Parenthood: from critical factors to transition pathways - I. Finding your way through research

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Introduction

From a clinical and psychosocial prospective the transition to parenthood is one of the most critical family issues investigated. It represents a fundamental *rite of passage* into adulthood and, in these days, especially in the Western culture is generally characterized by the matter of '*choice*'. The couple choose to have a child; a couple decide the right moment and the method of delivery often for personal or family purposes of fulfillment. This practice is very different from the ones that characterize other cultures in which '*destiny*' is given a greater emphasis: what life gives/takes away from the couple and the duty that characterizes this *rite of passage*. Therefore '*destiny*' and '*choice*' seem to be in contrast concerning the birth event. In other words, it seems as if in some cultures life principle is free and in other cultures it is kept under control.
In any case, childbirth leads to many changes on different levels. The woman sees her body changing during pregnancy and delivery. However, the changes occurring in the woman's body can be considered parallel to what happens on a psychological level, first of all the development of a new female identity. We must also consider what happens at the interpersonal level, especially with the future father. Recent literature has been more interested in fatherhood and its functions from the moment of conception to the beginnings of the experience of parenthood. More attention has been focused on the psychological and relational changes that happen in the future father (Deave & Johnson, 2008; Halle *et al.*, 2008).
During the transition to parenthood, from couple to family, partners are not only involved on a personal level, but they are inevitably engaged in a joint work. They are asked to renegotiate their relationship in order to find a new balance as a couple, and to redefine themselves and their personal roles. This process can reinforce the relationship between the partners or it can lead to more conflicted situations whose outcomes are far from obvious.
The purpose of this paper is to review the most significant findings of the scientific literature on the transition to parenthood. In particular, "critical factors" and "reciprocal influences" will be described and compared. Finally the authors will present the theoretical structure they refer to when dealing with "transition paths". This helps to introduce the next empirical contribution.

The transition to parenthood: effects and critical factors

Literature in the clinical context is basically focused on the effects of the transition to parenthood, where special attention is given to women. In particular, this research field has emphasized the dichotomy between health and disease, exploring several forms of psychological suffering due to pregnancy and childbirth.
According to this, diseases with different intensity and severity were considered, as the phenomenon of "baby blues" (Miller, 1999), post-partum depression (Amman, Cimino & Trentini, 2007), post-traumatic stress disorder (Czarnocka & Slade, 2000) and puerperal psychosis (Brockington & Cox-Roper, 1988)[1].

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[1] The term *baby blues (or maternity blues)* describes the situation of marked vulnerability that a mother may feel in the days immediately after childbirth and that tends to resolve spontaneously 7 to 10 days. Postpartum depression represents the most investigated perinatal disorder by clinicians and researchers. *Post partum depression* affects approximately 10-15% of women and its symptoms are not different from that

Literature in the psychosocial field has been mostly focused on the interpersonal and contextual aspects related to this evolutionary transition. According to the “stress and coping” paradigm, the transition to parenthood is considered as a stressful event by itself, as a possible source of crisis that the people involved are called to deal with (Cutrona *et al.*, 2005). According to this perspective, it becomes essential to identify those *factors* that can be used as a resource to manage stress effectively; at the same time, if these factors don’t exist or if they exist in an inadequate way they may represent critical factors.

The social support, the quality of a couple’s relationship and the readiness to pregnancy, expected or unexpected, are the most investigated factors. Here below a specific list of these latter.

Social support, practical and emotional, represents at first an important criterion in order to understand how the future parents address the transition (Cutrona, 1990; Revenson, Kayser & Bodenmann, 2005).

Particularly, the perception of the presence of social support seems to be a protective factor for both parents (Castle, Slade, Barranco-Wadlow & Rogers, 2008), reducing the risk of pathological forms such as post-partum depression (Kearns, Neuwelt, Hitchman & Lenman, 1997; Leahy-Warren & McCarthy, 2007; Stuchbery, Matthey & Barnett, 2004; Tammentie, Paavilainen, Astedt-Kurki & Tarkka, 2004). This support, in fact, has a direct effect in mediating adaptation (Lu, 2006) by calling into question the significant people for the new family unit with particular reference to the original families of the two partners (Logsdon, Birkimer & Barbee, 1997). The involvement of future grandparents will inevitably require a redefinition of interpersonal and generational boundaries (Ferrazzoli, 2004). The role of support given by medical figures is relevant, especially for a positive evaluation of the experience of pregnancy and childbirth (Scarzello, 2007). Nowadays, few studies have diversified the source and the type of support that new parents, particularly mothers, need (Haslam, Pakenham & Smith, 2006).

The *quality of the couple's relationship* represents another crucial variable to understand the dynamics related to becoming a parent. In fact it has an effect on parent-child relationships and, consequently, on the psychological well-being of the children. In particular, a low quality within couple’s relationship, and especially a low level of satisfaction, is associated with a presence of depressive symptoms, both in women and men (Cox, Paley, Burchinal & Payne, 1999; Matthey, Barnett, Ungerer & Waters, 2000; Whisman, 2001).

The negative quality may also contribute to a real post-partum depression (Bernazzani et al., 2004, Collins, Dunkel-Schetter, Lobel, & Scrimshaw, 1993, Da Costa, Larouche, & Brender Dritsa, 2000, Eberhard-Gran, Eskild, Tambs, & Opjordsmoen Samuelsen, 2002; Hock, Schirtzinger, Lutz & Widam, 1995, Lee, Yip, Chiu & Hung 2000), or, at least, seems to be one of the main risk factors (Zhang, Chen & Li, 1996)[2]. The presence of "destructive" patterns of problem solving represents a risk factor for the emergence of depressive symptoms (Houts, Barnett-Walker, Cox & Paley, 2008, Perry-Jenkins, Goldberg, Pierce & Sayer, 2007).

Ayers (2007) highlights a connection between the quality of the couple relationship and the presence of post-traumatic stress symptoms following childbirth. In addition, people who have a negative relationship (or that experience a hostile relationship) show higher levels of anxiety than those whose relationship is described in a positive way, both by themselves and by their partners (Figueiredo et al., 2008).

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of common depression. It comes with a tendency to isolation and retreat from interactions with the infant, or with agitation and excessive concern about the child. Recently the focus has been directed to post-traumatic stress disorder as a possible outcome of a childbirth experienced by women as particularly traumatic. Post traumatic stress disorder is characterized by the presence of symptoms of intrusion (flashbacks, nightmares), avoidance of anything that refers to the traumatic event and hyper-arousal (irritability, hypervigilance, etc.). *Puerperal psychosis*, finally, is the most serious pathology in the perinatal period, particularly in terms of danger for the mother and her child. It is often associated with a depressed mood, loss of contact with reality, disorganized thinking and memory, delirious episodes, and hallucinations.

[2] Although some studies find a causal reverse relationship between depressive symptoms and couple’s satisfaction, the authors argue depression is an important antecedent of dissatisfaction in marriage, as a generator of interpersonal stressful conditions (see, for example, Davila, 2001). Other authors explain the relationship between depression and marital adjustment referring to mediation or moderation variables such as the attachment style of the couple and its communicative style (Heene, Busse & Van Oost, 2005).

An unsatisfactory couple's relationship is also associated with a lesser sense of parental competence towards the newborn by both partners, resulting in high levels of stress in managing the relations with the child (Florsheim et al., 2003; Knauth, 2000).
The third factor is the *disposition towards pregnancy*. In this regard, some studies have shown that the expectation of pregnancy is a discriminating variable in terms of resource or risk (Bouchard, Boudreau & Hebert, 2006; Lawrence Rothman, Cobb, Rothman & Bradbury, 2008; Simpson, Rholes, Campbell, Tran & Wilson, 2003). In other words, the willingness to welcome a new life seems to be predictive of the outcome of the passage from couple to family. The presence of a pending pregnancy also seems to be a factor associated with a lower risk of deterioration in the couple's relationship as a consequence of childbirth (Buist, Morse & Durkin, 2003).
It is evident how the issue of waiting calls into question our expectations about pregnancy and childbirth. However, the experience of motherhood and fatherhood in itself doesn't seem to be a crucial element, rather than the correspondence between the expectations about the event and the experience really lived.
In short, the disappointment of expectations would be an antecedent of the possible development of depressive symptoms, as well as a lack of adaptation in the relationship with the newborn (Harwood, McLean & Durkin, 2007). The objective variables related to the difficulties that occurred during pregnancy or during the time of delivery seem to become less relevant (Fenaroli & Saita, 2010), as well as the premature birth of the child (Spielman & Taubman-Ben-Ari, 2009).

Critical factors and reciprocal influences

The transition to parenthood, as described in the previous paragraph, is influenced by several factors. It's possible to consider the connection between these factors and the results of transition in terms of so-called determinants (Cigoli, 2006). This is a complex approach to the understanding of the phenomenon in which each factor has a decisive influence over the outcome of the transition, but none can determine the same outcome.
From this perspective, it is appropriate to talk about mutual influences, rather than critical factors. In particular, there are several empirical proofs about how the marital relationship would affect parenting, but becoming a parent also has important effects on the health / illness of the couple relationship.
Since the 80s, three main hypotheses have been formulated to explain this process of mutual influence: the "spillover" hypothesis, the hypothesis of compensation, and the hypothesis of common factors (Zennaro, Lis & Mazzeschi, 2001).
The "*spillover*" hypothesis (Easterbrooks & Emde, 1988; Gerard, Krishnakumar & Buehler, 2006, Nelson, O'Brien, Blankson, Calkins & Keane, 2009) supports the transfer of positive and/or negative property from one relationship to another. It is assumed that if the partners have a satisfactory relationship, they'll be better prepared (more available, more sensitive, more attentive) to face with their children's needs.
Conversely, if the couple's relationship is negative and a source of dissatisfaction, the parental relationship will be affected and parents could be less likely to respond adequately to the needs of children. Moreover, according to this hypothesis, which has received empirical support in explaining the process of mutual influence between different spheres of life, negative work experience and / or stress have a significant impact on the quality of couple relations and parenting (Belsky, Perry-Jenkins & Crouter, 1985). An insufficient income to afford the family needs and a negative climate in the workplace, are stressful work experiences (Ryan, Tolani & Brooks-Gunn, 2009).
The hypothesis of *compensation* (Engfer 1988, Nelson et al., 2009) supports the existence of a negative association between the quality of couple relationship and the quality of parental relationship, which means that low satisfaction in the couple's relationship would lead the partners to be more attentive to their children in an attempt to compensate for the shortcomings overinvesting in a different relationship. In other words, a very dissatisfying couple relationship would encourage partners to invest more, both in practical and emotional terms, in the relationship with their children in order to find in this bond a beneficial source and a burst of evolution that is not present in the couple's relationship.

The hypothesis of *common factors* (Binda, 1997) also considers that in addition to the two relational axes (couple/parental) there is a third variable, such as the personalities of partners who lead the management of both bonds. Following this train of thought, there have been studies that have investigated the role of attachment styles in relation to the ability to establish and manage bonds in the course of life (Feeney, Alexander Noller & Hohaus 2003).

We now focus our attention on the influence that the parental relationship exerts on a marriage. Numerous studies agree on the fact that the birth of a child leads to a reduction in the satisfaction of the relationship between partners. This deterioration seems to be perceived mainly by women and in the immediate post-partum (see, for example, Belsky & Ruins, 1990, Cowan & Cowan, 2000; Crohan, 1996; Miller, 2000; Mitnick, Heyman & Smith Slep, 2009; Pancera et al., 2000, Porter & Hsu, 2003). This appears to be a universal trend in the sense that it occurs across all cultures (Onodera, 2005).

In particular, this deterioration is found among less-consolidated couples, i.e. when the start of the bond is closely followed by pregnancy (Simonelli, Fava Viziello, Bighin, De Palo & Petech, 2007; Simonelli, Fava Viziello, Bighin & Petech, 2006). In addition, in these couples the deterioration is more rapid than the "relational" decline that takes place among childless couples, due to the passage of time (Doss, Rhoades, Stanley & Markman, 2009).

Different hypotheses have been formulated to explain this decline. It is understandable that the mothers are disappointed in their expectations of a sharing of parental responsibilities and enjoying more balanced division of family tasks (Koivunen, Rothaupt & Wolfgram, 2009; Moller, Wickberg & Hwang, 2008)[3]. It is no coincidence that some authors argue the importance of developing a "co-parenting plan" (Van Egerenv, 2004).

This is based on a strong alliance between the partners that is expressed both in the ability to support each other in carrying out the parental role as well as in the availability to coordinate and negotiate the various commitments involved in having a child (Katz-Wise, Priess & Hyde, 2010; Kursten-Hogan, 2010).

Moreover, the assumption of the parental role may reduce opportunities for a positive exchange between partners and may diminish the opportunities for sharing their leisure time, therefore increasing the levels of conflict (Perry-Jenkins & Claxton, 2008; Kluwer & Johnson, 2007; Shapiro, Gottman & Carrere, 2000).

Some authors argue that the deterioration of the couple relationship may also be affected by a biological variable, which is the significant reduction, or at least the alteration, of sleep and the consequences it involves, such as increased irritability and impulsivity, low spirits, and so on (Medina, Lederhos & Lillis, 2009; Goyal, Gay & Lee, 2009)[4].

In recent years several authors have tried to propose multi-dimensional models that understand the link between marital relationship and the transition to parenthood. Specifically, they tried to identify the *mediators/moderators* that can explain the link between these two relational dimensions.

Hatton and colleagues (2010) argue that the quality of a couple's relationship after birth can only be understood if we consider the integration of the spouses' individual backgrounds, beginning with their own family experiences, then the quality of the relationship of each partner, and finally the characteristics of the couple before the birth of a child.

Certainly the transition to parenthood requires the partners to change the nature of their relationship: from a relationship dominated by romance and sharing of interests, to a form of intimacy characterized by the sharing of a common project (the child) and the acceptance of responsibility for the newborn (Guttmann & Lazar, 2004; Fenaroli & Saita, 2010). If partners are not

[3] In this perspective, the satisfaction of fathers also appears as closely related to their degree of involvement (Lee & Doherty, 2007).

[4] It should be noted that there is research showing the existence of a significant relationship between mothers' sleep deprivation in early postpartum and higher risks of developing depressive symptoms. According to some authors (Goyal *et al.*, 2007, 2009) sleep difficulties, sleeping less than 4 hours per night, and not being able to stand for over an hour during the day in a row, mediate the link between the perception of the infant temper and the risk of developing post-partum depression (PPD).

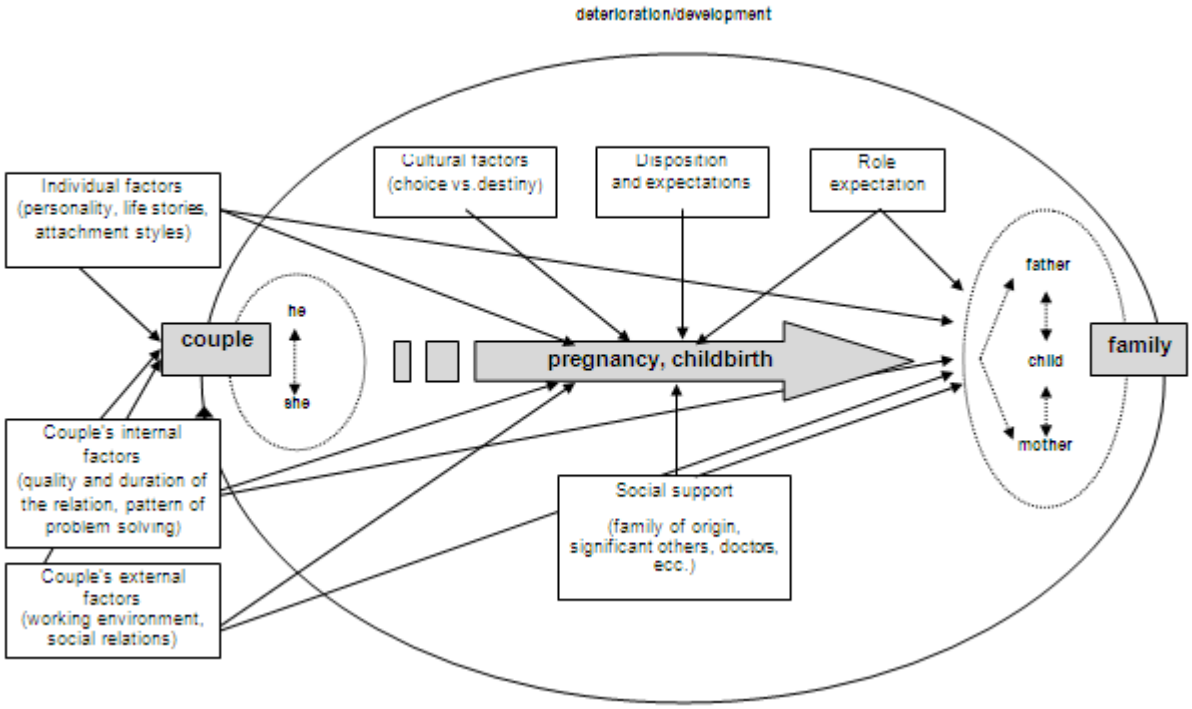
However, according to a recent study (Dorheim *et al.,* 2009), the sleep of mothers with PPD does not show objective differences in terms of duration and continuity compared to those of non-depressed mothers. Women with PPD perceive their sleep as worse and more difficult.

able to be flexible in redefining their relational structure, a deterioration of the couple relationship seems to be inevitable.
However, not all couples experience a reduction in the satisfaction following the birth of a child. On the contrary, some relationships show a certain degree of stability or even an improvement (Elek, Hudson & Bouffard, 2003, Levy-Shiff, 1994; Shapiro, Gottman & Carrere, 2000). A possible explanation for these conflicting results can be found in research methodology and, in particular, in the type of research design adopted and in the choice of the sample. In fact, most studies are cross-sectional and not longitudinal, or at least involve only a few measurement times (Belsky, Spanier & Ruins, 1983, Deutsch, Ruble, Fleming, Brooks-Gunn & Stangor, 1988; Hock et al., 1995). In addition, these studies generally involve only one partner and do not permit, therefore, the investigation of what the couple share in the relationship.
Salmela-Aro and colleagues (2006) stress the existence of the new tools available to researchers to analyze data from both partners. These include, for example, multilevel models, which allow us to differentiate the relational changes shared by both partners, and therefore the characteristics of couples, from the changes experienced by one partner. It is clear to researchers that the birth of the first child involves changes in the couple relationship and requires the organization of the family, such reorganization is different in nature and intensity from those that will follow the birth of other children. Yet, only few studies distinguish between primiparous and multiparous; so we are unable to note if the changes in couple satisfaction of couples are peculiar to the first parenting experience or even common for couples at their second or third child (Salmela-Aro, Aunola, Saisto, Halmesmäki & Nurmi, 2006).
Finally, it is important to note that often the research on couples changes during the transition to parenthood focuses exclusively on one dimension of the relationship, mostly on the couple satisfaction (Elek *et al.*, 2003), or groups together different dimensions into a single global indicator (Ahmad & Najam, 1998).
In sum, the heterogeneity and non-uniqueness of results, suggest the need to strengthen the link between couple and parental relationship. This will not only help researchers to better analyze why in some cases the transition to parenthood is experienced as positive while in others it may be perceived as critical or even problematic, but also to better understand the tangled web that characterizes the transition pathway.

Towards the study of transition pathways

Given the results of the research discussed in the previous sections, it is possible to argue that the transition to parenthood does not constitute an unitary phenomenon characterized by a single line of development, but rather a path that has and may take different pathways. In other words, the complexity of the transition can lead to constructive-developmental paths as well as to regressive ones, characterized by critical and/or problematic elements, to situations of true relational psychopathology.
In particular, these trajectories seem to be different from one another specifically with respect to the quality of the couple's relationship as it is perceived and experienced by partners (Fitzpatrick, Vangelisti & Firman, 1994, Simonelli *et al.*, 2008). Moreover, the trajectories are influenced by the experiences of partners in their families of origin, that is to say an *intergenerational transmission* of marital quality that emerges clearly when couples are challenged by the birth of a son (Perren, von Wyl, Bürgin, Simony & von Klitzing, 2005). Several studies show an association between attachment style, experienced by partners during childhood, and the attribution of qualities to the couple relationship. Specifically, a secure attachment style seems to be associated with a relationship perceived as satisfactory, for new mothers as well as for new fathers; on the contrary, an insecure attachment style is more related to poorly-perceived relationships among partners (Gloger-Tippelt & Huerkamp, 1998).
Well, how is possible to identify the trajectories of transition to parenthood? Which tools and methods of investigation should be used? Researchers have attempted to answer these questions with different study modes. Specifically, the first studies on the topic have mainly focused on a comparison between couples with children and couples without children, in order to investigate the differences regarding couple satisfaction. More recent researches have instead focused

exclusively on couples with children in order to deepen the knowledge of the differences and changes over time (Lawrence *et al.*, 2010).
In short, over the years the logic has changed, and so has the methodology, which addresses the complex issue of transition to parenthood. In fact, while initially the aim was to determine the nature and magnitude of intergroup differences, starting from the assumption of a decline in the satisfaction associated with the birth of a couple's first child; the goal has now changed into the study of intra-group differences. In this perspective, the question is not to determine whether couples with one child are less satisfied than those without children, but rather to assess the changes of some crucial dimensions of family relationships over time. All of this needs to be carried on without neglecting the influence that culture may exert on functional and dysfunctional developmental trajectories, as evidenced in a recent study (Feldman & Masalha, 2007).
Our study, which will be published in a forthcoming issue, originates from this second line of research. The aim of this study is to verify a model in order to understand the many variables involved in the transition to parenthood and their mutual interconnections.
In particular, our scope is to identify the *configuration* of situations that could be called "slippery", those situations of vulnerability, though not necessarily overt hardship, in which the experience of parenting can be a source of suffering not only at an individual level (both for women and for men), but also for the relationship itself. We believe that it is precisely in situations of vulnerability that it becomes crucial to identify the *risk factors and resources* going beyond the dichotomy of "functional *versus* dysfunctional", which is likely to be reductive and misleading.
Due to the articulated nature of the topic, we believe it might be useful to present a model (shown below) that summarizes the main elements that the literature has so far mainly dealt with. Such a model tries to give an account of the complexity of a process that involves partners in their becoming mother and father. This model undoubtedly has some aspects of artificial rigidity, which is typical of any attempt to force the complexity into logic. However, our model should be understood not only as a diagram that aims at giving an integrated interpretation of different elements and their interconnections, but also as a set of new hypotheses to be tested empirically.



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