we talk about things that matter to my spouse/partner, I am likely to be receptive” and “when we talk about things that matter to my spouse/partner, I am likely to get impatient” (Genero, Miller, & Surrey, 1992b, form A). The second section of 11-items assesses the degree to which the participants feel that their relational partner is attentive, engaged and empathetic. Sample items include: “when we talk about things that matter to me, my spouse/partner is likely to pick up on my feelings” and “when we talk about things that matter to me, my spouse/partner is likely to feel like we’re not getting anywhere” (Genero et al., 1992b, form A).

The MPDQ correlates highly with other measures of marital satisfaction and dyadic cohesion, although it has some differences as the instrument “is derived from a well-articulated model of psychological growth in connection to others” (Genero, Miller, Surrey, & Baldwin, 1992, p. 45). The MPDQ also explores concepts such as zest, empathy, and authenticity that are not explored in other global measures of relationship quality and satisfaction. The MPDQ also has the unique factor of requesting the

respondents to explore the relationship from their partner/spouse's point of view as well as their own point of view (Genero et al., 1992a).

Genero, Miller, Surrey, and Baldwin (1992a) completed a validation study of the MPDQ on a sample of 345 women and men recruited from introductory psychology courses, community health centers, and continuing education classes in the Boston, Massachusetts area. A majority of participants were Caucasian (80%), female (77%), and either married or significantly partnered (75% woman and 65% men). The average length of the married relationships was 11 years and the average length of the partnered relationships was five years. Form A and B of the MPDQ were demonstrated, through correlational analysis, to be equivalent for spouse/partner mutuality ($r = .95$) and friend mutuality ($r = .96$). Further analysis of internal consistency yielded coefficients of .92 for both forms for spouse/partner and .89 for friend.

Genero et al. (1992b) explain that the instrument was created to correlate highly mutuality with measures of social support, relationship satisfaction, and cohesion, while negatively correlating with measures of depression. Researchers assessed construct validity by comparing it with various other instruments. The MPDQ was correlated with the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988). Utilizing results for the Dyadic Adjustment Scale (DAS; Spanier, 1976) partner mutuality was shown to be highly correlated with relationship satisfaction and dyadic cohesion (Forms A and B, $r = .75$, $p < .001$). A significant inverse relationship with depression, as assessed by the Center for Epidemiological Studies in Depression (CED-D; Radloff, 1977), was demonstrated.

Concurrent validity was established by completing a multiple regression analysis with the findings that relationship satisfaction and dyadic cohesion were most strongly predictive of spouse/partner mutuality, while social support was shown to be more predictive of friend mutuality. Depression was also demonstrated to be better predicted by spouse/partner mutuality than friend mutuality (Genero et. al. 2009). In order to further test-retest reliability, Genero et. al. (1992) completed a second study with a sample of 81 female and male participants recruited from suburban communities. Participants ranged in age from 20 to 80 years and were married (95%) or separated. Same day test retest reliability coefficients were strong for both forms. The reliability alphas ranged from .87 to .91 over a two week time lapse.

Marital Satisfaction

Quality of Dyadic Relationship (QDR36; Ahlborg personal communication, Tuesday, December 14, 2010; see Appendix C) is a measure derived from the Dyadic Adjustment Scale (DAS) developed by Spanier (1976). The DAS is a self-report measure used to assess numerous aspects of marital quality. The DAS is generally acknowledged to be the most widely used measures of relationship satisfaction. Ahlborg, et al. (2005) received permission from Spanier to modify the DAS with the “aim of creating an instrument reflecting a broader conception of marital quality among first-time parents and parents with preschool children” (p. 23). The instrument was originally written in Swedish and translated into English and then retranslated to confirm that the translation was accurate and ensure that all discrepancies were resolved. Items were added to assess parents’ reciprocal communication, agreement about baby related matters, sensuality, and

sexuality. The instrument has been refined over time and the version being utilized is the most recently revised version offered by Ahlborg in a personal communication (Ahlborg personal communication, Tuesday, December 14, 2010).

The most current version contains 35 questions that are answered on a 6 point likert scale, ranging from 1 (never) to 6 (more often) and item 36 asks the participant to endorse the statement that best describes how she feels about the future of her relationship . Items 1 through 11 explore dyadic consensus, the extent to which the participant experiences agreement or disagreement with their partner/spouse on various aspects of life, for example: handling family finances, making major decisions, values and religious matters, as well as household tasks. Items 12 through 15 assess dyadic cohesion or shared activities. Participants are asked “how often do you think the following situations occur between you?” (T. Ahlborg personal communication, Tuesday, December 14, 2010) and then rate items such as “laugh together,” “calmly discuss something and work on a project together.” Items 16 through 25 and item 36 assess dyadic satisfaction. A sample of items in this section includes: “How often have you discussed or considered divorce/sample?” And “do you confide in your partner?” Item 36 asked the participant to endorse the statement that best describes her feeling about the future of the relationship. Items 26 through 30 explore dyadic sensuality. Sample items from this section include: “how often do you hug your partner” and “how often do you kiss your partner?” Items 31 through 35 evaluate dyadic sexuality and samples from this scale include: “how often do you feel sexual desire” and “how often is it a problem that one of you is too tired for sex?” (T. Ahlborg personal communication, Tuesday,

December 14, 2010). The QDR36 is scored by summing the values of each scale and dividing by the number of items. The subscale scores are then summed and the index of marital quality is completed. This score ranges between 5 and 30. Higher scores represent higher marital quality.

The validity and reliability information for the QDR36 is from a previous version of the measure. Ahlborg et al. (2009) tested the QDR on two different samples. The first sample consisted of 46 men and 44 women in long term relationships; however, the participants were individuals and not couples. The second sample consists of 47 heterosexual couples who were asked to complete the QDR before and then again after counseling. Ahlborg et al. (2009) utilized factor analysis to assess validity and Cronbach's alpha to assess reliability. "All subscales/dimensions showed good reliability by high values of Cronbach's alpha (.79 - .92) except the dimension sexuality that had an alpha value of .54 in group A, and in group B it was .56 before and .66 after counseling" (Ahlborg et al., 2009, p. 31). Factor analysis illustrated good convergent validity with the factor loading results between .31 - .87.

Procedure

IRB approval was obtained and participants were recruited through preschool mother's groups, the Centers for Disease and Prevention parent listserv, the mother's listserv through a large hospital in the Southeast, the undergraduate psychology department at a mid-size university in the Southwest, and early childhood PTA listservs. The researcher contacted administrators of these organizations and requested that they send out or allow the researcher access to their email listservs in order to furnish possible

participants with a prepared email containing the information about the study that includes the web link to complete the survey (see Appendix D). Flyers (see Appendix E) were also utilized for recruitment at several doctors' offices and local early childhood extracurricular classes. Three questionnaires were completed through the online website, Survey Monkey. Participants initially saw a screen with informed consent (see Appendix F) information and were given an opportunity to review information about the study, confidentiality, the study's potential risks and benefits, contact information for the researcher and her dissertation chair, and all other required IRB items. If participants agreed to participate, they clicked the appropriate box on the screen and proceeded to the three instruments used in the study. At the end of the surveys, participants were provided with a referral list of counseling resources (see Appendix G) should they wish to seek services as a result of any emotional discomfort experienced as a result of the study. Completing the surveys took approximately 15 minutes. Data anonymity was maintained by blocking access to participants' IP addresses; in addition, Survey Monkey has a function that blocks participants from completing the study more than once. Following completion of the instruments, participants had the opportunity to link to separate page where they had the option of entering a random drawing of three gift cards worth 50 dollars each. The information generated from this page did not link back to a respondent's surveys in an identifiable manner.

Analysis

The number of participants s provided enough power to acquire an accurate assessment of possible effects (Faul, Erdfelder, Buchner, & Lang, 2009). Initially, ranges,

means, and standard deviations on all continuous demographic variables and all MPDQ and QDR36 scales were calculated. Frequencies and percentages were noted for categorical demographic data. Scatter plots or similar analyses were used to determine if variables met assumptions for linearity needed for further analysis. These conditions were met; analyses of the major research questions proceeded as noted in Table 3. Exploratory statistics were completed as necessary to fully explore the results of the survey.

Table 3

Hypotheses and Proposed Statistical Analysis

Hypothesis	Statistical Analysis
A positive correlation is predicted between mutuality and both the total score and the subscales of the QDR36 including dyadic consensus, dyadic cohesion, dyadic satisfaction, dyadic sensuality and dyadic sexuality. (Hypotheses 1 and 2)	Pearson <i>r</i> correlations
It is predicted that an increased length of marriage and higher maternal age will be positively related to marital quality (all subscales) and mutuality. (Hypothesis 3)	Canonical correlation (allows for simultaneous exploration of all variables)
It is predicted that the subscales of the QDR36 have reliability scores equal to or greater than .70. (Hypothesis 4)	Cronbach's alpha

CHAPTER IV

RESULTS

Preliminary Statistics

Descriptive statistics for the Mutual Psychological Development Questionnaire (MPDQ; Genero, Miller, & Surrey, 1992) and the Quality of Dyadic Relationships (QDR36; Ahlborg, Lilleengen, Lönnfjord, & Petersen, 2009) (QDR36) were completed, including tabulating the mutuality score from the MPDQ, the total marital adjustment score for the QDR36 as well as the various subscales of the QDR36. These scores are presented below in Table 4.

Table 4

Descriptive Statistics for the Mutual Psychological Development Questionnaire (MPDQ) and the Quality in Dyadic Relationships-36 Scales (QDR36)

Scale Description	N	Minimum	Maximum	Mean	SD
MPDQ	137	2.73	5.73	4.42	.55
QDR36 consensus	135	1.00	4.91	2.25	.60
QDR36 cohesion	135	2.00	6.00	4.18	.79
QDR36 satisfaction	135	2.70	4.00	3.46	.26
QDR36 sensuality	135	1.80	6.00	4.89	.91
QDR36 sexuality	131	1.80	5.00	3.59	.67
QDR36 index marital quality	135	13.70	22.30	18.27	1.81

Note: The possible range on the MPDQ is 1-6. For the QDR Subscales, possible ranges are: Consensus (1-6), Cohesion (1-6), Satisfaction (1-6), Sensuality (1-6), Sexuality (1-6), Index Marital Quality (5-30).

CHAPTER V

DISCUSSION

Summary of Findings

The descriptive findings demonstrated mean scores that indicated women experienced high-moderate levels mutuality and moderate levels of marital satisfaction in their marriage after the birth of a child. The delineation of the levels of mutuality was based on the norms for the Mutual Psychological Development Questionnaire (MPDQ) and the Quality in Dyadic Relationships (QDR36) respectively set by Genero et al. (1992) and Alhborg et al. (2009). Dyadic consensus had the lowest mean score for marital adjustment and dyadic sensuality had the highest mean score for marital adjustment. Dyadic cohesion, dyadic satisfaction, and dyadic sexuality all had means that indicated moderate levels of marital adjustment. These results were in line with previous research about marital satisfaction and the birth of a child (i.e., Belsky & Kelly, 1994; Cox, Paley, Payne, & Burchinal, 1999; Shapiro, Gottman, & Carrere, 2000). Numerous studies have found that a decline across the transition to parenthood through early childhood may be the result of family roles shifting to a more traditional set of gender roles (Belsky & Kelly, 1994; Cowan & Cowan, 1988; Fox, 2009; Kluwer, Heesink, & Van De Vliert, 1997). However, since results were only taken at one point in time, definitive conclusions about change in marital satisfaction or mutuality cannot be drawn from these data.

The findings revealed that mutuality and marital satisfaction were significantly correlated, including all of the subscales of the QDR36. The subscale

with the greatest relationship with mutuality was dyadic satisfaction, which refers to overall marital satisfaction. Dyadic cohesion, which refers to the amount of time spent together, was a noteworthy concept significantly and positively related to mutuality. Belsky, Spanier, and Rovine (1983) found a relationship between decline of affectional expression and the frequency of leisure time, a result similar to dyadic cohesion-mutuality association in the current study. The results demonstrated that mutuality increased with the amount of time spent together. The role of shared leisure time has been linked most closely to marital quality, as Claxton and Perry-Jenkins (2008) found that as shared leisure time declined there was a direct weakening of the marital relationship.

The women respondents endorsed dyadic consensus as an inverse relationship with mutuality, which could be interpreted as demonstrating the importance of a couples' ability to disagree in a productive manner. The inverse relationship is further discussed in the context of Relational Cultural Theory (RCT) in the implications for theory subheading. The correlation of dyadic sexuality with mutuality was significant; however, it was the most minor of the relationships. This was an interesting finding, as sexuality after the birth of a child related to mutuality has not previously been explored. Although, it could be hypothesized that, with the multiple roles, shifts in how the female body has changed and is utilized, following childbirth and the increased household tasks women take on after the birth of child, that sexuality takes on lesser importance for women. Ahlborg, Dahlof, and Hallberg (2005) also identified a low correlation between sexual desire and sexual activity after the birth of a child. The researchers also found that fathers and mothers were slightly dissatisfied with dyadic sexuality. Overall, marital quality and dyadic sensuality, the latter of which

referred to the level of affection, were also significantly related to mutuality. Previous research has indicated a relationship between affection and marital quality (Belsky, Spanier, & Rovine, 1983; Shapiro et al., 2000).

A number of researchers have demonstrated that women who have waited to have children and have been married a longer length of time have greater marital satisfaction than women who have had not waited to have a child and had been married a shorter length of time (Belsky & Pensky, 1988; Bouchard, Lachance-Grzela, & Goguen, 2008; Cowan & Cowan, 2000). Interestingly, the results of this study indicated that younger mothers who had been married a shorter period of time experienced greater marital satisfaction and mutuality. This result is counter to the previous research and should be further investigated. One might speculate that the highly educated women in this sample had a more difficult time shifting to the role of motherhood after an established career. Therefore, the longer the relationship and being older mother may have been a more difficult transition than for the younger, less established mothers. Some insight into these findings may be found in the vocational psychology literature. For example, Grice, McGovern, Alexander, Ukestad and Hellerstedt (2011) studied the work-family conflict for postpartum mothers and found that spillover between job and home and vice versa significantly affected maternal mental and physical health. Interestingly, the researchers found that flexible work arrangements were correlated with poorer mental health scores because women were more likely to bring larger amounts of work home. Noor (2004) explored the effects of role salience on work-family conflict for women with children. Results demonstrated that work role salience exacerbated a negative impact on work-family

conflict. The more salient a women's work identity the more she struggled to juggle the role of mother with career.

The role of socioeconomic status was not shown to factor into the variable of mutuality or marital satisfaction for this sample. Orbuch, House, Mero, and Webster (1996) explored the role of socioeconomic status in marital satisfaction over the life span. The results indicated that, the longer a couple is married and the more financially secure, there was increased marital satisfaction over a life span. Another unexamined possibility might be that the mothers in this sample had an average age in their mid-30s, with a range up to age 44. With the wide age range available in this sample, perhaps some of the older mothers were more physically stressed by the demands of parenting their children, with some consequent impact on their spousal relationships.

The subscales of the QDR36 demonstrated adequate reliability scores on all five subscales, which were in line with expectations based on previous reliability assessments (Ahlborg et al., 2009). The subscale of dyadic sexuality had the lowest of the reliability scores, which some statisticians consider weak (Maxwell & Delaney, 2000), although there is debate about these cutoffs. However, in general, these reliability results, along with significant correlations to the MPDQ, confirmed that the QDR36 is a new viable instrument to assessment women's experience of marriage after the birth of a child.

Implications for Theory

RCT's central paradigm was established through the idea that individuals grow when connected to other individuals. Within the context of mutuality is the idea of "good conflict" (Jordan, 2010, p. 4) which was demonstrated in the results of this

study as dyadic consensus and was shown to have an inverse relationship with mutuality. Dyadic consensus is defined as the level of agreement about various issues, so it follows that this concept has a contrary relationship with some aspects of the mutuality construct. In the past, it was believed that the more couples agree, the better the relationship, while a more modern view is that conflict is natural part of a relationship, and what matters is how couples handle that conflict (Gottman & Silver, 1999). "Constructive conflict or good conflict" (Jordan, 2010, p. 36) demonstrates the importance of each partner to have the ability to represent her or his own views even when those views are in conflict with one another and then having the ability to resolve the conflict productively. "Mutuality does not mean sameness, nor does it mean equality; rather it means a way of relating, a shared activity in which each (or all) of the people involved are participating as fully as possible" (Miller & Stiver, 1997, p. 43). The fact that, in the present study, mutuality and dyadic consensus were inversely associated supports the key idea that marital satisfaction is not exclusively about agreement. The feeling of pleasure that comes from responding to someone's feelings and having the other respond to their emotional response is the flow of relational connection. When people have an effect on each other, there is a sense of empowerment that allows for the ability to positively interact in life (Miller & Stiver, 1997).

Gottman and Silver (1999) supported the concept of constructive conflict by offering practical ways to work through conflict by utilizing a "repair attempt" (p. 22). "This name refers to any statement or action – silly or otherwise – that prevents negativity from escalating out of control" (Gottman & Silver, 1999, p. 22). The repair attempt allows both partners to voice their respective feelings, act independently, and

deescalate tension, while preventing flooding of emotion, and damaging of the core romantic relationship and friendship. “What separates stable, emotional, intelligent marriages from others is not that their repair attempts are necessarily more skillful or better thought out, but that their repair attempts get through to the other spouse” (Gottman & Silver, 1999, p. 170).

There are several questions on the QDR36 that directly relate to the MPDQ, which further revealed the connection between marital satisfaction and mutuality. Both instruments assessed whether a couple has a stimulating exchange of ideas, can calmly discuss something, whether or not a couple mutually listen and understand one another, and whether humor is part of the relationship. The common characteristics of the two instruments strengthened the paradigm of RCT as it relates to marital satisfaction. The consistently significant correlations between the two instruments demonstrated that mutuality is a substantial component of marital satisfaction for women after the birth of a child.

Implications for Practice

This research demonstrated the importance of exploring how women experience their relationships after the birth of a child as well as the importance of addressing this life transition in clinical and community outreach milieus. This research demonstrated the importance of working with clients to build mutuality in their marriages. The American Psychological Association’s Guidelines for Psychological Practice with Girls and Women (2007) stated that women continue to assume disproportionate responsibility for child care and household management. It has been documented that these multiple roles and responsibilities lead to increased numbers of women with mental health issues, stress, and overload. Building mutuality

and sustaining mutuality in a marriage during a transition period into parenthood may be crucial for a marriage.

A question on the QDR36 assesses agreement/disagreement related to how household tasks are managed, which is an important factor of marital satisfaction as numerous researchers cite these roles as an important reason why women experience decline in marital satisfaction after the birth of a child (Ruble, Fleming, Hackel, & Stangor, 1988; & Milkie, 2003; Ruble, Fleming, Stangor, Brooks-Gunn, Fitzmaurice, & Deutsch, 1990). An assessment of how these multiple roles and shifts in household tasks change after the birth of a child is clinically imperative to helping couples transition into the roles of parent. Using both MPDQ and the QDR36 to assess the experience that both partners have in the relationship after the birth of a child allowed the clinician to utilize a targeted treatment that includes assisting both partners in gaining insight into their relationship. Supporting couples through this difficult transition could be achieved by working on reorganizing each partner's functions and responsibilities to the new family unit, and then working on how to better balance family, relationship, work, and leisure.

In a related vein, implications for training new therapists stem from the larger picture painted by the results of the study. It is essential that clinicians in training learn to help couples in therapy explore gender roles within the relationship and how the role expectations may change after the birth of a child. It is important for new clinicians to demonstrate comfort when helping couples explore sexuality within the marriage, how sexuality may change after the birth of a child and then explore how a couple adjusts once the child is born. New therapists need to be trained to help

couples learn how to use conflict in a productive manner by making their voices, needs and opinions heard while respecting their partner's voice, needs and opinions.

The importance of assisting couples during the transition is not just essential for the health of the marriage but "the strength of a couple's marriage affects the well-being of their children" (Gottman & Declaire, 1997, p. 34). Gottman and Declaire elucidated that children raised in homes with discord, criticism, and contempt were more likely to show antisocial and aggressive behaviors toward their friends. As young children, they also had difficulty focusing attention, soothing themselves, experienced increased number of health issues, and chronic stress. The health of a couple's marriage directly affects the health and mental health of children; therefore, clinicians should utilize family therapy when necessary to assist the entire family unit during the transition.

The road map for being a parent is the same as the road map for improving a marriage . . . emotionally aware, empathetic, and open to joint problem solving – is a good style for their marriage. In addition to becoming better parents, they improve the relationship with their spouses. (Gottman & Declaire, 1997, p. 139)

Clinical interventions have been shown to assist couples transitioning to parenthood when such interventions focus on both the marriage and the role of parenting. Cowan et al. (2011) found that couples assigned to interventions focused on marital skills as well as parenting skills exhibited more sustained effects, even through the point of children's attendance in high school. Feinberg et al. (2010) identified early childhood as a good time to provide intervention for both the couple and the family, and demonstrated that positive long term impact on parental stress,

relationship quality, lower rates of depression, and more efficacious co-parenting. The intervention utilized was an interactive eight session series that included a psycho-educational and skill-based curriculum designed for expecting couples (Feinberg et al., 2010). Specific topics reviewed included coordinated parenting, support, and conflict management.

Structural Therapy classically talks about the importance of keeping the parental subsystem separate from the spousal subsystem. Structural Family Therapy put forth by Minuchin utilizes an organizing structure for the family that supports the individual, the subsystems within the family as well as the whole family system (Nichols & Schwartz, 1998). Within this therapy, boundaries provide for the protection of the individuals and the subsystems within the larger family system. These boundaries allow individuals to remain independent within the couple and then the couple to remain independent within the family. Structural Family Therapy is a good way for clinicians to conceptualize the pragmatic needs of couples as they adjust to their roles as new parents. These concepts are in line with RCT, as it encourages both independence and mutual family development.

A number of evidence-based treatments for couples and families fit well with RCT theory. For example, issues of coming to accept each other's differences are highlighted in Integrative Behavioral Couples Therapy (ICBT; Christensen, Atkins, Baucom, & Yi, 2010) and partners' abilities to repair conflicts and gain empathy for each others' vulnerabilities are emphasized in Emotion-Focused Therapy (EFT; Halchuk, Makinen, & Johnson, 2010).

Integrative Behavioral Couple Therapy has an acceptance component that speaks to allowing differences to exist between partners and is supported by the

current results demonstrating an inverse relationship between dyadic consensus and mutuality. Christensen, Atkins, Baucom, and Yi (2010) researched the efficacy of IBCT by comparing seriously distressed married couples using either a traditional behavioral couples' therapy or IBCT. IBCT focuses on both increasing emotional acceptance in addition to direct behavioral change. Results demonstrated that both therapies were effective but IBCT produced superior outcomes two years after the termination of treatment.

Emotion-Focused Therapy helps couples learn to repair ruptures or conflicts with a focus on empathy, which directly relates to the concept of mutuality. As a recent example in a long line of empirically supported treatments by EFT founder, Johnson and colleagues, Halchuk, Makinen, and Johnson (2010) demonstrated that couples with serious attachment injuries improved using EFT, and that their gains were maintained at the three year follow-up.

Established models, like EFT, ICBT, or Gottman's Sound Marital House (Gottman, Driver, & Tabares, 2002), in a sense operationalize the concept of mutuality in a way that therapists can utilize them. RCT is a theory about relationships, not a model of therapy and therefore the concepts of RCT are put into practice utilizing these empirically supported treatments.

Implications for Future Research

In continued research, it would be important to tease out how the factors of the MPDQ (Genero, Miller, & Surrey, 1992), such as empathy, engagement, authenticity, empowerment, zest, and diversity, relate to the subscales of the QDR36. It is important to explore whether a planned versus unplanned pregnancy changes a woman's experience of mutuality and marital satisfaction after the birth of a child.

Numerous researchers have found that planned pregnancies are protective against the steep declines that occur during this period of transition (Bouchard et al., 2008; Cox, Paley, Burchinal, & Payne, 1999; Lawrence et al., 2008).

Another important factor that may have an effect on how women experience their marriages after the birth of a child is jobs status outside the home. It would be interesting to explore how mutuality is affected by either single earning versus dual earner households. Van Steenberg, Kluwer, and Karney (2011) found that women in parent couples who had an increased workload also had increased marital satisfaction. The medical health of a child, specifically low birth weight and failure to thrive, put couples at higher risk for divorce than children born with an average birth rate (Fertig, 2004). Parents with children of autism spectrum disorder have a higher rate of divorce than parents of children without the diagnosis (Hartley et al., 2010). These examples demonstrated the importance of assessing a child's health as a factor that has the potential to affect significantly marital satisfaction and mutuality. Each of these factors has enormous potential to cause stress for individuals as well as for the marriages.

The role of social support, and specifically the support of the extended family, has been demonstrated to be a positive factor during the transition to parenthood (Cowan, 1999; Deave et al., 2008; Gottman & Gottman, 2007). Further assessment of how social support contributes to couples' resiliency during the transition to parenthood is vital to further understanding what couples need to be effective parents and experience both mutuality and marital satisfaction.

The role of sexuality in a marriage was shown to be significant; however, the correlation with mutuality was lower than with other factors. It would be helpful to

assess the role of sexuality in mutuality from both partner's perspectives. It would also be interesting to explore the husbands' experience of this transition period and a longitudinal view of couples' experience pre-pregnancy, post-birth, and early childhood. An exploration of the couples' experience over various points in time would allow clinicians to target more directly points of weakness in the marital trajectory and develop effective clinical interventions. A sample with greater diversity would also be preferable in order to gain a comprehensive view of this transition period.

Strengths and Limitations

There are numerous strengths of this study. Firstly, the number of respondents lead to a statistical power that is more than adequate (Faul, Erdfelder, Buchner, & Lang, 2009). The alpha reliabilities for the QDR36 (Ahlborg et al. (2009) fell into acceptable ranges. This study explored a new instrument, the QDR36, that has not been utilized in research other than that of its author. The QDR36 is an innovative new measure of marital quality that examines dyadic marital satisfaction for parents in a more sophisticated manner. The QDR36 accesses questions about sensuality and sexuality in relationships that are not asked by the MPDQ (Genero, Miller, & Surrey, 1992) or previous measures of dyadic relationships. These questions were important, as they demonstrated that women endorsed sexuality as a significantly important to their experience of mutuality in their marriage; however, it was one of the smaller associations. This is the first time that the QDR36 has been compared to the MPDQ.

There are also a number of limitations to this research. A longitudinal research design that included matched husband and wife couples would allow for greater understanding of how the relationship changes after couples become parents. The

current sample represented in this survey is skewed as 89% of the sample completed undergraduate school and 58% of the sample has some graduate school or a completed graduate degree. According to the U.S. Census Bureau (2011a) for data collected through 2009, 29.1% of females are college graduates or have attained higher education. It should also be noted that 89% of the sample were White. The socioeconomic status of the sample was skewed toward a considerably high income level with a median of \$125,000.00 with a range of \$10,000.00 to \$1,000,000.00. This demographic is appreciably above the median family income of \$62,621.00 or \$73,010.00 for a married couple with children, as reported by the United States Census Bureau (2011b).

Conclusions

In conclusion, the results of this survey demonstrate the important relationship between mutuality and marital satisfaction for women after the birth of a child. The inverse relationship of dyadic consensus with mutuality lends strength to mutuality as a flexible concept that supports the relational cultural theory's (Jordan, 2010) main paradigm that relationships grow through connections built on independence, compromise and conflict that is resolved honestly and productively. This research revealed that it is essential for couples to manage conflict in a productive manner by openly addressing conflict in a manner that allows both partners to voice differences in a respectful interaction. This research also established the importance of building mutuality in the relationship as a buffer against stressful transition to parenthood. It is important for couples to remain connected during this transition and care for their relationship by making time for each other even when children bring many new priorities.

REFERENCES

- Ahlborg, T., Dahlof, L.-G., & Hallberg, L. R. M. (2005). Quality of the intimate and sexual relationship in first-time parents six months after delivery. *The Journal of Sex Research*, 42(2), 167–174. doi:10.1080/00224490509552270.
- Ahlborg, T., Lilleengen, A., Lönnfjord, V., & Petersen, C. (2009). Quality of dyadic relationship in Swedish men and women living in long-term relationships and in couples in family counseling—Introduction of a new self-report measure, QDR36. *Nordic Psychology*, 61(3), 23-46. doi:10.1027/1901-2276.61.3.23.
- Ahlborg, T., & Strandmark, M. (2006). Factors influencing the quality of intimate relationships six months after delivery: First time parents' own views and coping strategies. *Journal of Psychosomatic Obstetrics & Gynecology*, 27(3), 163–172. doi:10.1080/01674820500463389.
- Ahrons, C. R., & Wallisch, L.S. (1987). The relationship between former spouses. In D. Perlman & S. Duck (Eds.) *Intimate relationships: Development, dynamics, and deterioration* (pp. 269-296). Thousand Oaks, CA: Sage.
- American Psychological Association. Guidelines for psychological practice with girls and women (Adopted February 2007). Retrieved from <http://www.apa.org/practice/guidelines/girls-and-women.pdf>
- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61(2), 226-244. doi:10.1037/0022-3514.61.2.226.

- Belsky, J. & Hsieh, K.-H. (1998). Patterns of marital change during the early childhood years: Parent personality, co-parenting, and division-of-labor correlates. *Journal of Family Psychology*, 12, 511–528. doi:10.1037/0893-3200.12.4.511.
- Belsky, J. & Kelly, J. (1994). *The transition to parenthood*. New York, NY: Delacorte Press.
- Belsky, J., & Isabella, R. A. (1985). Marital and parent–child relationships in family of origin and marital change following the birth of a baby: A retrospective analysis. *Child Development*, 56, 342–349. doi:10.2307/1129724.
- Belsky, J., & Pensky, E. (1988). Marital change across the transition to parenthood. *Marriage & Family Review*, 12(3–4), 133–156. doi:10.1300/J002v12n03_08.
- Belsky, J., Spanier, G. B., & Rovine, M. (1983). Stability and change in marriage across the transition to parenthood. *Journal of Marriage and the Family*, 45, 567–577. doi:10.2307/351661.
- Bergman, S. J. (1991). *Men's psychological development: Relation perspective*. (Work in progress, No.48). Wellesley, MA: Stone Center Working Paper Series.
- Bouchard, G., Lachance-Grzela, M., & Goguen, A. (2008). Timing of the transition to motherhood and union quality: The moderator role of union length. *Personal Relationships*, 15, 71–80. doi:10.1111/j.1475-6811.2007.00185.x.
- Bradbury, T. N., Fincham, F. D., & Beach, S. R. H. (2000). Research on the nature and determinants of marital quality: A decade in review. *Journal of Marriage and the Family*, 62, 964–980. doi:10.1111/j.1741-3737.2000.00964.x.

- Braiker, H. B., & Kelley, H. H. (1979). Conflict in the development of close relationships. In R. L. Burgess & T. L. Huston (Eds.), *Social exchange in developing relationships* (pp. 15-168). New York: Academic Press.
- Bruns, C. (2002, July). Perceived mutuality in child-adult relationships and severity of abuse as predictors of complex PTSD symptoms in women who were sexually abused as children. *Dissertation Abstracts International*, 63, Retrieved from EBSCOhost.
- Burlingame, G. M., Wells, M. G., Lambert, M. J., & Cox, J. C. (2004) Youth outcome questionnaire. In M. Marushi (Ed.), *The use of psychological testing for treatment planning and outcomes assessment* (pp. 235-274). New York: Routledge.
- Burman, B., & Margolin, G. (1992). Analysis of the associations between marital relationships and health problems: An interactional perspective. *Psychological Bulletin*, 112, 39–63. doi:10.1037/0033-2909.112.1.39.
- Cannon, K. (2008). Increasing relational capacities: Utilizing relational practice groups in a population of relationally aggressive adolescent females. *Dissertation Abstracts International Section A*, 68, Retrieved from EBSCOhost.
- Children of Divorce Statistics (n.d.) Retrieved from <http://www.divorcestatistics.org/>.
- Christensen, A. (1988). Dysfunctional interaction patterns in couples. In P. Noller, M. Fitzpatrick, P. Noller, M. Fitzpatrick (Eds.) , *Perspectives on marital interaction* (pp. 31-52). Clevedon England: Multilingual Matters. Retrieved from EBSCOhost.

- Christensen, A., Atkins, D. C., Baucom, B., & Yi, J. (2010). Marital status and satisfaction five years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy. *Journal of Consulting and Clinical Psychology, 78*, 225-235. doi:10.1037/a0018132
- Christensen, A., & Schenk, J. L. (1991). Communication, conflict, and psychological distance in nondistressed, clinic, and divorcing couples. *Journal of Consulting and Clinical Psychology, 59*, 458-463. doi:10.1037/0022-006X.59.3.458.
- Claxton, A. & Perry-Jenkins, M. (2008). No fun anymore: Leisure and marital quality across the transition to parenthood. *Journal of Marriage and the Family, 70*, 28-43. doi:10.1111/j.1741-3737.2007.00459.x.
- Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J., & Salazar, G. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development, 86*, 279-287. Retrieved from EBSCOhost.
- Cowan, C. P., & Cowan, P. A. (1988). Who does what when partners become parents: Implications for men, women, and marriage. *Marriage & Family Review, 12*(3-4), 105-131. doi:10.1300/J002v12n03_07.
- Cowan, P. A. (1999). What we talk about when we talk about families. *Monographs of the Society for Research in Child Development, 64*(2), 163-176. doi:10.1111/1540-5834.00027.
- Cowan, C., & Cowan, P. A. (2000). *When partners become parents: The big life change for couples*. Mahwah, NJ US: Lawrence Erlbaum Associates Publishers. Retrieved from EBSCOhost.

- Cowan, C., Cowan, P. A., & Barry, J. (2011). Couples' groups for parents of preschoolers: Ten-year outcomes of a randomized trial. *Journal of Family Psychology*, 25, 240-250. doi:10.1037/a0023003.
- Cox, M. J., Paley, B., Payne, C., & Burchinal, M. (1999). The transition to parenthood: Marital conflict and withdrawal and parent–infant interactions. In M. J. Cox, J. Brooks-Gunn, M. J. Cox, J. Brooks-Gunn (Eds.), *Conflict and cohesion in families: Causes and consequences* (pp. 87-104). Mahwah, NJ US: Lawrence Erlbaum Associates Publishers. Retrieved from EBSCOhost.
- Cox, M. J., & Paley, B. (1997). Families as systems. *Annual Review of Psychology*, 48, 243-267. doi:10.1146/annurev.psych.48.1.243.
- Cox, M. J., Paley, B., Burchinal, M., & Payne, C. C. (1999). Marital perceptions and interactions across the transition to parenthood. *Journal of Marriage and the Family*, 61, 611–625. doi:10.2307/353564.
- Curran, M., Hazen, N., Jacobvitz, D., & Feldman, A. (2005). Representations of early family relationships predict marital maintenance during the transition to parenthood. *Journal of Family Psychology*, 19, 189–197. doi:10.1037/0893-3200.19.2.189.
- Curran, M., Hazen, N., Jacobvitz, D., & Sasaki, T. (2006). How representations of the parental marriage predict marital emotional attunement during the transition to parenthood. *Journal of Family Psychology*, 20, 477–484. doi:10.1037/0893-3200.20.3.477.
- Curran, M. A., Hazen, N. L., & Mann, T. (2009). Representations of marriage and expectations of parenthood: Predictors of supportive co-parenting for first-

- time parents. *Parenting: Science and Practice*, 9(1-2), 101-122.
doi:10.1080/15295190802656794.
- David, K. M. (2009). Maternal reports of marital quality and preschoolers' positive peer relations: The moderating roles of effortful control, positive emotionality, and gender. *The Journal of Positive Psychology*, 4(2), 168-181.
doi:10.1080/17439760802650527.
- Davies, P. T., & Cummings, E. (1994). Marital conflict and child adjustment: An emotional security hypothesis. *Psychological Bulletin*, 116, 387-411.
doi:10.1037/0033-2909.116.3.387.
- Deave, T., Johnson, D., & Ingram, J. (2008). Transition to parenthood: The needs of parents in pregnancy and early parenthood. *BMC Pregnancy and Childbirth*, 8, 1-11. doi:10.1186/1471-2393.
- Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2009). The effect of the transition to parenthood on relationship quality: An 8-year prospective study. *Journal of Personality and Social Psychology*, 96, 601-619.
doi:10.1037/a0013969.
- Erel, O., & Burman, B. (1995). Interrelatedness of marital relations and parent-child relations: A meta-analytic review. *Psychological Bulletin*, 118, 108-132.
doi:10.1037/0033-2909.118.1.108.
- Evans, Y. (2002, January). An empirical investigation of relational/cultural theory: The relationship between perceived empathy and perceived mutuality with relational empowerment. *Dissertation Abstracts International*, 63, Retrieved from EBSCOhost.

- Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2009) Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods*, 41, 1149-1160. doi:10.3758/BRM.41.4.1149.
- Feinberg, M. E., Jones, D. E., Kan, M. L., & Goslin, M. C. (2010). Effects of family foundations on parents and children: 3.5 years after baseline. *Journal of Family Psychology*, 24, 532-542. doi:10.1037/a0020837.
- Feldman, R. (2000). Parents' convergence on sharing and marital satisfaction, father involvement, and parent-child relationship at the transition to parenthood. *Infant Mental Health Journal*, 21(3), 176-191. doi:10.1002/1097-0355(200007)21:3<176::AID-IMHJ3>3.0.CO;2-4.
- Fertig, A. (2004). *Healthy baby, healthy marriage? The effect of children's health on divorce*. Unpublished manuscript, Center for Health and Wellbeing, Princeton University, Princeton, New Jersey.
- Filsinger, E. E., & Thoma, S. J. (1988). Behavioral antecedents of relationship stability and adjustment: A five-year longitudinal study. *Journal of Marriage & the Family*, 50, 785-795. doi:10.2307/352647.
- Fox, B. (2009). *When couples become parents: The creation of gender in the transition to parenthood*. Toronto, Canada: University of Toronto Press.
- Ganiron, E. (2007). Mutuality and relationship satisfaction in the formation of lesbian relationships across the life cycle: Unpacking the u-haul myth. *Dissertation Abstracts International*, 68, Retrieved from EBSCOhost.
- Garrison, M., Blalock, L. B., Zarski, J. J., & Merritt, P. B. (1997). Delayed parenthood: An exploratory study of family functioning. *Family Relations*, 46, 281-290. doi:10.2307/585126.

Gattis, K. S., Simpson, L. E., & Christensen, A. (2008). What about the kids?

Parenting and child adjustment in the context of couple therapy. *Journal of Family Psychology*, 22, 833-842. doi:10.1037/a0013713.

Genero, N. P., Miller, J. B., & Surrey, J. (1992). The mutual psychological development questionnaire. (Project Report, No.1). Wellesley, MA: Stone Center Working Paper Series.

Genero, N. P., Miller, J. B., Surrey, J., & Baldwin, L. M. (1992). Measuring perceived mutuality in close relationships: Validation of the mutual psychological development questionnaire. *Journal of Family Psychology*, 6, 36-48. doi:10.1037/0893-3200.6.1.36.

George, C., Kaplan, N., & Main, M. (1996). *The Adult Attachment Interview*. Unpublished manuscript, University of California Berkeley. As cited in Curran, M., Hazen, N., Jacobvitz, D., & Feldman, A. (2005). Representations of early family relationships predict marital maintenance during the transition to parenthood. *Journal of Family Psychology*, 19, 189-197. doi:10.1037/0893-3200.19.2.189.

Gerris, J. M., Vermulst, A. A., Boxtel, D. A., Janssens, J. M., van Zutphen, R. A., & Felling, A. J. (1993). *Child rearing and family in the Netherlands*. Nijmegen, The Netherlands: ITS.

Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA US: Harvard University Press.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, 38, 581-586. doi:10.1111/j.1469-7610.1997.tb01545.x

- Gottman, J. M. (1979). *Marital interaction: Experimental investigation*. New York, NY: Academic Press.
- Gottman, J. & Declaire, J. (1997). *Raising an emotionally intelligent child*. New York, NY: Simon & Schuster.
- Gottman, J. M., Driver, J., & Tabares, A. (2002). Building the sound marital house: An empirically derived couple therapy. In A. S. Gurman, N. S. Jacobson, A. S. Gurman, N. S. Jacobson (Eds.) , *Clinical handbook of couple therapy (3rd ed.)* (pp. 373-399). New York, NY US: Guilford Press. Retrieved from EBSCOhost
- Gottman, J. M. & Gottman, J. S. (2007). *And baby makes three*. New York, NY: Crown Publishers.
- Gottman, J.M., & Silver, N. (1999). *The seven principles for making marriage work*. New York, NY: Crown Publishers.
- Guttmann, J. & Lazar, A. (2004). Criteria for marital satisfaction: Does having a child make a difference. *Journal of Reproductive and Infant Psychology*, 22(3), 147–155. doi:10.1080/02646830410001723733.
- Grice, M. M., McGovern, P. M., Alexander, B. H., Ukestad, L., & Hellerstedt, W. (2011). Balancing work and family after childbirth: A longitudinal analysis. *Women's Health Issues*, 21(1), 19-27. doi:10.1016/j.whi.2010.08.003
- Griffith, J. D., Joe, G. W., Chatham, L. R., & Simpson, D. (1998). The development and validation of a simpatía scale for Hispanics entering drug treatment. *Hispanic Journal of Behavioral Sciences*, 20, 468-482. doi:10.1177/07399863980204004

- Hakvoort, E. M., Bos, H. W., van Balen, F., & Hermanns, J. A. (2010). Family relationships and the psychosocial adjustment of school-aged children in intact families. *The Journal of Genetic Psychology: Research and Theory on Human Development*, 171(2), 182-201. doi:10.1080/00221321003657445.
- Halberstadt, A. G. (1986). Family socialization of emotional expression and nonverbal communication styles and skills. *Journal of Personality and Social Psychology*, 51, 827-836. doi:10.1037/0022-3514.51.4.827.
- Halchuk, R. E., Makinen, J. A., & Johnson, S. M. (2010). Resolving attachment injuries in couples using emotionally focused therapy: A three-year follow-up. *Journal of Couple & Relationship Therapy*, 9(1), 31-47. doi:10.1080/15332690903473069
- Hartley, S. L., Barker, E. T., Seltzer, M., Floyd, F., Greenberg, J., Orsmond, G., & Bolt, D. (2010). The relative risk and timing of divorce in families of children with an autism spectrum disorder. *Journal of Family Psychology*, 24, 449-457. doi:10.1037/a0019847
- Hirschberger, G., Srivastava, S., Marsh, P., Cowan, C., & Cowan, P. A. (2009). Attachment, marital satisfaction, and divorce during the first fifteen years of parenthood. *Personal Relationships*, 16, 401-420. doi:10.1111/j.1475-6811.2009.01230.x.
- Houts, R. M., Barnett-Walker, K. C., Paley, B., & Cox, M. J. (2008). Patterns of couple interaction during the transition to parenthood. *Personal Relationships*, 15, 103-122. doi:10.1111/j.1475-6811.2007.00187.x.

- Howard, K. S., & Brooks-Gunn, J. (2009). Relationship supportiveness during the transition to parenting among married and unmarried parents. *Parenting: Science and Practice*, 9(1-2), 123-142. doi:10.1080/15295190802656828.
- Huston, T. L., & Houts, R. M. (1998). The psychological infrastructure of courtship and marriage: The role of personality and compatibility in romantic relationships. In T. N. Bradbury, T. N. Bradbury (Eds.), *The developmental course of marital dysfunction* (pp. 114-151). New York, NY US: Cambridge University Press. doi:10.1017/CBO9780511527814.006.
- Huston, T. L., Niehuis, S., & Smith, S. E. (2001). The early marital roots of conjugal distress and divorce. *Current Directions in Psychological Science*, 10, 116-119. doi:10.1111/1467-8721.00129.
- Jacobvitz, D. (1992). *The grandparent marriage interview*. Unpublished manuscript, University of Texas at Austin. As cited in Curran, M., Hazen, N., Jacobvitz, D., & Feldman, A. (2005). Representations of early family relationships predict marital maintenance during the transition to parenthood. *Journal of Family Psychology*, 19, 189-197. doi:10.1037/0893-3200.19.2.189.
- Jordan, J.V. (1991). *The meaning of mutuality*. (Work in Progress, No.23). Wellesley, MA: Stone Center Working Paper Series.
- Jordan, J. V. (1997). *Women's growth in diversity*. New York, NY: The Guilford Press.
- Jordan, J. V. (2008). Recent developments in relational-cultural theory. *Women & Therapy*, 31(2-4), 1-4. doi:10.1080/02703140802145540.
- Jordan, J. V. (2010). *Relational-cultural therapy*. Washington, DC US: American Psychological Association. Retrieved from EBSCOhost.

Jordan, J.V. & Dooley, C. (2001). *Relational practice in action: A group manual*.

Project Report No. 6. Wellesley, MA: Stone Center Publications.

Jordan, J. V., Kaplan, A. G., Miller, J. B., Stiver, I. P. & Surrey, J. L. (1991).

Women's growth in connection: Writings from the Stone center. The Guilford Press: New York.

Jordan, J. V., & Hartling, L. M. (2002). New developments in relational-cultural

theory. In M. Ballou, L. S. Brown, M. Ballou, L. S. Brown (Eds.), *Rethinking mental health and disorder: Feminist perspectives* (pp. 48-70). New York, NY US: Guilford Press. Retrieved from EBSCOhost.

Julian, T. W., & Knapp, T. R. (1995). The National Survey of Families and

Households: A rich data base for nursing research. *Research in Nursing & Health*, 18(2), 173-177. doi:10.1002/nur.4770180210

Kappus, L. (2008). The impact of a relational-cultural group on the relational

competencies of girls in foster care: A mixed methods study. *Dissertation Abstracts International*, 69, Retrieved from EBSCOhost.

Khazan, I., Mchale, J. P., & Decourcey, W. (2008). Violated wishes about division of

childcare labor predict early co-parenting process during stressful and nonstressful family evaluations. *Infant Mental Health Journal*, 29, 343-361. doi:10.1002/imhj.20183.

Kline, G. H., Julien, D., Baucom, B., Hartman, S. G., Gilbert, K., Gonzales, T., &

Markman, H. J. (2004). The interactional dimensions coding system: A global system for couple interactions. In P. K. Kerig & D. H. Baucom (Eds.), *Couple observational coding systems* (pp. 113-127). Mahwah, NJ: Erlbaum.

- Kluwer, E. S., Heesink, J. M., & Van De Vliert, E. (1997). The marital dynamics of conflict over the division of labor. *Journal of Marriage & the Family*, 59, 635-653. doi:10.2307/353951.
- Kluwer, E. S. & Johnson, M. D. (2007). Conflict frequency and relationship quality across the transition to parenthood. *Journal of Marriage and Family*, 69, 1089–1106. doi:10.1111/j.1741-3737.2007.00434.x.
- Kobak, R., & Hazan, C. (1991). Attachment in marriage: Effects of security and accuracy of working models. *Journal of Personality and Social Psychology*, 60, 861-869. doi:10.1037/0022-3514.60.6.861
- Kurdek, L. (1999). The nature and predictors of the trajectory of change in marital quality for husbands and wives over the first 10 years of marriage. *Developmental Psychology*, 35, 1283-1296. doi:10.1037/0012-1649.35.5.1283.
- Larson, J. H., & Holman, T. B. (1994). Premarital predictors of marital quality and stability. *Family Relations*, 43, 228-237. doi:10.2307/585327.
- Lawrence, E., Cobb, R. J., Rothman, A. D., Rothman, M. T., & Bradbury, T. N. (2008). Marital satisfaction across the transition to parenthood. *Journal of Family Psychology*, 22, 41–51. doi:10.1037/0893-3200.22.1.41.
- LeMaster, E.E. (1957). Parenthood as crisis. *Marriage and Family Living*, 19, 352-355.
- Locke, H. J., & Wallace, K. M. (1959). Short marital-adjustment and prediction tests: Their reliability and validity. *Marriage & Family Living*, 21251-21255. doi:10.2307/348022.

- MacDermid, S. M., Huston, T. L., & McHale, S. M. (1990). Changes in marriage associated with the transition to parenthood: Individual differences as a function of sex-role attitudes and changes in the division of household labor. *Journal of Marriage and the Family*, 52, 475–486. doi:10.2307/353041.
- Maxwell, S. E., & Delaney, H. D. (2000). *Designing experiments and analyzing data*. Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Miller, J. B. (1976/1986). *Toward a new psychology of women*. Boston, MA: Beacon Press.
- Miller, J.B. (1986). *What do we mean by relationships?* Work in Progress, No. 22. Wellesley, MA: Stone Center Working Paper Series.
- Miller, J. B. (1991). The development of women's sense of self. In Jordan, J., Kaplan, A. G., Miller, J.B., Stiver, I.P., & Surrey, J.L. (Eds.). *Women's growth in connection*. (pp. 11–26). New York, NY: The Guilford Press.
- Miller, J. B., & Stiver, I.P. (1997). *The healing connection: How women form relationships in therapy and in life*. Boston, MA: Beacon Press.
- Moller, K., Hwang, C. P., & Wickberg, B. (2006). Romantic attachment, parenthood, and marital satisfaction. *Journal of Reproductive and Infant Psychology*, 24(3), 233–240. doi:10.1080/02646830600821272.
- Nichols, M.P., & Schwartz, R.C. (1998). *Family therapy: concepts and methods*. Boston, MA: Allyn and Bacon.
- Nomaguchi, K. M. & Milkie, M. A. (2003). Costs and rewards of children: The effects of becoming a parent on adults' lives. *Journal of Marriage and Family*, 65, 356–374. doi:10.1111/j.1741-3737.2003.00356.x

- Noor, N. M. (2004). Work-Family Conflict, Work- and Family-Role Salience, and Women's Well-Being. *The Journal of Social Psychology*, 144(4), 389-405.
doi:10.3200/SOCP.144.4.389-406
- Norton, R. (1983). Measuring marital quality: A critical look at the dependent variable. *Journal of Marriage & the Family*, 45, 141-151.
doi:10.2307/351302.
- Notarius, C. J., & Vanzetti, N. (1983). Marital agendas protocol. In E. E. Filsinger (Ed.). *Marriage and family assessment: A sourcebook for family therapy*. (pp. 209-227). Beverly Hills, CA: Sage.
- Orbuch, T. L., House, J. S., Mero, R. P., & Webster, P. S. (1996). Marital quality over the life course. *Social Psychology Quarterly*, 59, 162-171.
doi:10.2307/2787050
- Pinquart, M., & Teubert, D. (2010). Effects of parenting education with expectant and new parents: A meta-analysis. *Journal of Family Psychology*, 24, 316-327.
doi:10.1037/a0019691.
- Presley, R., & Martin, R. P. (1994). Toward a structure of preschool temperament: Factor structure of the Temperament Assessment Battery for Children. *Journal of Personality*, 62, 415-448. doi:10.1111/j.1467-6494.1994.tb00304.x
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.
doi:10.1177/014662167700100306.
- Rothbart, M. K., Ahadi, S. A., Hersey, K. L., & Fisher, P. (2001). Investigations of temperament at three to seven years: The Children's Behavior Questionnaire. *Child Development*, 72, 1394-1408. doi:10.1111/1467-8624.00355.

- Ruble, D. N., Fleming, A. S., Hackel, L. S., & Stangor, C. (1988). Changes in the marital relationship during the transition to first time motherhood: Effects of violated expectations concerning division of household labor. *Journal of Personality and Social Psychology*, 55, 78-87. doi:10.1037/0022-3514.55.1.78.
- Ruble, D. N., Fleming, A. S., Stangor, C., Brooks-Gunn, J., Fitzmaurice, G., & Deutsch, F. (1990). Transition to motherhood and the self: Measurement, stability, and change. *Journal of Personality and Social Psychology*, 58, 450-463. doi:10.1037/0022-3514.58.3.450.
- Sanftner, J. L., Cameron, R. P., Tantillo, M., Heigel, C. P., Martin, D., Sippel-Silowash, J., & Taggart, J. M. (2006). Mutuality as an aspect of family functioning in predicting eating disorder symptoms in college women. *Journal of College Student Psychotherapy*, 21(2), 41-66. doi:10.1300/J035v21n02_06.
- Sanftner, J. L., Ryan, W. J., & Pierce, P. (2009). Application of a relational model to understanding body image in college women and men. *Journal of College Student Psychotherapy*, 23(4), 262-280. doi:10.1080/87568220903167182.
- Schermerhorn, A. C., D'Onofrio, B. M., Turkheimer, E., Ganiban, J. M., Spotts, E. L., Lichtenstein, P., Reiss, D., & Neiderhiser, J. M. (2010, December 13). A genetically informed study of associations between family functioning and child psychosocial adjustment. *Developmental Psychology*. Advance online publication. doi: 10.1037/a0021362.
- Schumm, W. R., Paff-Bergen, L. A., Hatch, R. C., & Obiorah, F. C. (1986). Concurrent and discriminant validity of the Kansas Marital Satisfaction Scale. *Journal of Marriage & the Family*, 48, 381-387. doi:10.2307/352405.

- Shapiro, A. F., Gottman, J. M., & Carrere, S. (2000). The baby and the marriage: Identifying factors that buffer against decline in marital satisfaction after the first baby arrives. *Journal of Family Psychology, 14*, 59–70. doi:10.1037/0893-3200.14.1.59.
- Smith, J. A. (1999). Identity development during the transition to motherhood: An interpretative phenomenological analysis. *Society for Reproductive and Infant Psychology, 17*, 281–299. doi:10.1080/02646839908404595.
- Snyder, D. K. (1997). *Marital satisfaction inventory-revised*. Los Angeles, CA: Western Psychological Associates.
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family, 38*, 15–28. doi:10.2307/350547.
- Spencer, R. (2000). A Comparison of relational psychologies. Work in Progress, No. 5 Wellesley, MA: Stone Center Working Paper Series.
- Stanley, S. M., & Markman, H. J. (1992). Assessing commitment in personal relationships. *Journal of Marriage & the Family, 54*, 595-608. doi:10.2307/353245.
- Talbot, J. A., & McHale, J. P. (2004). Individual parental adjustment moderates the relationship between marital and coparenting quality. *Journal of Adult Development, 11*(3), 191-205. doi:10.1023/B:JADE.0000035627.26870.f8.
- Tamis-LeMonda, C. S., & Kahana-Kalman, R. (2009). Mothers' views at the transition to a new baby: Variation across ethnic groups. *Parenting: Science and Practice, 9*(1-2), 36-55. doi:10.1080/15295190802656745.

Umberson, D., Williams, K., Powers, D. A., Chen, M. D., & Campbell, A. M. (2005).

As good as it gets? a life course perspective on marital quality. *Social Forces*, 84, 493-511. doi:10.1353/sof.2005.0131.

U.S. Census Bureau, Statistical abstract of the United States (2011a). *Table 225*.

Educational attainment by Race, Hispanic origin, and sex: 1970 to 2009.

Retrieved from

<http://www.census.gov/compendia/statab/2011/tables/11s0225.pdf>

U.S. Census Bureau, Statistical abstract of the United States (2011b). *Table 691*.

Money income of the households – distribution by income level and selected characteristics: 2008. Retrieved from

<http://www.census.gov/compendia/statab/2011/tables/11s0691.pdf>

van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (1996). Attachment

representations in mothers, fathers, adolescents, and clinical groups: A meta-analytic search for normative data. *Journal of Consulting and Clinical Psychology*, 64, 8-21. doi:10.1037/0022-006X.64.1.8

van Steenbergen, E. F., Kluwer, E. S., & Karney, B. R. (2011). Workload and the

trajectory of marital satisfaction in newlyweds: Job satisfaction, gender, and parental status as moderators. *Journal of Family Psychology*, 25, 345-355.

doi:10.1037/a0023653

Vu, C. T., & Christensen, A. (2003, May). *Methodology of outcome studies in couple*

therapy: Analysis and recommendations. Paper presented at the annual meeting of the Western Psychological Association, Vancouver, British Columbia, Canada.

- Waite, L. J., Haggstrom, G. W., & Kanouse, D. E. (1985). The consequences of parenthood for the marital stability of young adults. *American Sociological Review*, 50, 850-857. doi:10.2307/2095508.
- Waldron, H., & Routh, D. K. (1981). The effect of the first child on the marital relationship. *Journal of Marriage & the Family*, 43, 785-788. doi:10.2307/351335.
- Walker, M. (2008). Power and effectiveness: Envisioning an alternate paradigm. *Women & Therapy*, 31(2-4), 129-144. doi:10.1080/02703140802146266.
- Wechsler, D. (1981). *Manual for the wechsler adult intelligence scale-revised (WAIS-R)*. San Antonio, TX: Psychological Corporation.
- Wechsler, L. (2005). Mutuality, self-silencing, and eating patterns in college women. *Dissertation Abstracts International*, 65, Retrieved from EBSCOhost.
- Whitton, S. W., Olmos-Gallo, P., Stanley, S. M., Prado, L. M., Kline, G. H., St. Peters, M., & Markman, H. J. (2007). Depressive symptoms in early marriage: Predictions from relationship confidence and negative marital interaction. *Journal of Family Psychology*, 21, 297-306. doi:10.1037/0893-3200.21.2.297.
- Windle, M., & Lerner, R. M. (1986). Reassessing the dimensions of temperamental individuality across the life span: The Revised Dimensions of Temperament Survey (DOTS—R). *Journal of Adolescent Research*, 1, 213-229. doi:10.1177/074355488612007.

Wozniak, R., Sung, S., Crump, T., Edgar-Smith, S., & Litzinger, S. (1996). The relational values Q-sort. Unpublished manuscript, Bryn Mawr college, Bryn Mawr, PA. As cited in Yu, J., Lucero-Liu, A. A., Gamble, W. C., Taylor, A. R., Christensen, D., & Modry-Mandell, K. L. (2008). Partner effects of Mexican cultural values: The couple and parenting relationships. *Journal of Psychology: Interdisciplinary and Applied*, 142(2), 169-192. doi:10.3200/JRLP.142.2.169-192.

Yu, J., Lucero-Liu, A. A., Gamble, W. C., Taylor, A. R., Christensen, D., & Modry-Mandell, K. L. (2008). Partner effects of Mexican cultural values: The couple and parenting relationships. *Journal of Psychology: Interdisciplinary and Applied*, 142(2), 169-192. doi:10.3200/JRLP.142.2.169-192.

Zayas, L. H., Bright, C. L., Álvarez-Sánchez, T., & Cabassa, L. J. (2009). Acculturation, familism and mother-daughter relations among suicidal and non-suicidal adolescent Latinas. *The Journal of Primary Prevention*, 30, 351-369. doi:10.1007/s10935-009-0181-0.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30-41. doi:10.1207/s15327752jpa5201_2.

APPENDIX A
DEMOGRAPHIC QUESTIONNAIRE

Demographic Questionnaire

Please complete the following items by filling in the answers or checking the appropriate item:

1. Age: _____
2. Level of Education: _____
3. Ethnicity (State all that apply): _____
4. Sexual Orientation:
_____lesbian
_____bisexual
_____heterosexual
5. Relationship Status:
_____married
_____engaged
_____committed relationship
_____living together
_____dating
_____not currently in a dating relationship
6. Length of relationship: _____
7. Ages and genders of children
 - a. Age _____ Gender _____
 - b. Age _____ Gender _____
 - c. Age _____ Gender _____
 - d. Age _____ Gender _____

APPENDIX B
THE MUTUAL PSYCHOLOGICAL DEVELOPMENT QUESTIONNAIRE
(MPDQ)
FORM A

Form A

We would like you to tell us about your relationship with your spouse or partner. By partner we mean a person with whom you live or with whom you have a steady relationship.

If married, how many years? _____

What is your spouse's age? _____

If not married, how long have you known your partner? _____

What is your partner's age? _____

Are you currently living with your partner? (Please circle) Yes No

In this section, we would like to explore certain aspects of your relationship with your spouse or partner. Using the scale below, please tell us your best estimate of how often you and your spouse/partner experience each of the following:

1 = Never	3 = Occasionally	5 = Most of the Time
2 = Rarely	4 = More Often Than Not	6 = All the Time

When we talk about things that matter to my spouse/partner, I am likely to ...

Be receptive	1	2	3	4	5	6
Get impatient	1	2	3	4	5	6
Try to understand	1	2	3	4	5	6
Get bored	1	2	3	4	5	6
Feel moved	1	2	3	4	5	6
Avoid being honest	1	2	3	4	5	6
Be open-minded	1	2	3	4	5	6
Get discouraged	1	2	3	4	5	6
Get involved	1	2	3	4	5	6
Have difficulty listening	1	2	3	4	5	6
Feel energized by our conversation	1	2	3	4	5	6

When we talk about things that matter to me, my spouse/partner is likely to ...

Pick up on my feelings	1	2	3	4	5	6
Feel like we're not getting anywhere	1	2	3	4	5	6
Show an interest	1	2	3	4	5	6
Get frustrated	1	2	3	4	5	6
Share similar experiences	1	2	3	4	5	6
Keep feelings inside	1	2	3	4	5	6
Respect my point of view	1	2	3	4	5	6
Change the subject	1	2	3	4	5	6
See the humor in things	1	2	3	4	5	6
Feel down	1	2	3	4	5	6
Express an opinion clearly	1	2	3	4	5	6

APPENDIX C
QUALITY OF DYADIC RELATIONSHIP (QDR36)

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list:

	Always agree	Almost always agree	Occasionally disagree	Frequently disagree	Almost always disagree	Always disagree
1. Handling family finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Company with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Appropriate behavior in other persons' company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Values and religious matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ways of dealing with parents, in-laws and other relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Aims, goals, and things believed important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Amount of time spent together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Making major decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Household tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Leisure time activities and recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Decisions about career and personal development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you think the following situations occur between you? (Mark x in relevant square)

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
12. Have a stimulating exchange of ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Laugh together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Calmly discuss something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Work together on a project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Mark x in relevant square)

	Never	Almost never	Occa- sionally	Often	Almost always	Always
16. Have often have you discussed or considered divorce/ separation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. In general, how often do you think that things between you and your partner are going well?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you confide in your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. How often do you think your partner takes his/her responsibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. How often do you and your partner quarrel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. How often do you and your mate get on each other's nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Mark x in relevant square)

	Never	Almost never	Occa- sionally	Often	Almost always	Always
22. How often do you listen to the expressed wishes of your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. How often do you misunderstand each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. How often is it a problem in your relationship that you or your partner do <u>not</u> show love and appreciation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. How often do you experience that your partner could give you support and comfort if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Mark x in relevant square)

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
26. How often do you hug your partner now?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. How often do you kiss your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. How often do you wish to hug and cuddle your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
29. How often the last 4 weeks have you and your partner been hugging and cuddling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Does this (question 29) approve to your wishes?	No, not at all <input type="checkbox"/>	No, badly <input type="checkbox"/>	Rather badly <input type="checkbox"/>	Rather well <input type="checkbox"/>	Yes, well <input type="checkbox"/>	Yes, totally <input type="checkbox"/>
31. How often do you feel sexual desire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. How often is it a problem that one of you is too tired for sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. How often during the last 4 weeks have you had sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Does this (question 33) approve to your wishes?	No, not at all <input type="checkbox"/>	No, badly <input type="checkbox"/>	Rather badly <input type="checkbox"/>	Rather well <input type="checkbox"/>	Yes, well <input type="checkbox"/>	Yes, totally <input type="checkbox"/>
35. Do you think your partner pays attention to your sexual needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

36. Which of the following statements best describes how you feel about the future of your relationship?

- ☐ I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
- ☐ I want very much for my relationship to succeed, and will do all I can to see that it does.
- ☐ I want very much for my relationship to succeed, and will do my fair share to see that it does.
- ☐ It would be nice if my relationship succeeded, but I can't do much more than I am doing now to keep the relationship going.
- ☐ It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
- ☐ My relationship can never succeed, and there is no more that I can do to keep the relationship going.

APPENDIX D

EMAIL SCRIPT

Hello,

My name is Heather Weiner and I am a student in the Department of Counseling Psychology at the Texas Woman's University. I am currently working on my dissertation investigating woman's experience of her marriage as both partners transition to parenthood during a child's early development. Mutuality refers to perceptions of the quality of communication in relationships. I am emailing you to ask for your help in passing on this research opportunity to women at your center that have preschool age children. To be eligible, participants need to be heterosexual married women, over the age of 18, with at least one child under the age of 5.

This study should only take about 15 minutes to finish and is completely anonymous. After full completion of the questionnaires, participants **may also enter into a raffle to win one of three \$50 gift cards for their participation!**

Please visit the following website to participate (*cut and paste it into your internet browser if link does not work*). <https://www.surveymonkey.com/s/qdr36>

As with all internet usage, there is a potential risk of loss of confidentiality in all email, downloading, and internet transactions.

This research study has been approved by the Texas Woman's University IRB. 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. You may also contact the principal investigator, Heather Weiner via email below.

Thanks!

Heather Weiner, M.A.

Counseling Psychology Doctoral Candidate

Texas Woman's University

Email: hsw6988@hotmail.com

APPENDIX E
SURVEY FLYER

ATTENTION:

Research Participants Needed!

We are looking for volunteers to participate in a survey exploring women's experience of marriage.

Benefits

- The chance to win a \$50.00 giftcard
- Promote feminist research and contribute to psychological knowledge.
- Receive a summary of the results, upon request, when the study is completed.

Criteria

Heterosexual married women, over the age of 18, with at least one child under the age of 5.

Purpose

The purpose of this research is to explore a woman's experience of her marriage as both partners transition to parenthood during a child's early development. Mutuality refers to perceptions of the quality of communication in relationships.

The study can be completed at anytime online. It will take approximately 15 minutes. To participate go to : <https://www.surveymonkey.com/s/qdr36>

Investigator: Heather Weiner, M.A.....hsw6988@hotmail.com
214/929-0556

Advisor: Sally Stabb, PhD.....SStabb@twu.edu
940/898-2149

- There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions.

APPENDIX F
INFORMED CONSENT

TEXAS WOMAN’S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Heterosexual mother’s experience of mutuality and quality of marriage during the transition to parenthood

Investigator: Heather Weiner, M.A.....hsw6988@hotmail.com
214/929-0556

Advisor: Sally Stabb, PhD.....SStabb@twu.edu
940/898-2149

Explanation and Purpose of the Research

You are being asked to participate in a research study for Ms. Weiner’s Dissertation at Texas Woman’s University. The purpose of this research is to explore a woman’s experience of her marriage as both partners transition to parenthood during a child’s early development. Mutuality refers to perceptions of the quality of communication in relationships.

Description of Procedures

Your participation is voluntary. As a participant in this study you will be asked to spend 12 – 15 minutes of your time completing an internet survey. You will be asked to read this consent form, complete a brief demographic questionnaire as well as two research questionnaires.

Potential Risks

Potential risks of participating in this research include possible mild emotional discomfort that may occur from answering items about your demographics or your experience in your marriage. You can stop answering the questions at any time. A referral list of counseling resources has also been provided to you to address the risk of emotional discomfort. The survey is entirely anonymous however you will have the option to enter a drawing for one of three gift cards through an entirely separate site that is will in no way be linked to the survey. There is a small risk of the loss of confidentiality which is possible with any internet transaction.

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

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. Following the completion of the survey you will have the opportunity to entering in a drawing for one of three \$50 gift cards that will be fulfilled through the Eprize link at the end of the survey.

Questions Regarding the Study

If you have any questions about the research study you should ask the researchers; their phone numbers are 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.

Consent to Participate

By clicking the continue button on this web page indicates you have read the consent form and understand the contents of the consent form and that you agree to take part in this survey.

APPENDIX G
REFERRAL LIST

Referral List

American Psychological Association

<http://www.apa.org/helpcenter/index.aspx>

Texas Psychological Association

<http://www.texaspsyc.org/displaycommon.cfm?an=1&subarticlenbr=389>

Dallas Psychological Association

<http://www.dallaspsychologists.org/displaycommon.cfm?an=1&subarticlenbr=5>

Georgia Psychological Association

<http://www.gapsychology.org/displaycommon.cfm?an=1>

Texas Woman's University Counseling Center

<http://www.twu.edu/counseling/> and 940-898-3801

The websites offer referral guides for each location.