

TRANSITION TO PARENTHOOD FROM COUPLEHOOD
IMPLICATIONS FOR THERAPY

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ABSTRACT

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Couples find themselves overwhelmed as they become parents and are subsequently unhappy in their marriage. Today, fewer resources, such as extended family, community neighbors and friends are less available to support new parents. Programs are available to prepare couples for childbirth, but there are no classes available that teach parenting skills and how to cope with the transition within the marital relationship. Household and childcare tasks must be discussed and decisions made regarding who will complete them. As tensions increase, communication often decreases which leads to greater conflict within the marital relationship. Issues of intimacy and how to meet each other's needs must also be addressed. This paper will utilize an extensive review of the literature in relationship to the family lifecycle, the implications on the couples' relationship/marriage upon the transition to parenthood, arriving at conclusions that the therapist will benefit by becoming aware of these issues.

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CHAPTER I

Introduction

Three million couples per year approach parenthood full of high hopes and soaring dreams, but after the birth of their baby, they unexpectedly find themselves riding a roller coaster of elation, despair, and bafflement (Belsky & Kelly, 1994). It appears evident today that the ever-increasing pressures of society significantly contributes to this stressful period in the marriage relationship. In the journey for couples to adjust to their new roles in life as parents and fulfill their intimacy needs while maintaining their desired parenting style it is easy to become overwhelmed. Couples become overwhelmed by the struggle to do it all: maintain careers, household upkeep, hobbies, socializing and intimacy just as they did before parenting. While getting all wrapped up in the stress to continue life as before with the additional role of caring and loving a new baby, marital relationships often become strained. The feminist movement challenged traditional thoughts to parenting. In the 1950's, "couples entering the transition knew what to expect of each other." "The man would function as the family's breadwinner, the woman as its nurturer and homemaker" (Belsky & Kelly, 1994). Consideration was not given to whom would be responsible for the details of parenting such as who diapers, feeds, bathes, who does the dishes, food preparation, laundry and who puts his/her career on temporary hold (Belsky & Kelly, 1994). Prior to the baby's arrival, parents may find themselves unaware of each other's expectations. With the birth of the baby, this realization becomes apparent with many couples fighting about their unmet expectations of the other.

In addition to the changing trends of today's society, families often find themselves geographically distanced from supportive resources. Careers separate families considerable distances making it difficult, if not impossible for new parents to receive support during the

transition to parenthood from their own relatives. This is a sad reality for parents who are trying to do more with less help from valued family members and friends. Not only does geographical distance eliminate support from relatives, but our parents are working well into their 60's and may find little flexibility available to be accessible to the new parents. As a result, new parents may find themselves feeling more frazzled, insecure about their decisions regarding parenting and overall a sense of decreased marital satisfaction because of feelings of being overwhelmed.

Most husbands and wives enter this period of transition not knowing what to expect or how to evaluate the changes they encounter. After the baby's arrival, many new parents are troubled by the way the sexual component of their relationship changes or the way their pattern of communication changes. Arguments are easily triggered (Belsky & Kelly, 1994). Although parents may have been acutely aware of likely changes to occur synonymously with parenthood, the effects often catch most off guard. It is questioned, why do these changes occur? Are they permanent or just a passing stage? Do these issues occur only in troubled marriages or in good ones as well (Belsky & Kelly, 1994)? The value of this information will give credibility to the "normalcy" of this life stage. Greater education of this life stage transition and its natural processes is likely to provide a greater sense of security and strength to parents who may otherwise feel hopelessly destined to continued dissatisfaction and or divorce. If a child's development is affected by the quality of his/her parents marriage, disruptions during the transition might create difficulties for millions of children. A greater understanding of why marriages change during this period and why those changes are so often negative, perhaps could result in the development of intervention programs for new families (Belsky & Kelly, 1994).

Statement of the Problem

The purpose of this paper is to provide a comprehensive review of the related literature in an effort to describe the implications of the transition to parenthood from couplehood. The culmination of this study will be the development of an integrated therapeutic approach to provide therapists with suggestions for a therapeutic response to the issues identified.

CHAPTER II

REVIEW OF LITERATURE

Support Expectations of New Parents

There is great significance for the newborn of a close and supportive relationship after the birth of a couple's baby. Mother's satisfaction with parenting, maternal sensitivity to infant cues, and infant responsiveness have been largely predicted by the level of intimate support from spouses (Crnic et al., 1983). Mothers who experienced problems within their marriages had weaker connections with their infants (Weingarten, Baker, Manning, & Kutzner, 1990). Significant spousal support has also been linked to mothers' personal outcomes, including life satisfaction and emotional affect (Crnic et al., 1983; Levitt, Weber, & Clark, 1986). Child abuse and parenting pathology in both spouses has been connected with serious marital problems (Hunter, Kilstrom, Kraybill, & Loda, 1978). It appears that parents who place a low value on family relationships are less likely to nurture positive relationships, and therefore, experience a "decreased sense of parental competence and less satisfaction with family functioning" (Knauth, 2000, p.497).

Mothers whose expectations of parenthood were inaccurate, tended to have more problems adjusting to motherhood (Kach and McGhee, 1982). A study by Rustia and Abbott (1990) discovered that fathers' performance of infant care behaviors lingered behind that of their wives' expectations. When expectations about the impact of a new baby on parent's prenatal expectations were violated, Belsky (1985) found that marital satisfaction declined and conflict increased.

Further violations of expectations that contributed to decreased marital satisfaction were contributed by postbirth division of labor (Ruble, Fleming, Hackel, & Stangor, 1988).

Cowan & Cowan (2000) support that men have not kept pace with increased household responsibilities. With husbands participation in caring for the baby and sharing with the household responsibilities, women find greater acceptance with the division of labor, appreciate a greater sense of self, maintain a more fulfilling sexual relationship and are able to more easily manage a good balance between life stress and social support (Knauth, 2000).

Coffman, Levitt, & Brown (1994) established that the extent to which paternal support met expectations for mothers, was more meaningful than the level of support provided. Holmes & Boon (1990) determined that the quality of people's intimate relationships has deep effects on their physical and emotional wellbeing, surpassing other aspects of their lives. They believed that dissatisfied couples most often experience an erosion of trust in their relationship, produced by an accretion of violated expectations. Women's greater sensitivity to nonverbal cues from the spouse may increase the sense of violated expectations, especially during the needful, postpartum state, as proposed by Holmes & Boon (1990).

Coffman, Levitt, Deets, and Quigley (1991) and Levitt, and Guacci (1993) reported positive outcomes in new mothers were found to be related to the availability and affirmation of support expectations. Women experienced greater satisfaction in their relationships with close personal relationships, more positive emotional affect and favorable perceptions of their infants when they received greater confirmation of expectations for support.

Research by Knauth (2000) revealed that women's marital satisfaction had significantly decreased by eight months postpartum.

"Consistently throughout the transition, women were most dissatisfied with areas of family functioning that centered around the marital relationship. They reported that they did not spend enough time with their partner, were less satisfied with their sexual

relationship, they had more disagreements with their partner, and they spent less time than they wanted in leisure /recreational activities than before the birth of the infant. The husbands reports were similar. Women also reported that they spent more time doing household tasks than they thought they should. Husbands agreed that they were not contributing adequately with household and infant care tasks" (Knauth, 2000, p.506).

Men were found to view pregnancy and the transition to parenthood more negatively than their wives; husbands reported finding it stressful to provide the support that is needed, fearing a loss of no longer "being the center of their wives attention" (Hakel & Ruble, 1992, p.953). A difference in mens transition to parenthood showed men are least happy with family functioning when spending time with their wives. The study showed "men based their assessment of satisfaction on direct interaction with their wives, whereas the wives based their satisfaction with family functioning on how supportive of parenting their husbands were" (Knauth, 2000, p. 507).

As reported in Cowan & Cowan (2000), differences were observed in men and women's biochemical reactions to emotions. It was found that men's blood pressure, heart rate and respirations would rise and stay elevated sometimes for several days. This may explain men's reluctance to discuss emotional issues fearing this aroused state. Subsequently, men may choose to avoid conflict in an effort to avoid lengthy and uncomfortable periods of arousal. Women's states of arousal were found not to become as high and were quickly relieved by talking about the issue that was causing conflict.

Greater Challenges of Today

Belsky & Kelly (1994) attributed many recent changes in today's society that increase the challenge of transition to parenthood. Those identified included the deprivation of a single

universally accepted set of behavioral rules. Despite a likely general consensus to leave behind the traditional values of the 1950's, the era did provide an important advantage; couples entering the transition knew what to expect of each other. The husband would serve as the family's breadwinner, while the wife would provide the role of nurturer and homemaker. The new views generated from the feminist movement, indicated a sharing, rather than division of work responsibilities. Belsky & Kelly (1994) suspects that as a result, a new kind of family will develop. Rather than traditional masculinity and femininity, implying completion of responsibilities, the responsibilities will instead be allotted according to talent, desire, and need. However, this changed perspective has had a less than happy effect. New parents begin their stage of parenthood not knowing what to expect from each other. Once the baby arrives, they discover their expectations are far from mutual and end up fighting about issues that earlier generations never even considered, such as who changes the baby's diaper, who does the dishes, mows the grass, the laundry or change the oil, etc.

Belsky & Kelly (1994) further recognized greater economical strains, especially since the 1980's when the average income for male high school graduates fell 19 percent while the income of male college graduates barely kept pace with inflation. During this period, federal government's support of new families decreased. During the 1950's, a tax deduction represented 36 percent of the average worker's annual pay. During the 1980's, the deduction only represented 12 percent of the average worker's pay. During the 1980's, the percentage of employed mothers rose from 38 percent to near 50 percent. Belsky & Kelly (1994) suggested that the rising divorce rate, falling school achievement, extensive drug use have many origins, but indicated one major source is that society no longer honors everyday parenting.

In most marriages, two transitions develop, a His and Hers due to different priorities, needs and expectations. Men and women do not become parents in the same way due to differences in biology, upbringing and maybe evolutionary programming. These differences in transitions are united by similarities such as common concerns, finding the baby irresistible, positive feelings about being parents, economic worries and the effect all this has on the marriage. The woman experiences the most intense transition initially after the birth making her transition more tumultuous than her husband's. In the transition to motherhood, some women experience a vulnerability to psychosocial problems of chronic fatigue and exhaustion, anxiety, depression and low self-esteem. "Fatigue and physical weakness create a vulnerability to sharp and unpredictable mood swings" (Belsky & Kelly, 1994, 27). Some women experience such an intense relationship with their new baby that they begin to be all-consumed and find it difficult to think of anything but the baby. Fathers experience the tumultuous transition through an ever increased concern about work and money. Fathers, too, worry about fatigue, intrusive in-laws, chores and their wives' transition. Different priorities and needs are characterized according to His and Hers transitions: tremendous maternal energy is expended on bearing and caring for a baby in addition to often working full-time, so a wife often rates equitable division of labor as chief priority in addition to a husband who understands her attachment to the baby and why she may neglect her husband's needs to care for the baby; and for the husband to be available to listen to her emotional insecurities about the transition as her partner. The father's chief priority to transition is work and maintaining financial security. He may feel the impact of the increased work load and that the baby comes first, but he continues to desire some time and affection devoted to himself as in prebaby days, including the "normalcy" of maintaining his social life, hobbies and recreation (Belsky & Kelly, 1994).

Today, parents are often unable to obtain the support that they need which enables them to effectively manage their transition. Salow (1997), reported that expectations regarding parenting which are inherited by both members of a couple still tend toward the traditional model, which is not helpful to couples in today's world, therefore support is not available due to a "cultural emphasis on individualism/self-sufficiency, the value placed on wage earning and mobility" (p57). This focus can leave couples feeling "unaffirmed and unlikely to ask for help in their parenting role" (p.59). Salow (1997) supports that as a nation we are "experiencing a loss of community" as another result of our current trend of greater "technology, industrialization and social mobility which decreases our connections with significant social networks" (p.59). While the new infant requires an affirming environment to foster a resilient self, the new parents also need support systems that enable positive development (Salow, 1997).

Some experiences fundamental to the healthy transition of a man and woman from a couple to parents are: adequate time to mourn the loss of who they were; postpartum biochemical readjustment for the wife; and, learning to care for a child and understand their developmental phases in addition to integrating this into the couples need for exchanging attention for each other (Fawcett, 1993).

The transition to parenthood is perhaps believed by most to begin once the baby is born and should be completed soon thereafter. However, Fawcett (1993) reviewed the work of Bridges (1980) who identifies the transition to parenthood in three phases: "the ending of a former stage; then a period when one feels a sense of lostness and emptiness; and finally, a beginning anew" (Driscoll, 1980, p. 97).

Couples who are expecting their first baby are experiencing a myriad of feelings; some of elation and likely feeling of fear and despair. This period of expecting a baby and the period of

transition following the birth may prove to be a time of isolation fearing the expression of their true feelings will be viewed negatively by others. It is generally believed by society that the parents should be happy, therefore rejecting any openness of exchange (Driscoll, 1993).

Communication

An inevitable decrease in communication following the birth of a baby clearly shows a direct link to reduced marital satisfaction (Cowan & Cowan, 1988). New parents discover the more imperative need to productively manage time and seek solutions than experienced prenatally. However, despite this increased efficiency, the essential sharing of feelings frequently seems lost (Crohan, 1996). Due to decreased time and energy parents may avoid conflictual communication, fearing it may be harmful to their delicate relationships (Crohan, 1996). While some couples may avoid conflicts postpartum, others may find that their increased problem-solving efficiency easily carries over to resolving marital issues also, realizing the potential devastation if not addressed (Crohan, 1996). Studies, by Cahn (1992) indicate that couples who tend to avoid conflict appear less committed to the relationship compared to those who have obtained more support systems.

The Cowan's (1988) present an alternate perspective of couples approach of "conflict engagement versus conflict avoidance" (p. 934) and how this relates to marital satisfaction. Following the birth of the baby, couples find it necessary to engage in conflict avoidance due to a shortage of time and energy necessary for a complete sharing of emotions and problems. As a result, a "constructive strategy" has been learned. For others, conflict avoidance is not a constructive strategy and is likely to result in more serious consequences (Crohan, 1996). Constructive strategy may be a temporary survival solution for couples experiencing the

transition to parenthood, however, this continued practice may hinder the relationship if used indefinitely (Crohan, 1996).

Belsky & Kelly (1994) express that it is often a loss of important "conversational qualities" that makes a marriage feel different, rather than the presence of the child himself (p.209).

"Communication continues to be a source of contact and, even to a degree, of sharing, but once its ability to heal, inspire, and nurture is gone, it ceases to be what it also once was-a source of magic" (Belsky & Kelly, 1994, p.209).

A majority of couples are not aware that tension and conflict are unavoidable in an intimate relationship. In addition, it is not recognized whether a couple has challenging problems or whether they always resolve them, but "how they talk to each other about them" (Cowan & Cowan, 2000, p.185).

Couples find it difficult to communicate after having a baby for many reasons. Decisions that once only required one spouse now require lengthy coordination and discussion (Cowan & Cowan, 2000). Each partners' needs are justifiable but face challenges to meet both.

Belsky & Kelly (1994) recognized three obstacles that couples face following the birth of their first baby. The first obstacle includes a shift in couples shared interests and priorities in addition to the lack of time and finances that once supported their special interests. An especially big shift that takes couples by surprise is the mother's love affair with her new baby. While new mothers may easily consume a conversation with this love affair, often it becomes too much for the father who desires to turn the conversation back to earlier mutual interest. This often creates a "conversational gridlock" (Belsky & Kelly, 1994, p. 199).

The second obstacle is distinguished by frequent interruptions from the new baby which often spoil the sharing of messages and important information. Belsky & Kelly (1994) point out that the more communication skills are used, the better they become; while they deteriorate and become less effective the less these skills are practiced. Exchanging feelings facilitates a greater acquisition of good communication skills which facilitates this transition for couples who know each other well because of frequent practice of sharing.

Belsky & Kelly (1994), describe the third obstacle as a loss of intimacy largely due to lack of time which is a result of increased demands and pressures. It is difficult to find time to just be together without interruption. With the decline in sex, due to either a transitional decreased libido or exhaustion, the most meaningful form of intimacy, in the form of gratifying communication, becomes more difficult thus creating an emotional distance (Belsky & Kelly, 1994).

Creative Intimacy

"Love allows for pauses even shutdowns in lovemaking while either partner or both make adjustments, while they talk and mature and think things through" (Bumgarner, 1994, p. 74). After the birth of a baby, changes in sexual interest occur. This of course varies for each relationship. There are women whose sexual interest increases after the birth of her child. For those couples who experience a decrease, the pressure from our culture's propaganda does not help matters. Without experiencing regular orgasms we are left to believe that we are abnormal when in fact we are not. Decreased sexual interest after childbirth is very normal and perhaps nature's way to protect a new baby from being followed too closely with a sibling (Bumgarner, 1994). Although this experience is considered normal, it is necessary for the couple to address this change in sexual intimacy. If the change is not given appropriate consideration, what begins

as a normal stage may eventually lead to a disconnected relationship, emotional distance, individual unhappiness and loneliness and potentially divorce (Popcak, 1995).

To begin the process of reconnecting, it is necessary to throw away the stereotypes that give rigid views of what healthy sexual behavior is. When couples compare themselves to the stereotypes, feelings of abnormality increase. Sexual feelings change and grow and rest like other feelings (Bumgarner, 1994).

Many nursing mothers receptiveness to breast stimulation during lovemaking is reduced during the breastfeeding period. This is normal and temporary, but requires a need for the couple to communicate alternative ways to enjoy each other. Sometimes this aversion to breast stimulation is an adaptation to stereotypes of breast function; that they can only fulfill one role at a time, not child and sexual pleasure both. Many women speak to feeling touched out when they care for the baby all day and desire no more contact by the time the husband is home for the evening. This can be part of our society's maintenance of considerable physical distance from each other. Upon having a baby, mothers may feel overwhelmed by the constant contact with her new baby. Also, fathers are encouraged to be supportive of the possible lack of glamour of most nursing bras and be reassured that meeting the baby's needs now, pays off in the future and that someday after the child weans, fashion bras will return (Bumgarner, 1994).

The greatest enemy of sexuality is excess fatigue according to Gregory White, MD (Bumgarner, 1994). Many children are wakeful at night which speaks to the stage they are in their life and their special needs. Those who are nursing have a great advantage to nurse at night in bed. While it is not healthy for babies to suck on a bottle while lying down, it is fine for them to nurse lying down (personal reference, Nanette Boehm, CNM, 1993). Because of the way a baby sucks on the breast, it does not promote the entry of milk into the inner ear as does sucking

from a bottle. If breastmilk does pool into the inner ear, it is a biological fluid decreasing the chances for infection. By mother and baby lying together and nursing, mother is able to obtain more rest. It is important to readjust daytime expectations in order to allow the parent time to nap when the baby naps. Readjusting perspectives of reality to understand that difficult periods are but a brief moment in a parent's lifetime may be all that is needed to cope.

Low estrogen levels during breastfeeding often cause vaginal dryness. The solution is simple to include more lovemaking ahead of time and the use of water-soluble lubrication such as KY jelly (LaLeche, 1991).

CHAPTER III

Implications

Today, more women bear the burden of professional work and housework. Looking back, in 1965, men averaged about nine hours a week caring for children and sharing household chores. In 1975, the average increased to 9.7 hours a week doing these activities. Women, in 1965 spent 28.8 hours a week completing housekeeping and childcare activities and 24.9 hours per week in 1975. Less time was spent at home due to more mothers working professionally by 1975 (Elkind, 1988). Families who experience both parents working outside the home experience tighter time constraints, thus increased stress.

The literature consistently gives support to the hypothesis that couples are struggling with the challenges presented to them upon becoming first-time parents. Couples generally find themselves ill-prepared for the task of parenting and integrating this into their marriage. As a result of fewer resources such as extended family, available friends and neighbors and shortage of sleep, it is recommended that therapists be sensitive to the couples' feelings of hopelessness and being overwhelmed. Solution-Focused Family Therapy assumes that solutions can be obtained rapidly without difficulty and that small change is all that is necessary because it can accrue (Nichols & Schwartz, 1991). In today's fast-paced world it appears especially hard helping families to recognize their strengths in an effort to seek desired changes. The prevalence of feeling overwhelmed often prevents families from even attempting changes. This invigorating notion that small change is significant channels energy in a positive resolution mode, withdrawing the focus from the problem. In Solution-Focused Therapy, the couple would be directed to construct solutions by identifying what he/she wants in order to do more of what is working and to change attempted solutions that are not working (Walter & Peller, 1992).

Practicing this idea, in addition to the other Solution-Focused methods, often is less threatening to couples who are feeling insecure about therapy. Therapy may have been initiated by one spouse at the resistance of the other. Using the philosophies of this approach maintains the therapist's role as a facilitator to enhance the couples' reutilization of their strengths. The therapist gives strength to the process of joining/connecting with the couple by not imposing his/her directives. Instead, feelings of mutual respect may develop as the couple finds it easier to trust the therapist who facilitates the process of connecting, supporting and understanding the family.

Another beneficial approach to consider for couples who are struggling with the transition to parenthood is Bowen's Intergenerational Family Therapy due to its concept that resolution of past family issues is essential before healthy interaction in one's present family can be obtained. Relationship transformation of the adolescent to adult status is seen by Bowen as often an incomplete process resulting in sensitive adolescent reactivities to parents. Without resolution, this pattern continues to the next generation. In an attempt to put family differences behind them, people often will cut-off from their family of origin assuming they are done dealing with the problems. As a result, people may feel like their issues are resolved in that they believe they do not need to deal with the anxieties linked to their family of origin. Instead they carry the unfinished business of unresolved sensitivities triggered in close relationships. Therefore, Bowen contends that a description of normal development and a prescription for therapeutic improvement is by differentiation of autonomous personalities accomplished mostly in the family of origin. A differentiated person separates thinking from feeling, and is independent of contaminating residual emotions while maintaining contact with the extended family (Nichols & Schwartz, 1991).

This approach may be appropriate for transitioning couples because the issues of unresolved conflict with extended family and its sneaky projection into current family relationships seems so prevalent in our society and the families that present themselves to therapy. When issues are not resolved, symptom formation begins to triangulate family members. Cross-generational transmission of issues unconsciously leaks into the dyadic conflict. In our attempt to diffuse the issue, focus will turn to a third member; the cycle continues with conflicts and issues continuing without resolution

Additionally, this approach seems fitting because it is often difficult to include all members of an extended family system, and it just simply seems inappropriate in some cases. It is not identified in Bowenian Therapy, but relating to Solution-Focused Therapy, credit for small changes would be observed as a significant start. This idea gives permission to process, and suggests that it is not necessary to dive into painful ordeals in our effort to seek what may never be an ideal sense of perfect harmony. Identification of the family process through use of the genogram facilitates perception of familial patterns, realizing that problems have been inherent in the system and not the individuals (Nichols & Schwartz, 1991).

It seems especially significant for the therapist to accommodate the isolated couple by building trust and establishing a therapeutic relationship recognized as a joining procedure in the Structural Family Therapy approach. Couple's who are feeling insecure and inadequate will become more relieved when feeling a sense of a shared understanding of the conflict.

Coffman, Levitt, & Brown, (1994) suggest value in addressing the topic of personal and relationship expectations in prenatal class discussions. Holmes & Boon (1990), challenge couples to engage the issues directly and to enhance their communication and problem-solving skills to a level where they may efficiently find conforming resolutions to the decisions they

make. Coffman, Levitt, & Brown (1994), further suggest consideration of childbirth education models portrayed by Cowan and Cowan (1987) and Tilden and Tilden (1984), in which male and female co-leaders initiate a group culture favorable to communication of these feelings and relationship issues related to childbirth. A group experience where couples may discuss their issues provides a mutual exchange of anxious feelings about parenting and marriage. Men, typically are more isolated as a result of not sharing their anxious feelings of transition with other male friends, therefore, they feel abnormal, not realizing that others are also experiencing similar conflicts. When sharing occurs, energy is obtained from the feeling of relief that comes with recognition that the conflictual experiences are common and there are many solutions.

Pediatricians, midwives, family practice doctors and obstetricians should be trained to be aware of transitional issues and be prepared to allow some exchange of information and provide appropriate support and referral.

Babysitting coops offer a wonderful opportunity for parents to seek childcare when breaks are needed, without the need for monetary exchange, but rather an exchange of returning the "sit". This allows the parents to go to medical appointments, the hairdresser, shopping, or to stay home to clean, read a book, nap or have lunch with a friend without the feeling of guilt or stress of indulging in a paid sitter. Establishing rituals of going out on dates, a weekly in-home event that occurs after the baby is asleep and establishing household routines are all beneficial in maintaining a sense of couplehood.

Above all, it is believed by this writer that one of the greatest impacts the therapist might give to the transitioning couple is to give awareness to the normalcy of their experiences. Normalizing their reactions with our current cultural perspective regarding the role definition and responsibilities of men and women today gives strength to find workable solutions. The

therapist is integral in helping the couple to identify a local support network and to give assignments that encourage the insecure couple's follow-through in strengthening these resources. Referral to appropriate support programs provided by local medical facilities or community agencies gives additional perspectives and more connections for increasing support resources, such as friendships.

In the therapeutic process it is necessary to assess the couples communication style and methods. While teaching effective communication skills it is of great value to allow the couple to practice the new and awkward skills while in session. This will encourage their progression of attaining better skills, offer support and suggestions and relieve possible feelings embarrassment.

It is also necessary to assess the sexual relationship. Discussion of this topic prompted by open-ended questions to encourage expression of each spouse's reality, in a therapeutic arena, provides a safe environment and the opportunity to give a wealth of accurate information regarding common unknown changes that commonly occur during the transition to parenthood.

CHAPTER IV

Limitations of the Research

This writer acknowledges that there may be more recent data, but despite an extensive literature review, there was no current statistical data related to the focus of this study. Data as recent as ten years is outdated as there have been many cultural and societal changes that have had a significant and important impact on the family lifecycle. These lifecycles are often viewed as trivial and given diagnostic and superficial attention. All clinicians are exposed to the family lifecycle, therefore, it is imperative to give the transitions suitable recognition and facilitate appropriate interventions based on current data.

Conclusion and Summary

It appears that the transition to parenting may be more challenging today than what it once was. Some folks from earlier generations may agree, yet they endured their significant challenges also. Today we have parents trying to do more with fewer resources to provide important information and hands on support for the new family's period of adjustment. Ironically, during a period in our world when people are trying to do more and require more support during such a major life-stage event, there is less support due to greater geographical distances between friends and family whom may provide the support. In addition, the fact that everyone is busier and has other commitments, does not allow flexibility of schedules and subsequent availability. This is unfortunate, for it seems that the family unit is experiencing a breakdown as a result of becoming overwhelmed and unable to sufficiently deal with challenges that might otherwise be provided by means of sufficient resources. These resources are important as the family struggles to find solutions to deal effectively with their transition to the stage of parenthood. It would be hopeful that by exploring the new family and its transitions to

parenthood, differences between spouses will become understood, and solutions will be identified in an effort to help the family maintain, if not strengthen, its internal bond.

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