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THE EFFECT OF SUPPORT GROUPS IN REDUCING STRESSES DURING  
THE TRANSITION TO PARENTHOOD

by  
Lynne Wilson Myers

A thesis submitted in partial fulfillment  
of the requirements for the degree

of  
MASTER OF SCIENCE

in  
Family and Human Development

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## ABSTRACT

The Effect of Support Groups in Reducing Stresses  
During the Transition to Parenthood

by

Lynne Wilson Myers, Master of Science

Utah State University, 1981

Major Professor: Dr. Brent C. Miller  
Department: Family and Human Development

Forty-two couples expecting their first child volunteered to participate in a study of the transition to parenthood. Personal well-being, self-esteem, marital satisfaction, and parenting competence of the couples were assessed during pregnancy, and then again when babies were six weeks and fifteen weeks old. Parents were asked to report how much support they had received from their doctors, churches, family, and friends, and other sources, after their baby was born. Personal well-being and parenting competence increased for women after they became mothers. Personal well-being decreased and parenting competence increased for new fathers. Marital satisfaction decreased significantly after couples had their first child; women were less satisfied with their marriages than men were, at fifteen weeks postpartum, possibly because they were more involved in infant care than they expected to be, and felt tied down. Doctors and churches

were found to be important sources of support for new parents. Marital satisfaction at fifteen weeks postpartum was positively related to support from doctors, churches, and friends. Support from family was positively related to personal well-being. Parenting competence was not related to any of the kinds of support under investigation, and appeared to develop in response to contact with the infant, and caring for the infant. Mothers were more involved than fathers in caring for and playing with their infants in the early weeks.

(81 pages)

## INTRODUCTION

The transition to parenthood has been described as a time of crisis (Dyer, 1963; Hobbs, 1965; LeMasters, 1957) when new parents experience difficult adjustments for which they are poorly prepared. While not all researchers agree that this time is best described by the word "crisis" (Rossi, 1968) there is general agreement that new parents experience many changes in lifestyle. For example, marital satisfaction declines following the birth of the first child (Burr, 1970; Miller, 1976; Renee, 1970; Rollins & Feldman, 1970; Rollins & Cannon, 1974; Ryder, 1973) though the factors accounting for this decline are not fully understood. Women may experience less marital satisfaction because they are dissatisfied with their adult roles (Rossi, 1968) or because they receive less attention from their husbands (Ryder, 1973). Hobbs and Cole (1976) found no items which consistently predicted marital adjustment to parenthood.

In addition to the changes in the marital relationship, changes within the individual no doubt occur as a response to parenthood. Self-perceptions change as the new father or mother learns new skills, and learns about the requirements of the new role. Because parenting role expectations differ for men and women in our society (i.e., women will be the primary child-care providers) self-perceptions will be affected differently for mothers and fathers, and women experience greater changes than men (Fein, 1976a; Miller & Sollie, 1980; Russell, 1974).

Several factors have been mentioned as important contributors to parental adjustment; the amount of support new parents receive has been repeatedly suggested as affecting the transition to parenthood (Fein, 1976b; Gibaud-Wallston, 1978; Stranik & Hogberg, 1979; Wandersman & Wandersman, 1977; Yarrow, 1979; Zinner & Hertzman, 1978).

### Problem

While parenthood has been described as a crisis event, more recent research suggests there are benefits as well as costs to the transition to parenthood, and that this time is better viewed as a developmental phase (Russell, 1974; Rossi, 1968).

Adults are, in general, unprepared for the realities of life with a newborn. While parenthood may not be "romanticized", adults cannot anticipate all the changes which will occur when a third member is added to the family unit. Education for parenting (Dyer, 1963; Fein, 1976a; 1976b; LeMasters, 1957) and support for new parents (Cheavens, 1974; Fein, 1976a; 1976b; Gibaud-Wallston, 1978; Obrzut, 1976; Stranik & Hogberg, 1979; Wandersman & Wandersman, 1977; Wente & Crockenberg, 1976; Yarrow, 1979; Zinner & Hertzman, 1978) have been recommended as facilitating the adjustment to parenthood, but only a few studies have examined the effects of support (Cheavens, 1974; Gibaud-Wallston, 1978; Wandersman, 1980). Wandersman (1980) found that when fathers attended parenting groups their patterns of adjustment did not change significantly, though possibly the men who came to parenting groups were more dissatisfied to begin with. The results of studies on support suggest that support might be important for new

parents, though its relationship to the adjustments new parents make remains to be demonstrated empirically.

Suggestions for helping parents cope with the transition to parenthood are based on the assumption that parents need support in the early period. This support may be provided by health-care professionals, by relatives, by other parents, etc., but because new parents may be unsure of the support systems available to them, they may fail to seek assistance, or may decline offers of help with the belief that asking for help is an admission of failure.

The problem, then, lies in determining what support systems are available to new parents, whether new parents take advantage of the social support network, and to what extent this affects their adjustment to the parental role.

#### Purpose

This study was initially designed to experimentally examine the effect of an organized parent group during the transition to parenthood. First-time parents were assigned to either a treatment or control group, and meeting times were arranged so parents in the treatment group could meet and discuss concerns with other new parents on a regular basis.

Personal, marital, and parental perceptions were assessed at three points during the transition to parenthood, in order to determine how support from parenting groups, as well as other sources, affected these perceptions. Changes in the scores of new fathers were compared to changes in the scores of new mothers on each of the four dependent variables: personal well-being, self-esteem, marital satisfaction, and parenting competence.

## REVIEW OF LITERATURE

Crisis

There is little or nothing in the background of most adults in our society to prepare them for parenthood. With smaller families, there may be less contact with infants during teenage years, and there is rarely any opportunity to acquire infant-care skills as part of a formal education. While many teenagers babysit, they ordinarily don't care for young infants, and almost never on a 24 hour basis.

The notion of parenthood as a crisis was raised by LeMasters in 1957. In interviews with parents he found that 83 percent of them classified their adjustment to parenthood as an "extensive" or "severe" crisis. Most of these people had good marriages before the birth of their first child, and most of them had planned or desired the pregnancy. LeMasters felt the impact of the crisis event depended, as Hill (1949) had suggested, on the nature of the event, the state of the family's organization, the resources of the family, and the family's previous experience with crisis. Finding that so many parents viewed their experience as a crisis led LeMasters to investigate the feelings behind this perception. It was found that many people romanticized parenthood, as reflected in one couple's statement, "We knew where babies came from, but we didn't know what they were like." (p. 353)

Dyer (1963) continued research on parenthood as a crisis. First-time parents completed questionnaires about their reactions to the birth of their child. Like LeMasters, Dyer defined crisis as "any sharp or decisive change for which old patterns are inadequate," and parenthood



was found to be a crisis for 53 percent of the sample. Dyer found, as had LeMasters, that the degree of crisis was related to the couple's preparation for parenthood, among other things, which suggested to Dyer that there should be better preparation for parenting. Although most couples in Dyer's study perceived the transition to parenthood as a crisis, they were found to have made satisfactory adjustments to the new role.

Hobbs (1965) questioned parents of young infants and found only six percent of fathers and nine percent of mothers viewed the transition to parenthood as a crisis. This result is considerably different from those of LeMasters and Dyer. One possible explanation comes from Hobbs' finding that the crisis impact for fathers was positively correlated with the age of the baby. Since parents in his study were questioned soon after the birth of the baby, the procedural difference could account for the discrepancies between Hobbs's findings and those of LeMasters and Dyer. Feldman (1965) reported in a personal communication to Hobbs he believed a "baby honeymoon" follows the birth of a child and lasts about 4-6 weeks. When the "honeymoon" is over, the birth is perceived as more of a crisis. LeMasters had parents recall their reactions to births which had occurred up to five years previously, and Dyer interviewed parents up to two years afterwards. Hobbs (1965) found a low correlation between crisis scores obtained on interviews and questionnaires; crisis scores were considerably higher when the interview method was used.

Jacoby (1969) reviewed previous crisis research and suggested that the intent of the research (to assess the amount of crisis) was

not allowing parents to report neutral or positive attitudes toward the adjustment. Jacoby's recommendation is pertinent to all research done before or afterwards. He suggested that social class variables play a role in determining adjustments; LeMasters and Dyer used all middle-class respondents. Hobbs had a more representative sample, but it relied too heavily on working class attitudes. The age of the baby at the time of the research could be affecting the perceptions of the respondents, though this remains to be further explored. Earlier studies had parents recall their reactions, rather than assessing reactions at the time of the birth. Meyerowitz (unpublished) reported that parents experienced more difficulties when their first-born was five to six months old than during pregnancy or when the baby was five weeks old.

Although the plunge into parenthood has been described as a crisis, the sources of crisis have not been adequately located and the manifestations of crisis have not been explored. For example, the birth may be perceived as a crisis, but parents may not demonstrate any behavioral changes as a result of the crisis. Kaplan and Blackman (1969) found that women who had been diagnosed as psychiatrically ill during pregnancy or the first four months postpartum quite frequently complained that their husbands were cruel, ineffectual, or neglectful. An objective psychiatric evaluation of these husbands supported some of the claims, which could explain one source of crisis, but only for women, and only for those diagnosed as ill.

Wainwright (1966) found that men frequently sought therapy after the birth of a baby, though they attributed their difficulties to causes other than the baby. Wainwright suggested that the difficulties

in the man's adjustment to parenthood could be caused by the added financial responsibility, or the loss of attention from his wife.

Lacoursiere (1972) noted that many men present symptoms of nausea, vomiting and toothaches during their wives' pregnancies. This study reviewed several psychiatric case histories, discussing the couvade ritual which is found in some cultures. In this ritual, the father may have a pseudo labor around the time his wife gives birth, or he may have dietary restrictions imposed on him during his wife's pregnancy. Lacoursiere suggested the dependent man may be more susceptible to these problems, but Davis (1978) found that first-time fathers who might be expected to be more dependent did not experience more anxiety, depression, or hostility than experienced fathers. Experienced fathers even reported feeling less personal satisfaction with their situations, possibly because there was less novelty involved, or added responsibility.

#### Marital Satisfaction

The data on satisfaction over the course of the family life cycle suggest that there are decreases in marital satisfaction with the advent of children. Satisfaction continues to decline through the school-age years, then gradually increases (Burr, 1970; Miller, 1976; Rollins & Feldman, 1970; Rollins & Cannon, 1974). Rollins and Feldman (1970) have suggested that the satisfaction decreases are more severe for women, and occur as marital companionship is decreased by the presence of children. Rollins and Cannon (1974) found a U shape to the marital satisfaction curve, in an investigation of factors which influenced the happiness of men and women.

Renee (1970) found that childless marriages may be more satisfying to couples, but the number of children in a family has no consistent effect on the amount of dissatisfaction. Hicks and Platt (1970) found communication was important to marital satisfaction, but happiness in a marriage did not predict its stability; low happiness marriages were often the most stable. Miller (1975) has questioned the results of cross-sectional studies of marital satisfaction, pointing out that over time couples who are not happy will not stay married, and that by the later years it will be primarily the happy couples who are left to be studied. Rollins (1975) has countered that the cultural moment may have more influence on marital satisfaction than any other variable, and that this would not affect longitudinal data. In a longitudinal study of marital satisfaction, Ryder (1973) discovered the only significant correlate of having a child was that wives felt their husbands didn't pay enough attention to them.

Murrell and Stachowiak (1965) described the development of the family group by saying there is always some conflict to a marriage which requires each partner to make continual adjustments to maintain a mutually satisfying marriage. As each member is added to the group, additional changes are required. Maladaptiveness in the family arises when there is unwillingness or inability to change.

#### Alternative Views

As an alternative to the crisis view, Rossi (1968) suggested that the transition to parenthood is better viewed as a sequence of developmental stages. There are four stages to the parenting role: an anticipatory stage, a honeymoon, a plateau, and a termination-

disengagement of the role. Rossi feels women are less satisfied with their adult roles than men, possibly because women rely more on child-bearing to define them as adults. Women may rely on parenthood without being prepared to assume the role; in our society there is poor preparation for parenthood and limited learning during pregnancy. Motherhood may not be valued as a role to the extent that women expect it to be. There is an abrupt transition to parenthood, and caring for the newborn is one of the most demanding jobs of parenthood.

Burr (1972) described some of the components of the role transition; four of these are particularly relevant to the transition to parenthood. 1) Anticipatory socialization is necessary for the new role. There is poor preparation for parenthood; instead we have "on the job" training. 2) Role clarity, or the degree to which there are explicit expectations for the expected behavior of the new role, eases the transition. Role clarity may only be present in the examples set by one's own parents, and it may be difficult or impossible to recall how one's parents dealt with a newborn. 3) Role conflict, or the presence of incompatible expectations for a role, will decrease the adjustment. Today women may expect to do more than "just be a housewife" yet working does not always fit the schedule of a mother, especially if she is concerned about meeting all the needs of her children by herself. 4) Role incompatibility will also hamper adjustment as the demands of one social role compete with the demands of another.

Russell (1974) examined some of the factors contributing to difficulty in the transition to parenthood. High marital satisfaction

was correlated with a lower experience of crisis, though the planning and length of the marriage were negatively correlated with the gratifications of the new role. Russell suggested that the gratifications of parenthood were more likely to be personal than to be benefits to the marital relationship. Even so, most couples reported their marriage had not changed since the birth of the baby, or that it had changed for the better. What may occur is that the decrease in marital satisfaction is compensated for by an increase in parental satisfaction or gratification. Overall, people may feel as happy as before their baby was born because the emphasis shifts from the old role (spouse) to the new role (parent). When specifically questioned, they might report lower marital satisfaction, without mentioning a decrease in general happiness.

In a replication of Hobbs' (1965) research, Hobbs and Cole (1976) discovered that the role of children in marital satisfaction had decreased over the ten year period, but that parenthood was still viewed as a minor crisis. In a review of the literature they found no items which consistently predicted marital adjustment to parenthood. Hobbs and Cole suggested a need for research designed to find reliable predictor variables of marital satisfaction.

In yet another replication, using Black parents, Hobbs and Wimbish (1977) found the difficulties of adjusting to the first child were not "of crisis proportions." Black couples appeared to have slightly different, and slightly greater problems than white parents, however.

#### Preparation for Parenting

Recent research has focused on the variables surrounding the

father's adjustment to parenthood. Obrzut (1976) studied fathers' perceptions of their role, and found more men who considered themselves primarily breadwinner-providers and fewer who saw themselves as nurturant-caregivers. Nurturing, teaching, and providing were seen as major components of the fathering role, however. Men anticipated changes in lifestyle following the birth of their first child, and were realistic about what parenthood involved. Areas of personal concern for fathers included infant-care skills, their adequacy as fathers, financial concerns, and concern over the baby's effect on the marital relationship. In preparation for fatherhood, 75 percent of the men reported they had observed other fathers, and 70 percent had talked to other fathers, but only 25 percent did any babysitting to prepare. One fourth of the sample reoriented their network of friends, presumably to include other parents. These behaviors suggest that adults or at least fathers, may no longer romanticize parenthood to the extent observed by LeMasters. Whether this is a function of different assessment techniques or actual changes over time has not been determined.

Wunderlich (1978) reported that prepared childbirth classes, while preparing parents well for the childbirth process, emphasize the father's role as a support to his wife, rather than attending to his needs and feelings. Expectant fathers in her study changed their social contacts, seeking out other fathers and especially other expectant fathers. If the father were treated as an active participant in the labor process, his perceptions of his future role might be affected.

Hott (1976) recommended childbirth educators be aware that pregnancy is a time of stress for both parents. One suggestion made by Hott was that childbirth education should focus on how childbirth preparation benefits the baby, rather than the marital relationship, since benefits to the baby are known, while benefits to the marriage are only assumed, and desired.

Fein (1976a) has found that the transition to parenthood may be much less than a crisis for men. Fein found that effective postpartum adjustment was related to the man's developing some kind of role which fulfilled his needs as well as those of his wife and child. When fathers were directly responsible for infant care, their anxiety decreased. Men in this study reported receiving little emotional or material support during the pregnancy and early parenting periods.

In another report, Fein (1976b) noted many men reported never having had any idea how much work a small infant requires. Men felt both gratified and burdened by the parenthood experience, but were affected by the extent to which they felt included or excluded from family life. Often men felt excluded due to the constraints of their jobs, but more men felt themselves included in the new family triad than felt excluded. Fein listed several factors involved in postpartum adjustment, including preparation for parenting, support from families, and agreement about the roles in responsibility for infant care. Fein strongly recommended support and education for new parents.

The amount of support fathers perceive is available to them in the postpartum period is a major determinant of their valuing parenthood and feeling comfortable in the new role (Gibaud-Wallston, 1978). When parents participated in a series of ten discussion group



meetings in the first ten weeks of parenting, the amount of perceived support was more important for fathers than the group discussion themselves. This study points out the need for investigations of support and intervention in the early parenting period. If parents suffer a loss of self-esteem and competence, perhaps early intervention will alter their perceptions of the experience, and help them to view parenthood more favorably, Wandersman (1980) reported that support from parenting groups did not affect the pattern of adjustments new fathers made, it was associated with a positive overall adjustment to the baby at 9-10 months.

The Parent Education Program (PEP) (Johnson, Kayne, & Mittleider, 1977) was developed to teach mothers skills when it was found that many women are not receptive to information resented by medical personnel. Women in the program were taught by other mothers, while they stayed in the hospital following the birth of their baby. Using mother models, women have been taught such skills as feeding and bathing infants. The PACE (Parents After Childbirth Education) program was developed to help new mothers overcome or avoid symptoms of postpartum depression (Zinner & Hertzman, 1978). Up to 80 percent of all women experience some depression, with one symptom being an increased dependency need. Isolated at home with a newborn, the mother may feel there is no one available to help her. Participants in the PACE program attended workshops weekly for eight weeks; sessions lasted 1½ hours. Mothers began the workshops when their infants were between one week and nine months old, and each group was composed of 8-10 women. Each week a different topic was discussed, and questions from mothers were

answered. Although there was no formal evaluation of the effect of the workshops, Zinner and Hertzman reported that parents evaluated the sessions very favorably. "Knowing there was someone to talk with during the week was a great source of support..."

The Family Development Project was a parent support program aimed at "making the difficult job of parenting less isolated and more rewarding through information, shared experiences, and social support" (Wandersman & Wandersman, 1977). Small groups of six to ten couples met weekly for six weeks beginning as soon as possible after the birth of the baby (about two months postpartum) and then met monthly for four more months. Meetings focused on specific topics, including guest speakers and films, to combine factual information with sharing experiences. The groups were led by a male-female team of parents. Wandersman and Wandersman believe that by increasing the resources available to new parents the transition to parenthood will be smoother. Increasing parents' skills and strengthening the social network are two methods of increasing the resources available to parents.

Cheavens (1974) reported that the Austin Parent-Child Relations project used trained lay group leaders to lead parent discussion groups. Although children in this study were all school age, significant differences were found in the attitudes of the parents as a result of attending the discussion groups; control parents who attended a series of lectures did not have attitude or behavior changes, nor did the untreated controls. This study is relevant in that it is the only experimental analysis of the role support plays in affecting parental attitudes. Other studies have used or advocated support groups without evaluating their effect on parental attitudes.

Stranik and Hogberg (1979) noted the lack of support in the first four to six weeks postpartum, even though this is the time when adjustment is the most difficult. They noted there is a gap between the time when obstetric care ends and pediatric care begins, which may leave the new parents feeling stranded without support or reliable information. At the University of Minnesota Hospital groups for new parents were supervised by a team of nurses. Meetings were held in the evening so fathers could attend, with their wives and infants. Classes began when infants were one to four weeks old, and there were four weekly sessions. Three phases of discussion were used, covering parents' long and short term needs and concerns. Group participants knew each other from prenatal classes, and according to Stranik and Hogberg, informal discussion was the optimal mode for learning in this situation. They suggested there should be some form of follow-up meetings when infants were three to four months old, and that these meetings could continue until the child was a year old. There was no formal evaluation of the effectiveness of the program, but parents were reported to have been very enthusiastic about the meetings.

Wente and Crockenberg (1976) found that the newborn disrupted interactions between husband and wife in the areas of sex, sharing, and mutual nurturance. They compared Lamaze-prepared with nonprepared fathers across two infant age groups; 0-3 months and 4-7 month old infants. Only three groups resulted since there were too few fathers in the 0-3 month category who were nonprepared. Fathers were given questionnaires and interviews about their childbirth and parenting experiences, and no differences between prepared and nonprepared fathers were found. Difficulty adjusting to fatherhood was positively correlated

with disturbances in the husband-wife relationship. No "Baby honeymoon" period was observed in this study and the only difference between fathers in the two infant age groups was that fathers in the older age group felt more bothered by their wives having less time for them. In interviews newly all fathers commented on their loss of sleep since the birth of the baby, but only one remarked his wife didn't have enough time for him. These findings conflicted with the questionnaire result that fathers frequently complained about the loss of the wife's attention. Perhaps social desirability factors operate in the interview situation which prevent fathers from admitting they need attention and emotional support from their wives. Several of the fathers mentioned feeling they had expected to be more involved in caring for the infant than they actually were. Fathers in Stranik and Hogberg's study said they had been well prepared for the process of childbirth, but not for what follows it. This again indicates the need for education and support in the postpartum period. Prepared childbirth classes are filling the needs of parents in only one area of parenting, and only before the baby arrives.

Miller and Sollie (1980) suggested post-parenthood classes as an opportunity for new parents to work through and alleviate some of the problems of the early parenting period. They measured the personal and marital stresses during the sixth month of pregnancy, and then again at one and eight months postpartum. Personal stress scores were higher after the baby was born, for both men and women. Women's personal stress scores had been lower than their husbands' during pregnancy, but increased over the eight month postpartum period. The marital stress

scores of the mothers also increased over the eight month period, though father's scores remained fairly stable. The personal well-being scores of the mothers increased between one and eight months postpartum, but fathers had the lowest personal well-being scores at eight months, with a significant decrease occurring at the same time the women experienced an increase

#### Summary

Although support groups for parents of older children have been experimentally investigated, their effectiveness with parents of infants remains to be demonstrated. The spontaneous comments of parents attending these groups have reportedly been enthusiastic, but these groups may merely provide a social function which new parents might otherwise obtain elsewhere.

Obrzut's data suggest that parents want help in the early parenting period but are unsure how to obtain it; at least this seems to be the case for men. Men may change their social network and attempt to learn more about the role they will soon assume, but preparation in advance does not seem to be enough. Before a new baby is born and present in the home 24 hours a day, the important questions of parenting may not arise. If an expectant parent could anticipate all the changes the birth of a new baby brings, the transition to parenthood would be less difficult.

The studies by Fein have suggested that the man needs help in defining a role which meets the needs of his own situation. Until the man is in the fathering role he cannot know what will work best with his wife and his baby. Most parents are aware of the cultural expecta-

tions for their new roles (mothers as nurturers, fathers as breadwinners) but these may not suit the needs of individual families. When only the stereotypes are known, the expectations of the role may be understood but not correspond with individual expectations. Support groups may provide parents with the opportunity to observe other parents, to discuss common concerns, and reach solutions which fill the needs of their own family. Parents need not feel their questions and problems are unique or selfish. Perhaps, as Wente and Crockenberg found, new parents are reluctant to discuss the more personal aspects of their adjustments. They may feel free to discuss physical inconveniences such as lack of sleep, while denying their marital relationship has suffered since the baby was born. One of the stereotypes of adult behavior is that parents should not feel jealous of their children, but newborns sometimes require incessant attention which may leave both parents exhausted in the early weeks, and unable to "see the light at the end of the tunnel." Support groups may help parents realize the transition to parenthood requires ever continuing adjustments; several weeks after the baby is born he begins to eat and sleep on a more regular schedule, which permits parents to relax and catch up on sleep, but the infant's needs change, and he makes new demands, requiring different kinds of attention. Helping parents cope by giving them a chance to discuss individual babies and what seem to be impossible situations should ease the problems in the early parenting period. Studies which have used support groups have reported predominantly on women, or else have not systematically examined the effect of the support group. When parents of both sexes come to support group meetings, the problems within the marital dyad may be brought up and discussed in a controlled

atmosphere, which may help each spouse better understand the needs of the other, and realize problems in their marriage are not unique.

The present study was designed to examine the effect of group discussions on personal, marital, and parental feelings in the early postpartum period. It is possible that parents feel more comfortable talking with other new parents than they would with a family member. Relatives may be well intentioned, but unable to remember their feelings the first time they became parents. Or, a couple may be unable to ask for advice and admit that things aren't perfect. When new parents are geographically separated from their families, they may have even less opportunity to obtain support from relatives.

The demands of different roles may further complicate the situation as a man or woman tries to simultaneously be a good spouse, a good parent, a good employee, etc. Women often leave interesting jobs to care for their newborns; men may feel stuck at work when they would rather be at home with the fun new baby. A support group could fill the needs of the adult, helping him/her to feel comfortable in the new role.

#### Hypotheses

Although it is a misnomer to speak of the transition to parenthood as a "crisis", it is often a time of stress for new parents, requiring varying degrees of adjustment. In the present study it was hypothesized that men and women would report changes in personal, marital, and parental feelings following the birth of their first child. Measurements of these personal, marital, and parental feelings were taken at three points in time: Time  $T_1$ , about two weeks before the baby was due;

Time  $T_2$ , when babies were about six weeks old; and Time  $T_3$ , when infants were about fifteen weeks old. Parents who received support in the early postpartum period would report greater personal, marital, and parental satisfaction than parents who did not experience support.

Specifically, it was hypothesized that:

- a) Personal well-being would decline for both men and women following the birth of the baby, and would be lowest at time  $T_3$ , with greater declines for women than for men.
- b) Self-esteem would increase after the birth of the baby and be highest at  $T_3$ .
- c) Marital satisfaction would decline following the birth of the baby, for both men and women, and be lowest at  $T_3$ .
- d) Parenting competence would increase over time and be highest at  $T_3$ . Feelings of competence would increase more for fathers than for mothers.

A support system has been suggested as one method of easing the transition into the parenting role. Men and women who have support early in the postpartum period would be expected to experience significantly less of a decline in the personal, marital, and parental feelings described above. Support would be expected to have the greatest effect on feelings of parental competence, as new parents would have the opportunity to check how they are doing in their new roles. Self-esteem and personal well-being should also be positively influenced by support, though marital feelings may be relatively unchanged by it.



## METHOD

### Subjects

When the study began, the sample consisted of 42 couples, each awaiting the birth of their first child. Participation in the study was solicited during attendance at the final class in a prepared childbirth series. All first-time parents attending classes were invited to participate in the study of the transition to parenthood.

### Measurement

Four scales were used to assess individual perceptions at three points in time. Each scale was renamed on the questionnaire to avoid disclosing to participants the nature of the scale. The first questionnaire was composed of the four scales described below, along with questions about demographic characteristics of the participants. In the second questionnaire parents again completed the four scales, described their labor and delivery experiences, and answered questions about the support they had received following the birth of the baby. The third and final questionnaire was composed solely of the four scales (See Appendix A).

The first questionnaire was administered after couples agreed to participate in the study, when they were approximately two weeks away from the end of the pregnancy. The second questionnaire was administered several months after the first questionnaire, and the third questionnaire was about two months after the second.

## Scales

A. The personal feelings inventory (see Appendix G) is the well-being scale developed by Campbell, Converse and Rodgers (1976) in their study of the quality of American life. The study interviewed over 2000 adults and the measure of well-being scale was used to yield an "index of general affect" which had an alpha reliability of .89. The stability of the index over eight months was .56.

The personal feelings inventory uses nine adjective pairs arranged in semantic differential form, to assess well-being. The reliability of the scale was .87 at time T<sub>1</sub>, .77 at T<sub>2</sub>, and .91 at T<sub>3</sub> (see Table 1). Because two items on the scale tapped a different dimension than well-being they were combined to form a subscale called personal stress. The two items "easy-hard" and "free-tied down" appear to answer the question of how difficult life is right now rather than assessing well-being. The reliability of the hard subscale was .36 at T<sub>1</sub>, .13 at T<sub>2</sub>, and .65 at T<sub>3</sub>.

A score for each item on the scale was derived by reversing items 2, 4, and 5 before they were scored, so that a high score corresponded to greater sense of well-being and a low score indicated a low sense of well-being. Possible scores on each item ranged from 1 to 5. A mean score for each scale was calculated at each of the three items.

B. The feelings about myself (see Appendix H) scale was the self-esteem scale developed by Rosenberg (1965) for use with high school

Table 1  
 The Inter-Item Reliability of Scales Used  
 As Dependent Variables

	Inter-Item Reliability (Alpha Coefficient)		
	T <sub>1</sub>	T <sub>2</sub>	T <sub>3</sub>
Personal Feelings Inventory	.87	.77	.91
Personal Stress Subscale	.36	.13	.65
Self-Esteem	.82	.77	.88
Marital Satisfaction	.78	.81	.88
Parenting Competence	.77	.84	.88

students, to measure attitudes toward self. The construct self-esteem is defined by Rosenberg, "we shall simply mean that the individual respects himself, considers himself worthy, he does not consider himself better than others, but he definitely does not consider himself worse." There are ten Likert-type items, and the scale was tested on over 5000 high school juniors and seniors, and validated on 50 young adults. The reliability of the scale was .85 when used previously; in the present study reliabilities of .82, .77 and .88 were found at each of the three times the questionnaires were administered.

A score from 1-4 was possible on each item, with higher scores indicating a higher self-esteem. Items 1, 2, 4, 6 and 7 (marked with an asterisk in Appendix M) were reversed in scoring, so that a high score would indicate high self-esteem.

C. The marital feelings (see Appendix I) scale is the marital satisfaction scale developed by Miller (1976) and uses seven items to examine specific aspects of the marital relationship. The scale was previously used with 140 married adults, and had a reliability of .81. The reliability in the present study was .78 at T<sub>1</sub>, .81 at T<sub>2</sub>, and .88 at T<sub>3</sub>.

All items in this scale were arranged in Likert form such that strong agreement indicated high marital satisfaction, and resulted in a high score. Possible scores on each item ranged from 1 to 5.

D. The parental feelings (see Appendices J and K) scale is a modified version of the parenting sense of competence scale developed by Gibaud-Wallston and Wandersman (1978). The scale was based on the Wagner and Morse (1975) Sense of Job Competence Scale, and was tested on 132 white, middle-class adults, who were first time parents. There are two subscales, one a skill/knowledge dimension, the other a valuing/comfort dimension, though the present study did not separate them. Because the first item on the scale ("Now that I've been a parent for a while, the problems of baby-care are easier to solve") was found to lower the scale reliability, it was dropped. The reliability of the scale in the present study was .77 at T<sub>1</sub>, .84 at T<sub>2</sub>, and .88 at T<sub>3</sub>.

The 20 items on the scale were arranged in a Likert-type format, and strong disagreement with an item generally indicated a strong sense of parenting competence, though items 6, 7, 10, 11, 13, 15, 17, and 19 were reversed before being scored (see Appendix M).

### Procedure

Participation in the study was solicited by the investigator during the couple's final class in a prepared childbirth series. At the beginning of the class the instructor introduced the investigator to the class, explained that she was there to talk to them about a research project after the class, and then let the investigator make a short speech about the project. The investigator remained present throughout the two-hour class, and when it was over reminded couples that if they were interested, they could stay after class and fill out the questionnaires.

Couples were informed that all first-time parents were invited to participate in the study, which was designed to find out how feelings about different aspects of life change when a person becomes a parent. Couples were told they would complete three questionnaires, about one every other month, to compare their feelings before and after their babies were born. Couples were not informed of the specific variables under investigation, but were told that upon completion of the study a copy of the results would be mailed to them.

Couples who agreed to participate in the study read and signed an informed consent form (see Appendix B), then completed the first questionnaire. Husbands and wives used separate forms, and were asked to respect each other's privacy in responding and discuss answers only after they had completed the forms. Demographic information, and all four instruments were included in the first questionnaire (see Appendices C, G, H, I, and J).

Because the initial design of the study was experimental, couples

had been randomly assigned to a treatment or a control group prior to being recruited for the study. The names of all couples in each class were known to the investigator, and each couple was randomly assigned to a group. Because some couples decided not to participate in the study, this procedure resulted in 22 treatment couples, and 20 control couples.

Couples were told they would be contacted within a few weeks after their baby was born. They were not informed of the group they were in, and were unaware of any intended experimental manipulation.

Approximately two weeks after their baby was born, each couple in the treatment group was contacted and asked to participate in a parent discussion group. On the phone parents were very enthusiastic about coming to the meetings, and times were arranged so that all three members of the family could come. Couples were contacted within a week of the first scheduled meeting, and seven couples were to have comprised the first group. These were the first seven couples in the study to give birth, and they were told that there would be other new parents with babies the same age as theirs, and that some of the couples might have been in their childbirth education class.

The evening of the first meeting, only one mother showed up, with her baby. When couples were contacted to find out why they had not attended, only one couple said they had changed their minds and were no longer interested. They felt they were too different from the others in being older and of higher SES, and felt their concerns and needs were different, and could not be met in a group of this sort. All other couples said they would come to a second meeting, and so a

second meeting was scheduled. This time, no one attended. Ten couples had been invited to attend the second meeting, in hopes of having an acceptable number present, and when it appeared that nearly half the treatment group was not interested in the treatment, an alternative approach to experimentally assessing the role of postpartum supports was used.

At this point the study design was changed to a short-term longitudinal correlational study rather than an experimental one, and an additional section was added to the second questionnaire to assess the role of supports after the fact in the postpartum period.

The second questionnaire was administered when infants were between 2 and 12 weeks old, with the mean age of 6.57 weeks. One father didn't respond to the second questionnaire until his infant was 20 weeks old; his data were included with the others in spite of the fact that the infant was so much older. The investigator delivered most of the questionnaires by hand, and picked them up one week later. Two couples could not be reached at the time of the second questionnaire (one moved, the other could not be reached by phone, by mail, or in person).

The third questionnaire was sent about two months after the second. Babies ranged in age from 9 to 24 weeks, with a mean of 15.54 weeks. With both the second and third questionnaires, couples usually had a week to complete the questionnaire. Most couples were able to finish responding in this amount of time, but they were asked to finish as soon as possible, and the investigator continued to remind them until they were done. This resulted in a 95 percent response rate

on the second questionnaire, and a 90 percent response rate on the third. (Two couples were lost at each time, resulting in 38 couples at the end of the study.)



## RESULTS

Demographic Characteristics of the Sample

The demographic information obtained from the respondents showed the sample to be well educated, with 78 percent having finished at least some college or training beyond high school. Couples had been married two years on the average, though length of marriage ranged from five months to ten years.

Table 2  
Sample Characteristics

	Husband			Wife		
	n	$\bar{x}$	SD	n	$\bar{x}$	SD
Age	41	24.9	4.02	42	23.29	3.9
Education	42	3.36*	1.28	42	3.17*	1.03
Income	40	\$16,275	9.36	40	\$16,400	9.31
Months Married	42	24.43	20.77	42	24.21	20.29

\*1=some high school, 2=high school graduate, 3=some college/technical school, 4=college graduate, 5=graduate study.

The average age of the sample was 24, with men slightly older (24.9 years) than their wives (23 years). Men had also completed somewhat more education, with more having finished college at this point.

For such a young sample, with 19 percent of them students, the average income was unexpectedly high (over \$16,000 annually) though again, the incomes in this sample ranged from \$4,000-\$45,000 per year. The median family income for the Cache County area was \$14,300 (1978 figures most recent available). Couples reported on the average that their income was "just enough" or "somewhat inadequate", though none felt their income was "very inadequate". Husbands were more likely than their wives to feel income was sufficient, when questioned at T<sub>1</sub>.

Of couples whose wives were working at T<sub>1</sub>, 39 percent expected the wife to continue working after the baby was born, though 40 percent were not working at T<sub>1</sub> and considered themselves "homemakers". Husbands and wives were similar in their expectations that the wife would return to work about 15 weeks after the baby was born.

#### Male-Female Differences

At T<sub>1</sub>, approximately two weeks before the babies were due, all 42 couples completed the first questionnaire. Using paired t-tests, comparison of scores on each of the five dependent variables (personal well-being, personal stress, self-esteem, marital satisfaction, and parenting competence) revealed several sex differences (see Table 3).

Significant differences were found in personal stress and self-esteem. Men reported much more personal stress at this time, indicating they felt their lives were more difficult and tied down, than their wives ( $t = -5.0, p < 0.0005$ ). At the same time men reported greater self-esteem, on the "feelings about myself" scale than their wives did ( $t = 2.12, p < 0.025$ ).

Men and women were not significantly different in their personal

well-being ( $t = 0.67$ , NS), marital satisfaction ( $t = 0.47$ , NS) or parenting competence ( $t = -0.33$ , NS). Because of the way items were reversed in scoring, Table 3 seems to suggest that personal stress scores of women decreased in fact, they increased over time. Because the personal stress scale was originally a subscale of the personal well-being scale, high scores on both scales indicate positive feelings. In other words, a high personal stress score indicates low personal stress.

At  $T_2$ , when infants were about six weeks old, there were fewer significant differences between husbands and wives than at  $T_1$ . There were no significant differences in scores on the well-being scale ( $t = -0.8$ , NS), personal stress ( $t = -0.47$ , NS) self-esteem ( $t = 0.38$ , NS), or marital satisfaction at  $T_2$  ( $t = -0.87$ , NS). The only significant difference between the sexes was in parenting competence; women reported greater parenting competence than their husbands after six weeks of parenting experience ( $t = -1.86$ ,  $p < 0.05$ ).

At  $T_3$ , when infants were about 15 weeks old, women experienced a greater sense of personal well-being than their husbands ( $t = -1.92$ ,  $p < 0.05$ ) but did not differ in the amount of personal stress ( $t = 0.82$ , NS). Men and women did not differ in self-esteem at  $T_3$  ( $t = 0.67$ , NS) or in marital satisfaction ( $t = 1.11$ , NS). At this time women still reported greater parenting competence than their husbands ( $t = -3.29$ ,  $p < 0.005$ ).

Overall, parents painted a positive picture of life both before and after the birth of their first child. On the well-being scale the mean score for either sex never fell below 4.25 of a possible 5. Though fathers reported greater personal stress than their wives, the

Table 3

Male-Female Score Differences on Five Dependent Variables

		Men		Women		T value	2-tail probability
		$\bar{x}$	n	$\bar{x}$	n		
Personal	T <sub>1</sub>	4.40	39	4.32	40	0.67	NS
Well-Being	T <sub>2</sub>	4.36	37	4.44	38	-0.80	NS
	T <sub>3</sub>	4.25	36	4.48	38	-1.92	0.05
Personal	T <sub>1</sub>	3.09	39	3.84	40	-5.00	0.0005
Stress	T <sub>2</sub>	3.04	37	3.11	38	-0.47	NS
	T <sub>3</sub>	3.08	36	3.22*	38	-0.82	NS
Self-Esteem	T <sub>1</sub>	3.30	40	3.13	40	2.12	0.025
	T <sub>2</sub>	3.27	38	3.24	38	0.38	NS
	T <sub>3</sub>	3.30	38	3.24	38	0.67	NS
Marital	T <sub>1</sub>	3.86	40	3.93	40	-0.47	NS
Satisfaction	T <sub>2</sub>	3.64	37	3.77	38	-0.87	NS
	T <sub>3</sub>	3.65	37	3.45	38	1.11	NS
Parenting	T <sub>1</sub>	2.69	40	2.71	40	-0.33	NS
Competence	T <sub>2</sub>	2.80	38	2.93	38	-1.86	0.05
	T <sub>3</sub>	2.83	38	3.06	38	-3.29	0.005

\*See note in text regarding personal stress scores.

mean scores were around 3 (of 5) indicating neutrality on the adjective pairs rather than extreme difficulty. Both men and women scored high on the self-esteem scale with mean scores of at least 3 out of 4. Marital satisfaction was never extremely high or low throughout the study. Mean scores were between 3 and 4, with a score of 5 indicating perfect satisfaction. A sense of parenting competence appeared to grow for both men and women over the course of the study, though it was not low to begin with. Mean scores were between 2 and 3, with a maximum possible of 4. Changes over time were next analyzed for statistical significance.

#### Differences Over Time

A comparison of scores at each of the three times, using paired t-tests showed that neither men nor women experienced any significant changes in well-being (see Table 4) or self-esteem. Personal stress in men did not change over the course of the study, but women reported life was significantly more difficult and tied down after the birth of the baby ( $t = 6.07, p < 0.001$ ). There had not been any significant decrease in personal stress by  $T_3$ .

Marital satisfaction appeared to be the variable most affected by the birth of the first child. The marital satisfaction of men declined considerably between  $T_1$  and  $T_2$  ( $t = 2.81, p < 0.008$ ) but this decline did not continue to  $T_3$ . Women, on the other hand, showed a continuing decline in marital satisfaction, and all differences were statistically significant (see Table 4).

Parenting competence also increased in the transition to parenthood. Men experienced an increase between  $T_1$  and  $T_2$  ( $t = -2.61, p < 0.01$ )

Table 4

Changes in the Dependent Variables Over Three Points in Time for Men and Women

MEN	$T_1-T_2$			$T_2-T_3$			$T_1-T_3$		
	n	t-value	probability	n	t-value	probability	n	t-value	probability
Personal Well-Being	39	0.81	NS	37	2.65	0.01	36	3.19	0.003
Personal Stress	39	0.49	NS	37	-0.37	NS	36	0.57	NS
Self-Esteem	40	0.65	NS	38	-0.67	NS	38	0.18	NS
Marital Satisfaction	40	2.81	0.008	37	-0.07	NS	37	2.21	0.03
Parenting Competence	40	-2.16	0.01	38	-0.95	NS	38	-2.67	0.01
WOMEN	$T_1-T_2$			$T_2-T_3$			$T_1-T_3$		
Personal Well-Being	40	1.22	NS	38	1.28	NS	38	2.40	0.02
Personal Stress	40	6.07	0.001	38	-1.04	NS	38	5.00	0.001
Self-Esteem	40	-2.18	0.04	38	-0.10	NS	38	-1.49	NS
Marital Satisfaction	40	2.01	0.05	38	2.39	0.02	38	3.96	0.001
Parenting Competence	40	-4.08	0.001	38	-3.20	0.003	38	-7.15	0.001

but there was not change between  $T_2$  and  $T_3$ . Parenting competence was affected more strongly for women than for men, with women increasing in parenting competence feelings over the course of the study. All the women's changes were statistically significant (see Table 4).

Because paired t-tests were used, the number of cases included in each test varied. For example, although 42 couples completed the first questionnaire, some subjects left items blank. If enough items (at least 50 percent) were left blank on any of the instruments, the data for that subject were not included in the analysis of that particular dependent variable. The number of cases included in the analyses is given in each table.

#### Sources of Support

The six support variables were analyzed to determine their relationship to the dependent variables. Each support variable (doctors, churches, family, friends, parent support group, LaLeche League) was rated by the new parents on a four point scale (1 - no help, interfered; 2 - no help, no interference; 3 - somewhat helpful; 4 - very helpful), to determine how parents felt about whatever support they received. Doctors and families received the highest mean scores for support, with new parents about equally divided in responding that doctors and families were either "somewhat" or "very" helpful. In order to have comparison groups of approximately the same size, parents who rated doctor and family support in the lowest three categories (interfering, nonsupportive or somewhat helpful) were grouped into one category, and compared to parents who rated doctor and family support as "very helpful". Table 5 shows the results of an analysis of variance of moderate and

Table 5

Analysis of Variance Between Perceived High and Moderate Support  
From Doctors and Personal, Marital, Parental Dependent Variables

	df	SS	MS	f	p
Personal Well-Being $T_3$					
high support $\bar{n}=35$ $\bar{x}=4.42$ main effects	1	0.13	0.13	0.45	NS
moderate support $\bar{n}=39$ $\bar{x}=4.34$ residual	72	20.65	0.29		
total	73	20.79	0.29		
Personal Stress $T_3$					
high support $\bar{n}=35$ $\bar{x}=3.14$ main effects	1	0.03	0.03	0.04	NS
moderate support $\bar{n}=39$ $\bar{x}=3.18$ residual	72	43.53	0.61		
total	73	43.55	0.60		
Self-Esteem $T_3$					
high support $\bar{n}=35$ $\bar{x}=3.38$ main effects	1	0.75	0.75	4.85	0.03
moderate support $\bar{n}=39$ $\bar{x}=3.17$ residual	72	11.12	0.15		
total	73	11.86	0.16		
Marital Satisfaction $T_3$					
high support $\bar{n}=35$ $\bar{x}=3.88$ main effects	1	7.12	7.12	11.82	0.001
moderate support $\bar{n}=39$ $\bar{x}=3.26$ residual	72	43.36	0.60		
total	73	50.48	0.69		
Parenting Sense of Competence $T_3$					
high support $\bar{n}=35$ $\bar{x}=3.02$ main effects	1	0.33	0.33	2.75	NS
moderate support $\bar{n}=39$ $\bar{x}=2.89$ residual	72	8.57	0.12		
total	73	8.90	0.12		



high doctor support on the five dependent variables at  $T_3$ . The perceived high support from doctors was significantly related to self-esteem and marital satisfaction. Support from families, however, was associated only with personal well-being scores (see Table 6).

Table 7 shows that support from church membership was related to personal well-being and marital satisfaction of the parents in this sample, while support from friends (Table 8) was related only to marital satisfaction. Parents also rated the support they received from parenting support group meetings. This question had been included in the questionnaire before the idea of experimental support groups was abandoned. Since parents could not have known what the question meant, their responses were not used; in any event, 28 percent left the question blank, and for the remainder of the sample there was no significant association with any of the dependent variables. The last support variable, "La Leche League or other" was also unrelated to the dependent variables.

Parents were asked whether they had received any form of assistance after their baby was born, and 86 percent replied someone had come into their home to help them. (The question was phrased, "Did anyone come into your home to help you after the baby was born?" see Appendix F.) They usually had help for a few days to a week (67 percent), but 17 percent said they had been helped for "several weeks". In most cases it was the wife's mother who provided the help (79 percent) though mothers-in-law, other family members, and friends were also mentioned. Parents rated this assistance favorably, and most felt they had received "just the right amount" of help (74 percent)

Table 6

Analysis of Variance Between Perceived High and Moderate Support  
From Family and Personal, Marital, Parental Dependent Variables

	df	SS	MS	f	p
Personal Well-Being $T_3$					
high support $n=38$ $\bar{x}=4.55$ main effects	1	2.32	2.32	9.04	0.004
moderate support $n=36$ $\bar{x}=4.20$ residual	72	18.47	0.26		
total	73	20.79	0.29		
Personal Stress $T_3$					
high support $n=38$ $\bar{x}=3.22$ main effects	1	0.30	0.30	0.49	NS
moderate support $n=36$ $\bar{x}=3.10$ residual	72	43.26	0.60		
total	73	43.55	0.60		
Self-Esteem $T_3$					
high support $n=38$ $\bar{x}=3.33$ main effects	1	0.33	0.33	2.04	NS
moderate support $n=36$ $\bar{x}=3.20$ residual	72	11.54	0.16		
total	73	11.86	0.16		
Marital Satisfaction $T_3$					
high support $n=38$ $\bar{x}=3.71$ main effects	1	2.01	2.01	2.98	NS
moderate support $n=36$ $\bar{x}=3.38$ residual	72	48.47	0.67		
total	73	50.48	0.69		
Parenting Sense of Competence $T_3$					
high support $n=38$ $\bar{x}=3.07$ main effects	1	0.43	0.43	3.61	NS
moderate support $n=36$ $\bar{x}=2.87$ residual	72	8.47	0.12		
total	73	8.90	0.12		

Table 7

Analysis of Variance Between Perceived Low, Moderate, and  
High Church Support and Personal, Marital,  
Parental Dependent Variables

	df	SS	MS	f	p
<b>Personal Well-Being <math>T_3</math></b>					
low support $\bar{x}=4.25^*$ main effects	2	2.02	1.01	3.74	0.03
moderate support $\bar{x}=4.31$ residual	68	18.37	0.27		
high support $\bar{x}=4.64$ total	70	20.37	0.29		
<b>Personal Stress <math>T_3</math></b>					
low support $\bar{x}=3.08$ main effects	2	0.46	0.23	0.38	NS
moderate support $\bar{x}=3.23$ residual	68	41.59	0.61		
high support $\bar{x}=3.25$ total	70	42.05	0.60		
<b>Self-Esteem <math>T_3</math></b>					
low support $\bar{x}=3.23$ main effects	2	0.22	0.11	0.64	NS
moderate support $\bar{x}=3.25$ residual	68	11.49	0.17		
high support $\bar{x}=3.36$ total	70	11.71	0.17		
<b>Marital Satisfaction <math>T_3</math></b>					
low support $\bar{x}=3.39$ main effects	2	4.77	2.38	3.69	0.03
moderate support $\bar{x}=3.38$ residual	68	43.90	0.65		
high support $\bar{x}=3.95$ total	70	48.66	0.70		
<b>Parenting Sense of Competence <math>T_3</math></b>					
low support $\bar{x}=2.89$ main effects	2	0.42	0.21	1.79	NS
moderate support $\bar{x}=2.94$ residual	68	7.94	0.12		
high support $\bar{x}=3.07$ total	70	8.36	0.12		

\*For all scales: low support n=27; moderate support n=22; high support n=22.

Table 8

Analysis of Variance Between Perceived Low, Moderate, and  
High Support From Friends and Personal, Marital,  
Parental Dependent Variables

	df	SS	MS	f	p
Personal Well-Being T <sub>3</sub>					
low support $\bar{x}=4.22^*$ main effects	2	0.92	0.46	1.65	NS
moderate support $\bar{x}=4.40$ residual	71	19.86	0.28		
high support $\bar{x}=4.52$ total	73	20.79	0.29		
Personal Stress T <sub>3</sub>					
low support $\bar{x}=3.02$ main effects	2	0.59	0.29	0.48	NS
moderate support $\bar{x}=3.23$ residual	71	42.97	0.61		
high support $\bar{x}=3.19$ total	73	43.55	0.60		
Self-Esteem T <sub>3</sub>					
low support $\bar{x}=3.18$ main effects	2	0.37	0.19	1.15	NS
moderate support $\bar{x}=3.27$ residual	71	11.49	0.16		
high support $\bar{x}=3.37$ total	73	11.86	0.16		
Marital Satisfaction T <sub>3</sub>					
low support $\bar{x}=3.28$ main effects	2	7.26	3.36	5.97	0.004
moderate support $\bar{x}=3.41$ residual	71	43.21	0.61		
high support $\bar{x}=3.94$ total	73	50.48	0.69		
Parenting Sense of Competence T <sub>3</sub>					
low support $\bar{x}=2.90$ main effects	2	0.45	0.22	1.87	NS
moderate support $\bar{x}=2.90$ residual	71	8.45	0.12		
high support $\bar{x}=3.07$ total	73	8.90	0.12		

\*For all scales: low support n=21; moderate support n=32; high support n=21.

though more parents felt they had just received too much (14 percent) than too little (8 percent). Only 4 percent of the sample said they "did not have or want" any help.

Table 9 shows how new parents felt about new parent support group meetings. All parents were asked in questionnaire 2 whether they thought support group meetings would be helpful for new parents (see Appendix L). Parents were asked to tell "in their own words" why they would and would not go to these meetings, and responses were coded into several categories. The most common response was that parents would go in order to compare themselves or their baby to other new parents/new babies. Parents gave the reason of time conflicts or being too busy when asked why they would not attend meetings.

Parents who had been contacted and invited to scheduled support group meetings were given an additional sheet in the second questionnaire, asking them to indicate why they had not come. The most frequent reason given was that they didn't feel they needed any help (30 percent) though on the checklist for reasons they had not come only 4 percent checked this reason. "I saw enough of other new parents" was the second most common category of responses for not coming to the meetings, and was given by 21 percent of the respondents (some people gave more than one reason for not coming, though most gave no reason). Only one percent said they stayed home because they forgot about the meetings; more felt it was too much effort to go (5 percent) or they couldn't persuade their spouse to go with them (7 percent).

Only 10 percent of the sample invited to attend the new parent meeting said they had been too busy to come, though 30 percent had

Table 9

## Reasons for Attendance at Parent Support Group Meetings

Why I would go	Why I would not go	Why I did not go	Items on Checklist
25% compare self to new parents/compare baby to other new babies	30% time conflicts/ too busy 16% too far to go	30% didn't need help 21% saw enough of other parents	13% meeting bad time 7% spouse wouldn't go 5% too much effort
16% to get answers to questions/get help with problems	11% spouse reluctant 6% baby too fussy	10% too busy 6% lots of experience	4% didn't need help 2% thought it would be boring
10% share ideas about parenting	5% baby too young	5% our baby is difficult	2% unique problems 1% forgot
8% for company			0% stay home because couldn't bring baby
7% to learn something new			0% couldn't get a sitter 0% didn't want to get involved

given this as a reason when asked about new parent meetings in general.

Parents were asked if they would go to something like this if it were available; 34 percent said they would go; 35 percent said they would not go, and the rest were undecided. If these meetings were offered as a continuation of their prenatal classes, 67 percent of the parents said they would go, 30 percent said they would not go, and 3 percent said "maybe". One of the couples invited to the support group meetings said in the questionnaire, "please let us know if the meetings will be held again, we would like to come now."

#### Evaluation of Hypotheses

A) The first hypothesis, that personal well-being would decline for both men and women after the birth of the baby, and be lowest at  $T_3$ , was not supported. Instead, well-being declined only for men and was lowest at  $T_3$ . Women showed an increase in well-being, and had highest scores at  $T_3$  (see means in Table 5). Well-being scores were significantly different for men and women at  $T_3$  with women reporting greater personal well-being.

B) The second hypothesis, that self-esteem would increase after the birth of the baby and be highest at  $T_3$  was not supported. Men had significantly higher scores than their wives at  $T_3$ , but while men's scores did not change over the course of the study, women experienced a significant increase in self-esteem after the baby was born.

C) The third hypothesis, that marital satisfaction would decrease over time and be lowest at  $T_3$ , was supported for women, but not for men. Women reported continuing declines in marital satisfaction, though

their scores were never significantly lower than the men's. Men's scores decreased after the baby was born but did not continue to fall.

D) The fourth hypothesis, that parenting competence would increase over time and be highest at  $T_3$ , and that fathers would show the greater increase in competency feelings was partially supported. Both men and women experienced increased parenting competence after the baby was born, but this trend did not continue for men. Women's parenting competence continued to increase and was higher than men's at  $T_2$  and  $T_3$ .



## DISCUSSION

The results of the present study would not lend support to the assertion that parenthood is a crisis event. Personal well-being and self-esteem improved for women, and well-being improved for men, following the birth of their first child. Both men and women in the present study reported increased competence in their ability to parent, and appeared to be generally satisfied in their new roles, most reporting in the second questionnaire that this was a "good" or "perfect" time to become parents.

One area under investigation which did not benefit from the transition to parenthood was marital satisfaction. Both men and women reported less satisfaction with marriage after the baby was born, and for women, marital satisfaction continued to decrease. While marital satisfaction did not continue to decline for men, it had not recovered by the time the third questionnaire was administered.

Though men and women described life in positive terms throughout the study, women felt life became much more difficult and tied down after they became parents (greater personal stress). During pregnancy, women felt significantly less personal stress than their husbands did. It would be interesting to contrast men and women prior to the onset of pregnancy; perhaps men are better able to prepare themselves during pregnancy for the responsibilities of parenthood, and correctly anticipate their new role, though more likely motherhood is more difficult than fatherhood, and new mothers could not prepare themselves.

Meyerowitz and Feldman (1966) asked parents to recall how satisfying their marital relationships had been prior to pregnancy. Both men and women recalled the relationship was previously more satisfying, but men felt the decline during pregnancy had been more severe than the women did. When questioned again five weeks after the baby was born, both men and women said their marital satisfaction had improved. This finding conflicts with the general consensus that marital satisfaction declines after the first child is born, but may indicate that the subjective impressions of parents differ greatly from more objective data. Parents in studies finding marital satisfaction declines after the birth of the baby use questionnaires; Meyerowitz and Feldman used interviews, and while parents might have objectively scored lower on marital satisfaction, they may not realize how differently they feel. Also, there are problems with having parents recall their feelings.

Support from doctors, churches, and friends was related to higher marital satisfaction. Support from family and church was related to personal well-being. Doctors' support was associated with self-esteem. None of the support variables, on the other hand, was related to personal stress or parenting competence. Perhaps others have the power to affect only personal and marital feelings, while parental feelings grow only through contact with the infant. If parenting competence does grow in response to parental experience, this would explain why women's parenting competence scores increased faster than their husband's did after the baby was born. Parenting competence did not differ between men and women during pregnancy, but by the time babies were six weeks old, on the average, women's scores had jumped ahead of the men's,

and continued to increase for the next two months at a faster rate, so that by the time the third questionnaire was administered, women's scores were significantly higher than men's.

The finding that doctor and church support had a stronger relationship to the dependent variables than family and friend support was surprising. Family and friends would seem to be more involved with the new parents, and potentially more influential. The doctor, however, because he/she is a more objective judge of how well new parents are doing may be taken more seriously than family or friends. A kind word from a doctor may have more impact because it is unexpected; family and friends are expected to be supportive. Three of the sources of support (doctor, church, friends) are potentially important to the couple's marital satisfaction, yet marital satisfaction was the variable which was adversely affected by parenthood. Perhaps marital satisfaction is replaced by parenting satisfaction, and greater personal satisfactions, and cannot be improved by any amount of support. As parents move from couple to family life, marital satisfaction may decrease because each person is now a parent as well as a spouse, and the roles aren't always compatible. The newborn also requires a great deal of parental time, which may not leave much time for the marital relationship. This may not be all bad, however; even though marital satisfaction declined, both men and women had strong personal well-being scores. Four months after their babies were born, all couples in the study who could be reached were still together, and two couples who did not respond to the questionnaire were still married. In other words, marital satisfaction had not declined so severely that marriages were ended.

Personal stress increased as a result of becoming a parent, for women but not for men. This may be related to the mother's being more intimately involved with the infant. Whether the mother likes it or not, she is generally the one responsible for the majority of infant care duties. In this study men and women both reported that the mother did about 78 percent of the work, while the father did only about 20 percent. Since some of the children received care from babysitters or relatives, "others" did about 2 percent of the work. Parents also reported that mothers played with the infant more than fathers did, at  $T_2$ . Because the mother handles so much of the work and entertainment responsibilities at this age, she may feel more tied down after the baby is born, and experience a greater decline in marital satisfaction. It would be interesting to see how parents would ideally divide the responsibility for the infant; mothers may expect fathers to be more involved than they are, and fathers may want to be more involved without knowing quite what to do. If the mother's parenting competence increases at a faster rate than the father's simply because she spends more time with the infant, it's likely that the father will continue to stay uninvolved with the infant, and let the mother take full care, since "she's better at it." Wentz and Crockenberg (1976) found that fathers expected to be more involved in infant care than they actually were, but the expectations of the present sample were never assessed. Fein (1976a) reported that men perceived little emotional or material support during pregnancy and early postpartum periods, but when they were directly responsible for infant care, their anxieties decreased.

Stranik and Hogberg (1979) commented that parents lack support during the first four to six weeks postpartum. This may be a time when parents are so busy and caught up with learning new roles they don't realize how much the change has affected them. At first parents may be elated to have the pregnancy over, busy with the baby, and too occupied to think about the situation. This is when most parents are being offered help and support from their family and friends. After the first month or so, parents begin to have more time, and the exhaustion of interrupted sleep may be catching up with them. Paradoxically, when parents begin to feel like they could use some help, family and friends may have ceased offering assistance. Or, parents may hesitate to continue to call on family and friends, and turn instead to other sources (i.e., doctor or church).

It is difficult to do research in the period immediately following the birth; parents may be questioned before they leave the hospital, but they aren't fully responsible for the baby at this time, and may not understand how time-consuming infant care responsibility can be. Once they are home, mothers are usually advised to take it easy, and filling out a questionnaire must be a fairly low priority responsibility. Obtaining an interview at this time will also be difficult, and by the time parents can be questioned, they may not accurately recall their feelings during this busy time.

Overall, the transition to parenthood was a smooth one for this group of individuals. While marital satisfaction declined, the personal well-being and self-esteem of the individuals did not. Women experienced greater declines in marital satisfaction and greater increases in

personal stress, though these two results may be related to becoming a parent rather than to each other. Several interesting findings occurred which may or may not be relevant to the results of this study. Nearly 3/4 of the sample gave birth to sons (71 percent), and while anecdotally boys have a reputation for being more difficult than girls, most couples want their first child to be a boy. Parents were asked to rate their pregnancy and birth experiences, and comment briefly on them. In general, couples felt the timing of the pregnancy was "perfect" (51 percent) or "as good a time as any" to have a baby (41 percent). Only 8 percent said they would have waited until a later date to have this child if they could do it over again. Labors were nearly all medicated and uncomplicated; births by Caesarean were not considered exceptional. Most infants (89 percent) were born within two weeks of the due date, and there were no premature infants in the sample. Both men and women felt that the pregnancy was easier, and the labor harder, than they had expected. At  $T_2$ , when all the information about the baby was obtained, 65 percent of the parents felt their baby was "seldom fussy", and only one parent (a father) placed his child in the "very fussy" category.

There were several problems with the present study. The most important was that the experimental design was lost when parents did not come to the support group meetings. Because of this, the effect of the proposed experimental support groups cannot be described, and the results are only correlational. Second, because data collection began at the end of the pregnancy, changes cannot be attributed solely to the birth of the first child; marital satisfaction may increase (or decrease)

during pregnancy, and then return to prepregnancy levels after the first child is born. The changes observed in this study also may occur when any new member is added to the family, be it the first child or the tenth. A control group of second or third time parents would be a helpful comparison. Third, extending the duration of the study beyond the first four or five months would have given a better understanding of the changes which occur. Questioning the participants in the study prior to the beginning of the first pregnancy would also show what effect the pregnancy had on the feelings under investigation. Future research can give a better explanation of the roles doctor, family, church, friends, etc. play in supporting the new parents.

Finally, the sample was limited in several respects. The size of the sample was small, and limited to couples enrolled in childbirth preparation classes, who voluntarily participated in the study. Many couples whose participation was solicited were uninterested in the study, and did not volunteer. The income and educational levels of the participants were high; this is a group of people who may least need assistance in the transition to parenthood. Future research should examine the effect of support with parents who are more "at risk", such as teen parents, or single parents.

## CONCLUSIONS AND IMPLICATIONS

The original goal of the study was to determine whether postpartum support groups facilitated the transition to parenthood. The results suggest that the parents in this sample, at least, did not feel a strong need for organized support groups in the first six weeks. When parents gave reasons for not coming to the scheduled meetings (see Table 9), 30 percent said they didn't need help, though many people left the entire question blank, and gave no reason for not coming. Because there was initial enthusiasm from the wives when they were contacted about the group, perhaps the problem with support groups is that the husband isn't interested. Women, more than men, may feel the need for support. If women spend most of their time involved in infant care, they may have a stronger need for companionship, though on the questionnaire, only 8 percent of the sample (men and women combined) said they would go to support meetings for the company. More (25 percent) said they would to in order to compare themselves to other new parents, or to compare their baby to other new babies. This suggests parents are more interested in learning whether they are doing a good job in their new roles. Clearly there is a need for research designed to determine whether the declining marital satisfaction and increasing personal stress women experience continue, and what effect this has over time. Data on marital satisfaction over the family life cycle show that satisfaction continues to decline--would better preparation for parenting change this? Russell (1974) argues that the gratifications of parenthood are



personal, and not benefits to the marital relationship. Though objective data indicate a decline in marital satisfaction, they also indicate that parents feel happier than ever after becoming parents.

Perhaps support during the postpartum period should be directed to the marital relationship rather than to parenting skills and interests. New parents may be so absorbed in acquiring the skills of their new roles they neglect each other. A comparison of the marital satisfaction of first and second time parents might indicate whether the problems which occur after the first child is born are unique to becoming a parent for the first time, or whether marital satisfaction declines each time a new child is added to the family, and then gradually increases.

Research directed at studying new parents is subject to several problems. It was impossible to entice adequate numbers of parents out of their homes to participate in this research; previous studies have suggested that support groups begin meeting in the second month postpartum. Perhaps the other supports investigated in the present study (doctor, church, family, friends) are important in the first six weeks. A peer support system might be more effective later on.

The results of the study suggest that doctors play an important support role during the first six weeks, affecting self-esteem and marital satisfaction. Whether parents were receiving support from obstetricians, pediatricians, or family practitioners was not assessed since the question used the general category of "doctor". Future research may discover the ways in which social institutions provide support, and what kinds of parents benefit most from each type of

support. Parents who are surrounded by helpful family may rely less on the support they receive from their doctors.

The present study again suggests that the transition to parenthood is not a crisis, but rather an event which brings several changes. Although parents may not correctly anticipate these changes, especially the decline in marital satisfaction, they rapidly develop a sense of competence for the parenting role. While our culture may present an unrealistic image of parenthood, young adults making the transition to parenthood appear to be generally satisfied with the new role.

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## APPENDICES

Appendix A

Composition of Questionnaires at Each Administration

	T <sub>1</sub>	T <sub>2</sub>	T <sub>3</sub>
Informed consent form			
Appendix B	X		
Background information			
Appendix C	X		
Labor and Delivery Information			
Appendix D		X	
Information About the Baby			
Appendix E		X	
Sources of Support			
Appendix F		X	
Personal Feelings Inventory			
Appendix G	X	X	X
Feelings About Myself			
Appendix H	X	X	X
Marital Feelings			
Appendix I	X	X	X
Parental Feelings I			
Appendix J*	X		
Parental Feelings II			
Appendix K*		X	X
Feelings About Support Group Meetings			
Appendix L		X	
Letter to Parents I			
Appendix M		X	
Letter to Parents II			
Appendix M			X

\*These questionnaires differed only in tense. The first questionnaire used future tense, asking people to imagine how they would feel when they were parents. The second questionnaire was given when they were parents.



Appendix BInformed Consent Form

I hereby give my consent to participate in a study of the transition to parenthood. The study is being conducted by Lynne Myers, a graduate student in the Department of Human Development at Utah State University. All research is being done under the direction of Dr. Brent C. Miller, of the same department. I have had the opportunity to ask questions about the study, and by agreeing to participate

I understand that I will

1. Respond to three separate questionnaires, several weeks apart,
2. Be answering questions about my feelings and experiences as a new parent,
3. Be free to leave any question unanswered,
4. Be free to stop participating in the study at any time.

I understand that those conducting the study will

1. Continue to answer any and all questions promptly and honestly,
2. Not do or say anything which could reasonably be expected to be harmful to me,
3. Protect the confidentiality of my responses by never associating my name with the study,
4. Be willing to share in the overall results of the study at my request.

\_\_\_\_\_  
Husband

\_\_\_\_\_  
Wife

\_\_\_\_\_  
Researcher

Appendix C  
Background Information

1. How many years have you been married? \_\_\_\_\_
2. What education have you had? \_\_\_\_\_
  1. Some high school
  - \_\_\_\_\_ 2. High School graduate
  - \_\_\_\_\_ 3. Some college or technical school
  - \_\_\_\_\_ 4. College graduate
  - \_\_\_\_\_ 5. Some graduate work
  - \_\_\_\_\_ 6. Graduate degree
3. Age \_\_\_\_\_
4. What was the approximate income of you and your spouse last year?
5. Complete the sentence I feel my family income is. . .
 

very inadequate	somewhat in- adequate	just enough	more than adequate
_____ much more than adequate			
6. Husband's occupation \_\_\_\_\_  
 Wife's occupation \_\_\_\_\_
7. Will the wife continue working outside the home after the baby is born? \_\_\_\_\_
8. If yes, how soon does she expect to return to work? \_\_\_\_\_

Appendix DLabor and Delivery Information

Here are some questions about your childbirth experience. Please answer as accurately as you can.

1. When was the baby born? \_\_\_\_\_ More than four weeks early  
 \_\_\_\_\_ Two to four weeks early  
 \_\_\_\_\_ Between two weeks early and two weeks late  
 \_\_\_\_\_ Two to four weeks late  
 \_\_\_\_\_ More than four weeks late
  
2. Which statement best describes your feelings?
  - \_\_\_\_\_ This is a perfect time for us to have a baby
  - \_\_\_\_\_ Now is as good a time as any for us to have a baby
  - \_\_\_\_\_ If we could do it over, we would wait to have a baby until a better time
  
3. How would you describe the pregnancy?
  - \_\_\_\_\_ Easier than I expected
  - \_\_\_\_\_ The same as I expected
  - \_\_\_\_\_ Harder than I expected
  
4. How many hours long was the labor? \_\_\_\_\_
  
5. Would you say that the labor was
  - \_\_\_\_\_ Easier than I expected
  - \_\_\_\_\_ The same as I expected
  - \_\_\_\_\_ Harder than I expected
  
7. What medications were used during labor and delivery? \_\_\_\_\_  
 \_\_\_\_\_

Appendix E  
Information About the Baby

1. Is the baby a \_\_\_\_\_ boy \_\_\_\_\_ girl?
2. How old is the baby now? \_\_\_\_\_ Date of Birth \_\_\_\_\_
3. What was the baby's Apgar score, if known? \_\_\_\_\_
4. Were there any problems with the baby at birth or later on? \_\_\_\_\_  
\_\_\_\_\_
5. Which description best fits your baby?
 

_____	Very fussy
_____	Somewhat fussy
_____	Good half the time, fussy half the time
_____	Somewhat good
_____	Very good
6. What percentage of the work of caring for the baby is done by
 

Mother	_____
Father	_____
Others	_____ (babysitter, grandmother, etc.)
total 100%	
7. What percentage of playing with the baby is done by
 

Mother	_____
Father	_____
Others	_____
total 100%	

Appendix FSources of Support

1. Sometimes people feel that they are helped by others after their baby is born. How would you describe the support you have received from each of these sources since becoming a parent?

	interfered, caused problems	no help, but no interference	somewhat helpful	very helpful
Family				
Doctors				
Church				
Friends				
Parent Support Groups				
La Leche League and/or others				

2. Did anyone come into your home to help you after the baby was born? (For example, did the wife's mother come and help out?) \_\_\_\_\_ Yes  
\_\_\_\_\_ No.
3. If someone came and helped you, who was it? \_\_\_\_\_  
\_\_\_\_\_
4. If you had help, when did the help begin? \_\_\_\_\_ As soon as the baby came home  
\_\_\_\_\_ In the first week  
\_\_\_\_\_ In the first month

5. If you had help, how long did it last?

\_\_\_\_\_ A few hours

\_\_\_\_\_ Several weeks

\_\_\_\_\_ A few days

\_\_\_\_\_ More than several weeks

\_\_\_\_\_ A week

6. How did you feel about the help you received?

\_\_\_\_\_ We had too much help

\_\_\_\_\_ Just the right amount of help

\_\_\_\_\_ Not enough help

\_\_\_\_\_ We didn't want or have any help



## Appendix H

Feelings About Myself  
(Self-Esteem)

For each statement below, check the statement which best describes your feelings about yourself.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel that I'm a person of worth, at least on an equal plane with others				
I feel that I have a number of good qualities				
All in all, I am inclined to feel that I am a failure				
I am able to do things as well as most other people				
I feel I do not have much to be proud of				
I take a positive attitude toward myself				
On the whole I am satisfied with myself				
I wish I could have more respect for myself				
I certainly feel useless at times				
At times I think I am no good				



## Appendix I

## Marital Satisfaction

Marital Feelings. Please mark how satisfied you are now with each of the following aspects of your marriage. Check the box that is closest to your present feelings.

How currently satisfied are you with:	Very Dis-satisfied	A Little Dis-satisfied	Satis-fied	Quite Satisfied	Perfectly Satisfied
the way <u>money</u> is handled in your marriage?					
the things you and your mate do <u>when you go out</u> for entertainment, fun?					
the amount of <u>affection</u> in your marriage?					
the way <u>chores</u> around the house are performed?					
the way you and your mate deal with <u>in-laws</u> in your marriage?					
<u>sexual relations</u> in your marriage?					
<u>religious</u> beliefs and activities in your marriage?					

## Appendix J

## Parenting Sense of Competence I

Parental Feelings. Please check the box which shows how much you agree now with each of the following statements about parenting. Check the box which is closest to your present feelings.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. After I have been a parent for awhile, the problems of baby-care will be easier to solve.				
2. I will be frustrated sometimes while my child is still an infant.				
3. I go to bed the same way I wake up in the morning--feeling I have not accomplished a whole lot.				
4. Sometimes when I am supposed to be in control, I feel like other things are controlling me.				
5. My parents were better prepared to be good parents than I am.				
6. I am a good model for what a person needs to know about parenting.				
7. Being a parent will be manageable, and any problems will be easily solved.				
8. A difficult problem in being a parent is not knowing whether you are doing a good job.				
9. Sometimes I feel like I am not getting anything done.				
10. I think I will be able to live up to my own personal expectations of caring for my baby.				

	Strongly Agree	Agree	Disagree	Strongly Disagree
11. I will probably know better than anyone what's troubling my baby.				
12. My talents and interests are stronger in other areas than in being a parent.				
13. I don't think it will take me long to feel comfortable in the parenting role.				
14. If being a parent were more interesting, I might do a better job.				
15. I believe I have all the skills necessary to be a good parent to my baby.				
16. Being a parent will make me tense and anxious.				
17. Being a good parent will be a reward in itself.				
18. There will be times when the baby is just more than I can handle.				
19. I will feel competent as a parent.				
20. I just don't feel able to do some of the things I will be expected to do as a parent.				

	Strongly Agree	Agree	Disagree	Strongly Disagree
11. I will probably know better than anyone what's troubling my baby.				
12. My talents and interests are stronger in other areas than in being a parent.				
13. I don't think it will take me long to feel comfortable in the parenting role.				
14. If being a parent were more interesting, I might do a better job.				
15. I believe I have all the skills necessary to be a good parent to my baby.				
16. Being a parent will make me tense and anxious.				
17. Being a good parent will be a reward in itself.				
18. There will be times when the baby is just more than I can handle.				
19. I will feel competent as a parent.				
20. I just don't feel able to do some of the things I will be expected to do as a parent.				

## Appendix K

## Parenting Sense of Competence II

Parental Feelings. Please check the box which shows how much you agree now with each of the following statements about parenting. Check the box which is closest to your present feelings.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Now that I've been a parent for awhile, the problems of baby-care are easy to solve.				
2. I am frustrated sometimes while my child is still an infant.				
3. I go to bed the same way I wake up in the morning--feeling I have not accomplished a whole lot.				
4. Sometimes when I am supposed to be in control, I feel like other things are controlling me.				
5. My parents were better prepared to be good parents than I am.				
6. I am a good model of what a person needs to know about parenting.				
7. Being a parent is manageable, and any problems are easily solved.				
8. A difficult problem in being a parent is not knowing whether you are doing a good job.				
9. Sometimes I feel like I am not getting anything done.				
10. I live up to my own personal expectations of caring for my baby.				

	Strongly Agree	Agree	Disagree	Strongly Disagree
11. I usually know better than anyone what is troubling my baby.				
12. My talents and interests are stronger in other areas than in being a parent.				
13. It didn't take me long to feel comfortable in the parenting role.				
14. If being a parent were more interesting, I might do a better job.				
15. I believe I have all the skills necessary to be a good parent to my baby.				
16. Being a parent makes me tense and anxious.				
17. Being a good parent is a reward in itself.				
18. There are times when the baby is just more than I can handle.				
19. I feel competent as a parent.				
20. I just don't feel able to do some of the things I am expected to do as a parent.				

Appendix LFeelings About Support Group Meetings

1. Would you have liked to have had more opportunities to meet and talk with other new parents after your baby was born?  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
2. If you answered yes, why would you have liked these new parent support group meetings? (For example, did you wonder what other new parents were doing with their babies, feel isolated at home, etc.?)
  
3. If you answered no, why wouldn't you have liked these new parent support group meetings? (For example, you didn't need help from anyone else, new parents wouldn't have known any more than you did, etc.)
  
4. Do you think you would have gone to these new parent support group meetings if they had been offered? What sorts of things might have prevented you from going?
  
5. Would you have gone to something like this if it had been offered as extra classes in your Lamaze series, after the baby was born?  
YES \_\_\_\_\_ NO \_\_\_\_\_

THANK YOU

You were one of the couples invited to participate in the new parent support group meetings after your baby was born.

If you did NOT attend any of the meetings, please check all the answers below which are true for you, and write in any other reasons you can think of.

- \_\_\_\_\_ 1) meetings were held at a bad time
  - \_\_\_\_\_ 2) my spouse didn't want to do
  - \_\_\_\_\_ 3) we forgot to do
  - \_\_\_\_\_ 4) other new parents have different problems and interests
  - \_\_\_\_\_ 5) it was too much effort to go out at night
  - \_\_\_\_\_ 6) we figured it would be boring
  - \_\_\_\_\_ 7) we had plenty of help and support from other people
  - \_\_\_\_\_ 8) we didn't want to take the baby out
  - \_\_\_\_\_ 9) we couldn't find or trust a babysitter
  - \_\_\_\_\_ 10) we didn't know where to go
  - \_\_\_\_\_ 11) we didn't want to get involved
- any other reasons?

THANK YOU



Appendix MLetters to Parents I

Lynne Myers  
225 So. 500 E.  
Logan, UT 84321  
753-5798

Dear

Before your baby was born you filled out a questionnaire for me in your Lamaze class. At that time I told you I would send a second and third questionnaire to you at home. This is the second one.

Please try to answer these within the next few days, and return them to me in the enclosed envelope, as quickly as possible. The blue form is for fathers, and the pink form is for mothers. Try not to compare your answers until you are done. If you are unable to answer any of the questions, or would rather not answer them, please feel free to leave them blank. If there is anything you don't understand, please call me at home. Any comments you wish to add anywhere in the questionnaire are more than welcome.

If you will be moving this summer, please give me your new address, or a number where you can be reached, so I can mail the third questionnaire to you. The third questionnaire is the shortest of all.

Thank you for all your time and  
cooperation,

NEW ADDRESS \_\_\_\_\_

\_\_\_\_\_

Lynne Myers  
225 So. 500 E.  
Logan, UT 84321  
753-5798

Dear

Thank you for your participation in my research. This is the last of the three questionnaires, and when I have collected all of them, I expect to have the results of this study available by the end of September. If you would like to know all about the study and how other parents have reacted to the births of their first children, and how their lives have changed, please fill out the bottom of this page, and return it with your completed questionnaires. I will send you a summary of the research sometime this fall.

Please fill out these last questionnaires as quickly as possible. The yellow form is for mothers, and the green form is for fathers (the first page on both of them is white). Send the questionnaires back to me in the envelope provided, or I will return to collect them in about a week.

Again, thank you for all the help, and best wishes for a happy future with your baby.

---

Do you want me to send you a summary of the results? Where will you be this fall?

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Appendix MLetters to Parents II

Dear

Perhaps you remember about a year ago you participated in a research project about the transition to parenthood. In your last Lamaze class you filled out a questionnaire, then twice after your baby was born you again answered some questions. Because of your help, and that of 41 other couples, this research is finally complete.

I asked you questions about yourself, your marriage, and your parental feelings. Here's what I found:

- 1) Women had significantly greater feelings of personal well-being than men did, when babies were about four months old (at the third questionnaire).
- 2) Women had less personal stress than their husbands during pregnancy, but after the baby was born, their personal stress increased to the same level as the men's.
- 3) Women had lower self-esteem than their husbands when they were pregnant, but after the baby was born, women's self-esteem was the same as the men's.
- 4) Women and men both had significant decreases in satisfaction with their marriage after the baby was born.
- 5) Men and women both increased in parenting competence feelings after the baby was born, but women increased at a faster rate.
- 6) Support from doctors as related to high self-esteem and high marital satisfaction.
- 7) Support from church was related to strong personal well-being and high marital satisfaction.
- 8) Support from family was related to strong personal well-being.
- 9) Support from friends was related to high marital satisfaction.

Thanks for all your help with this project. The results would have been out sooner, but our second child was born two weeks early, and messed up my whole schedule. It was another girl, and we used the birthing room at the new hospital, for a completely unmedicated, fun birth.

Appendix N

Alpha Reliability of Items Used in Scales

	$T_1$		$T_2$		$T_3$	
	Item- Total Correlation	Scale Alpha If Item Deleted	Item- Total Correlation	Scale Alpha If Item Deleted	Item- Total Correlation	Scale Alpha If Item Deleted
<u>Personal Well-Being</u> (Personal Feelings Inventory)						
Boring-Interesting	0.62	0.85	0.44	0.75	0.67	0.91
*Enjoyable-Miserable	0.55	0.86	0.63	0.42	0.77	0.90
Useless-Worthwhile	0.78	0.83	0.59	0.47	0.75	0.90
*Friendly-Lonely	0.60	0.86	0.42	0.76	0.66	0.91
*Full-Empty	0.59	0.86	0.24	0.78	0.77	0.90
Discouraging-Hopeful	0.61	0.86	0.61	0.71	0.78	0.90
Disappointing-Rewarding	0.82	0.83	0.54	0.73	0.78	0.90
<u>Personal Stress Subscale</u>						
*Easy-Hard	0.22	--	0.07	--	0.49	--
Tied Down-Free	0.22	--	0.07	--	0.49	--
<u>Self-Esteem</u> (Feelings About Myself)						
**I am a person of worth"	0.46	0.81	0.42	0.75	0.40	0.88
**I have good qualities"	0.50	0.81	0.47	0.75	0.59	0.87
"I am a failure	0.57	0.80	0.62	0.73	0.73	0.86
**I do things well"	0.49	0.81	0.53	0.74	0.67	0.87
"I don't have much to be proud of"	0.34	0.83	0.23	0.78	0.59	0.87
**I have a positive attitude"	0.67	0.80	0.41	0.75	0.67	0.87
**I am satisfied"	0.35	0.82	0.35	0.76	0.54	0.88
**I wish I had more self-respect"	0.56	0.80	0.45	0.75	0.70	0.87
"I feel useless"	0.59	0.80	0.34	0.76	0.59	0.88
"I think I am no good"	0.66	0.79	0.61	0.72	0.70	0.86

\*Items were reversed in scoring

Appendix N (cont.)

	T <sub>1</sub>		T <sub>2</sub>		T <sub>2</sub>	
	Item- Total Correlation	Scale Alpha If Item Deleted	Item- Total Correlation	Scale Alpha If Item Deleted	Item- Total Correlation	Scale Alpha If Item Deleted
<u>Marital Satisfaction</u> (Marital Feelings)						
"how satisfied are you with..."						
"money"	0.40	0.78	0.60	0.78	0.61	0.88
"when you go out"	0.63	0.73	0.60	0.78	0.81	0.86
"affection"	0.69	0.72	0.56	0.79	0.72	0.87
"chores"	0.50	0.76	0.59	0.78	0.74	0.86
"in-laws"	0.33	0.79	0.53	0.79	0.63	0.88
"sexual relations"	0.66	0.73	0.71	0.76	0.64	0.88
"religious beliefs"	0.38	0.78	0.32	0.83	0.65	0.88
<u>Parenting Sense of Competence</u> (Parental Feelings)						
"baby-care problems are easy"	0.13	0.79	0.36	0.87	0.45	0.90
"I am frustrated"	0.07	0.77	0.38	0.83	0.46	0.87
"I have not accomplished a lot"	0.34	0.76	0.46	0.83	0.50	0.88
"I feel controlled"	0.16	0.77	0.46	0.83	0.46	0.88
"My parents were better prepared"	0.19	0.77	0.29	0.83	0.59	0.87
*"I am a good model"	0.39	0.76	0.39	0.83	0.47	0.88
*"Being a parent is manageable"	0.21	0.77	0.38	0.83	0.32	0.88
"A difficult problem"	0.58	0.75	0.39	0.83	0.42	0.88
"I'm getting nothing done"	0.48	0.75	0.50	0.82	0.56	0.87
*"Live up to personal expectations"	0.58	0.74	0.38	0.83	0.40	0.88
*"I know better than anyone"	0.22	0.77	0.44	0.83	0.35	0.88
"My talents and interests..."	0.25	0.77	0.63	0.82	0.69	0.87
*"Feel comfortable in role"	0.48	0.76	0.57	0.82	0.67	0.87
"If parenting were more interesting"	0.28	0.76	0.46	0.83	0.60	0.87
*"I have the skills..."	0.37	0.76	0.27	0.83	0.42	0.88
"Tense and anxious"	0.38	0.76	0.55	0.82	0.78	0.87
*"Reward in itself"	0.43	0.76	0.50	0.83	0.49	0.88
"More than I can handle"	0.48	0.75	0.76	0.81	0.73	0.87
*"I feel competent"	0.50	0.75	0.43	0.83	0.68	0.87
"I don't feel able"	0.63	0.74	0.53	0.82	0.83	0.87

\*Items were reversed in scoring

## VITA

Lynne Wilson Myers

Candidate for the Degree of

Master of Science

Thesis: The Effect of Support Groups in Reducing Stresses During the Transition to Parenthood

Major Field: Family and Human Development

## Biographical Information:

Personal Data: Born at Corpus Christi, Texas, July 17, 1956, daughter of James A. and Mynnette S. Wilson. Married Alexander M. Myers, June 18, 1977. Two children - Rachel, born October 12, 1978, and Megan, born January 4, 1981.

Education: Graduated from the American School of Luxembourg, Mondorf-les-Bains, Luxembourg, 1973. Received the Bachelor of Science degree from Denison University, Granville, Ohio, 1977. Completed the requirements for the degree of Master of Science in Family and Human Development at Utah State University, 1981.

Professional Experience: 1977-78, research assistant to Gerald R. Adams, Ph.D., data collection. Summer, 1978, research assistant to Jay D. Schwaneveldt, Ph.D., data analysis. Fall, 1979, taught FHD 150 Human Growth and Development, extension class in Moab, Utah. 1979-80, research assistant to Gerald R. Adams, Ph.D., data collection. Fall, 1980 Taught FHD 150 Human Growth and Development, extension class in Roosevelt, Utah. 1980-81, research project director, preschool nutrition education project, Bear River District Health Department, Logan, Utah.

Presentations: A reevaluation of the data on parent-infant bonding. Paper presented at Utah Academy of Arts and Sciences, Ogden, Utah, April, 1980.

Honors Received: Graduated Summa Cum Laude, Denison University, 1977. Received the Irvin Wolf Psychology award for outstanding scholarship, Denison University, 1977.