

Executive Summary of the Comprehensive Final Report

R40MC00141-03

AN INTERVENTION FOR THE TRANSITION TO FATHERHOOD

Statement of the Problem

Fatherhood is on the research and public agendas because of new awareness of the positive role that fathers can play in their children's lives and because more needs to be learned about how to enhance fathers' involvement with their children. The transition to fatherhood is a particularly important time for investigation because it sets the template for how fathers will interact with their children and coparent with the mother. Despite the large research literature on the impact of the transition to parenthood for married couples, there is relatively little empirical research specifically dealing with the transition to fatherhood. Most studies of fathering deal with ongoing father-child relations with young children; relatively little attention has been paid to how these bonds are forged during the period when a man becomes a father for the first time. Even less research attention has been paid to interventions to strengthen father-child bonds at the outset of parenting.

Research Objectives

This study tested the efficacy of an educational intervention during the transition to fatherhood for the following outcomes:

- Father involvement with their babies
- Quality of the father-child interaction
- Coparenting partnership
- Parenting stress

In addition to this primary objective, the secondary objective was to examine predictors of successful outcomes, including pre-birth relationship satisfaction and attitudes toward fathering.

Study Design and Methods

The study design was a randomized clinical control trial. One hundred sixty five couples expecting their first child and recruited from obstetrical clinics and other sources were randomly assigned during the second month of pregnancy to the educational intervention or to a non-intervention control group, and then were followed through the twelfth month postpartum. About 80% of the couples were White, and about 20 percent were interracial or non-White. Most were middle class and well educated.

Predictor and baseline variables were assessed at a home visit during the second semester of pregnancy. Outcome assessments, involving self-report scales, time diaries, and

observations of parent-child interaction, were conducted at home six and twelve months postpartum.

The educational intervention consisted of eight sessions with fathers and mothers (one individual session in the couple's home and seven group sessions in clinics) from the second trimester of pregnancy through five months postpartum. The focus of the curriculum, which was delivered by licensed parent educators, was on infant development, parenting, the coparental relationship, and the couple relationship.

We studied four primary outcomes--father involvement (time and responsibility), quality of father-child interaction, coparenting partnership, and parenting stress—based on their theoretical and practical interest and their use in prior research. The instruments included a time diary, videotaped observation of father-child play, and self-report questionnaires.

Findings

The intervention was effective in enhancing fathers' interactional skills with their babies. Specifically, intervention group fathers had higher scores on warmth/emotional support, non-intrusiveness, positive affect, dyadic synchrony (flow of the exchange between father and child), and overall quality of interaction.

The intervention was partly effective in enhancing fathers' time involvement with their babies. During days when they worked outside the home, intervention group fathers were more accessible to their babies. The same pattern held for fathers' "parallel" interactions, times when they had the baby with them while doing routine activities. Overall, on days when they worked outside the home, intervention group fathers averaged 42 minutes more time with their babies than control group fathers. There were no group differences found for days when fathers were at home and not working for pay.

The intervention made no difference on any of the outcomes assessed via questionnaires: parenting stress, paternal responsibility, and parental alliance. There was no pattern of predictor variables explaining which sub-groups benefited more from the intervention.

Recommendations

This study suggests that a relatively brief educational curriculum can make a difference for fathers as they become parents, and potentially for their children's development in the future (although this study did not assess child developmental outcomes). Based on comparisons with available norms, fathers in this sample were highly motivated as fathers and had higher than average couple satisfaction. This may have created a "ceiling effect" for the impact of the intervention, particularly on the self-report measures that may primarily tap fathers' motivations and intentions. It is noteworthy that the intervention impacted the involvement and skills of even a highly motivated group of fathers. The intervention's effects might be expected to be even stronger for a general community population who are not signing up for a research project. High-risk fathers

might particularly benefit, since their baseline advantages are lower, although the curriculum would have to be modified to meet their needs and those of their partners.

This study was conducted within an HMO in order to determine whether it might be feasible to implement transition to fatherhood (and motherhood) interventions within health care settings. Findings indicate that this implementation is feasible and potentially valuable for new fathers, with expected positive benefits for their babies and spouses/partners as well. Intensive qualitative observations of the parenting classes revealed information about variation in the delivery of the educational curriculum and about subtle teacher and group dynamics issues that can benefit future users of the curriculum.

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AN INTERVENTION FOR THE TRANSITION TO FATHERHOOD

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I. Introduction

The transition to parenthood marks one of the great passages of adult life for men and women alike. Despite the large literature on the impact of this change for married couples, there is relatively little empirical research specifically dealing with the transition to fatherhood. The bulk of the research literature is concerned with either mothers' adjustment (e.g., Grossman, Eichler & Winickoff, 1980) or couples' adjustment (e.g., Belsky & Kelly, 1994; Cowan & Cowan, 1992; LaRossa & LaRossa, 1981). Most studies of fathering deal with ongoing father-child relations with young children; relatively little attention has been paid to how these bonds are forged during the period when a man becomes a father for the first time.

This report summarizes a randomized clinical control trial on the effectiveness of an educational intervention for fathers during the transition to fatherhood. Specifically, the main objective of the study was to determine whether a group educational program for fathers and mothers during the transition to parenthood increases father involvement with children, enhances the quality of father-child relationships, promotes coparenting partnerships, and decreases parenting stress. The secondary objective was to examine predictors of successful outcomes, including pre-birth relationship satisfaction and attitudes towards fathering. The educational intervention consisted of eight sessions covering parenting, infant development, sensitivity to babies' cues, coparenting, and the couple relationship.

The findings indicated that the intervention was effective in enhancing fathers' skills in interacting with their babies and in increasing their involvement with their babies during workdays. There were not significant effects on self-reported father responsibility, coparenting alliance, or parenting stress.

II. Review of the Literature

The literature focusing specifically on the transition to fatherhood is primarily small-scale, with non-representative samples, and is seldom guided by theory. In a qualitative study, May (1982) found that the expectant father's perceived readiness for fatherhood was related to his view of the following factors: the stability and quality of the couple relationship, his financial situation, and whether he had accomplished his life goals in the childless period. Men who had doubts in two of these three areas did not commit themselves to the pregnancy and did not support their pregnant partner. Fein (1976), in a qualitative study, reported that the men who adjusted best to fatherhood had a coherent sense of their role, either as a breadwinner (and more distant) father or as a "non-traditional" actively involved father. Those who lacked such a coherent role definition were less satisfied as new fathers.

In a quantitative study using self-reports and observations of father-child interactions, Feldman, Nash & Aschenbrenner (1983) found that the prepartum quality of marital relations was strongly associated with new fathers' caretaking and playfulness with the infant, as were his psychological rehearsal for the fathering role during the pregnancy and his lower job salience.

They also found that wives' pregnancy experience was somewhat more predictive of a husband's later fathering patterns than his own reaction to the pregnancy. Specifically, her continued engagement in the world and her low pregnancy anxiety predicted greater father involvement after birth. Two family of origin factors were also found important: men who reported positive relations with their own mothers were more playful with their babies, and women with good relations with their own fathers had husbands who did more caregiving with the infant.

In one of the few examinations of intergenerational influences on new fathering, Cox et al. (1985) found that a new father's observed parenting skills were predicted by how much he perceived his own father to be supportive of his autonomy and how much he perceived his mother to be sensitive to his needs. For both new fathers and new mothers, the quality of the relationship with the same sex parent (reported during pregnancy) was the most important predictor of subsequent parenting skill, measured as sensitivity to the baby and appropriateness of responses to the baby.

Other research relevant to the transition to fatherhood has been primarily concerned with couple adjustment. This literature, however, does yield consistent, albeit indirect, findings demonstrating the challenges new fathers face during this period. Of the major longitudinal studies in this area, Cowan and Cowan (1992) had the strongest focus on fathering. Theirs was a six-year study of 72 expectant and 24 non-expectant couples who were reasonably diverse in social class and ethnicity. Using a measure of role identity--a pie chart representing different percentages that each social identity comprises of the respondent's overall identity--they found that new fathers did increase in their "father" identity salience from pregnancy through early parenting, although it never approached the salience of "mother" identity for their wives, and that greater spouse discrepancies were related to marital dissatisfaction. In addition, the better the father's "sense of self" during the pregnancy, the more involved he was later with the baby.

In addition to the findings on how fathers perceive their role as fathers, Cowan and Cowan (1992) demonstrated how the evolution of the father's new role was thoroughly intertwined with the mother's expectations and with how the mother and father negotiated his role; tension over father involvement and differential workloads was nearly universal in the sample, as was true in LaRossa & LaRossa's (1981) longitudinal study of the transition to parenthood. Fathers expected new mothers to be immediately competent in baby care, but neither fathers nor mothers expected fathers to be competent, and neither gave him much time for uncertainty and stumbling before the mother or another family member stepped in. In addition, the more satisfactory the marriage relationship before the birth, the more the father was involved with the baby.

In the domain of contextual factors influencing the transition to parenthood, the Cowan and Cowan study found that expectant and new fathers tended to become more involved with their families of origin, and that they received mixed social support from them--more engagement and help, but negative feedback if the father was highly engaged with the baby. The father's parents supported the traditional division of parental responsibilities. Finally, the authors found what many other studies have reported: that expectant and new fathers are more focused on their economic situation and prospects.

The traditional provider emphasis for fathers fits what some researchers have termed the "socially-constructed consensus" among most couples that fathers are less "naturally" competent as caregivers than mothers, and that fathers should have a distinctive concern about the financial security of the family (Jordan, 1995). These beliefs help maintain the cultural expectation that actively-involved mothering is core to the identity of a woman after she gives birth, while only economic providing is central to father identity (Ihinger-Tallman et al., 1995).

Besides Cowan & Cowan (1992), we found only one other experimental study that intervened both before and after the transition to fatherhood (Wolfson, Lacks & Futterman, 1992). This study focused specifically on infant sleep patterns. This present study is an extension of previous work by our team: a conceptual model of influences on responsible fathering (Doherty, Kouneski & Erickson, 1998); intervention strategies and measurement tools for parent-infant interaction (Erickson, Korfmacher & Egeland, 1992); and the social construction of fatherhood during the transition to parenthood (La Rossa & La Rossa, 1981).

Conceptual Framework

As mentioned before, the fathering literature has been long on empirical studies and short on theory. Researchers have mostly adapted concepts from social sciences to fit their particular empirical research area, but work is beginning on overarching conceptual frameworks to guide research and program development (Marsiglio, 1995). The most specific conceptual model frequently used in the fatherhood literature is Lamb and Pleck's four-factor model of father involvement, which is not explicitly grounded in a broader theory such as Erikson's theory or social identity theory (see Lamb, Pleck & Charnov & Levine, 1985). Lamb and Pleck proposed that father involvement is determined by the following factors: motivation, skills and self-confidence, social support, and institutional practices. These factors may be viewed as additive, building on one another, and interactive, with some being necessary prior to others--for example, motivation being necessary for the development of skills. In his book on fathering, Park (1996) articulated a systems model of residential father involvement that includes individual, family, extrafamilial, and cultural influences. And Palkovitz (1997) has recently challenged the behavioral focus of father involvement models and proposed that parental involvement includes cognitive and affective domains as well as observable behaviors.

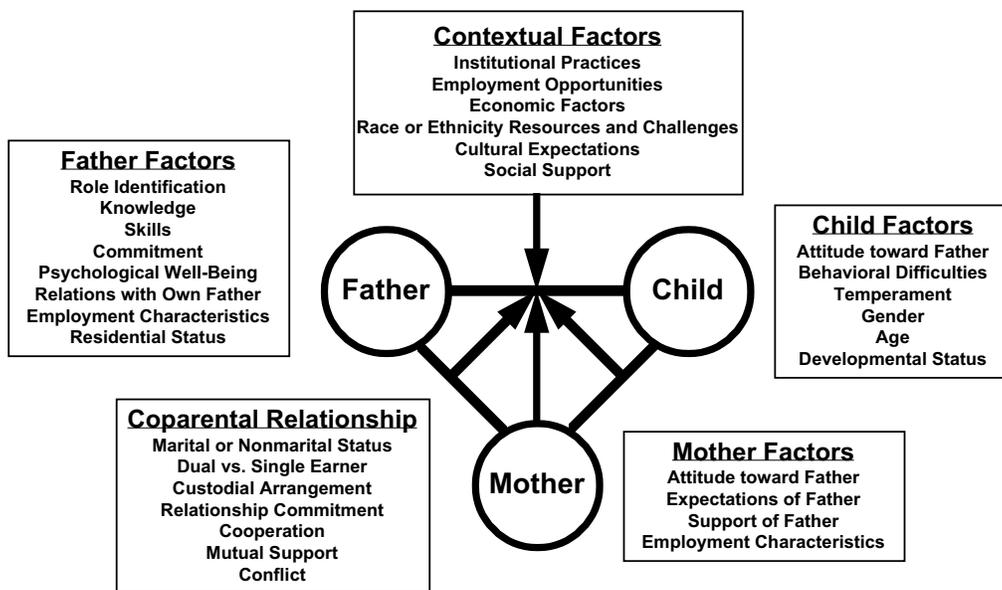
Figure 1 outlines a conceptual model of influences on fathering Doherty et al. (1998). It aims to provide a systemic, ecological approach to fathering in which the behaviors and beliefs of children, fathers, and mothers are viewed within an interdependent web of personal, relational, and community influences (Bateson, 1972; Bronfenbrenner, 1979; Park, 1996). Although the model is inclusive of fathering inside or outside of marriage and regardless of co-residence with the child, the focus of the present study is on married or cohabiting couples and on fathers residing with their child. The conceptual model lays out the factors that help create and maintain a father-child bond. The model highlights individual factors in the father, mother, and child; mother-father relationship factors; and

larger contextual factors in the environment. Within each of these domains the model outlines a number of specific factors that can be supported by the research literature and that serve as the basis for an intervention curriculum for the transition to fatherhood.

The center of the model is the interacting unit of child, father, and mother, each formulating meanings and enacting behaviors that socially construct fatherhood. The three are embedded in a broader social context that affects them as individuals and the quality of their relationships. All of the factors in the model affect the mother-child relationship as well, because they are generic to parenting (see Belsky, 1984), but many of them have particular twists for fathers.

Figure 1

Influences on Responsible Fathering: A Conceptual Model



We next describe the key elements of the conceptual model that we incorporated into the educational intervention in this study.

Coparental Relationship

A number of studies have shown that the quality of father-child relations both inside and outside marriage is more strongly correlated with the quality of the coparental relationship than is the mother-child relationship (Belsky & Volling, 1987; Cox, Owen, Lewis, & Henderson, 1989; Feldman, Nash, & Aschenbrenner, 1983; Levy-Shiff &

Israelashvili, 1988). Fathers appear to withdraw from their child when they are not getting along with the mother, whereas mothers do not show a similar level of withdrawal. This is one way to understand the tendency of fathers to remove themselves from their children's lives after a breakup with the mother, especially if they have a negative relationship with the mother (Ahrons & Miller, 1993). As Furstenberg and Cherlin (1991) have asserted, for many men, marriage and parenthood are a "package deal."

During the transition to parenthood, the couple relationship appears to be crucial for father involvement with the child. Even when the marital relationship is satisfactory, the developmental trajectories and needs of most mothers and fathers diverge after the birth of the first child, leading to more conflict and less closeness during a time when a high level of joint, conscious role making would be required to negotiate a highly active role for the father (Belsky & Kelly, 1994; Cowan & Cowan, 1992; LaRossa & LaRossa, 1981). When the marital relationship is poor, a highly involved father-infant relationship might be considered optional or even undesirable from the viewpoint of one or both of the parents.

One reason that fathering is particularly sensitive to the marital or coparental relationship is that standards and expectations for fathering appear to be more variable than those for mothering. There is more negotiation in families of what fathers will do than what mothers will do, and hence more dependence among fathers on the quality and outcome of those negotiations (Backett, 1987). As Lewis and O'Brien (1987) state, men have a less clear "job description" as fathers than women do as mothers. Therefore, fathers' behavior will be strongly influenced by the meanings and expectations of fathers themselves, as well as those of mothers, children, extended family, and broader cultures and institutions.

Mother Factors

Among external influences on fathering, the role of the mother has particular salience, since mothers serve as partners and sometimes as gatekeepers in the father-child relationship, both inside and outside marriage (De Luccie, 1995). Mother factors in the conceptual model, of course, interact with the coparental relationship, since the mother's personal feelings about the father no doubt influence the coparental relationship. But there is also evidence that, even within satisfactory marital relationships, fathers' involvement with their children, especially young children, is often contingent on the mother's attitudes towards, expectations of, and support for the father, as well as on the extent of her involvement in the labor force (De Luccie, 1995; Simons, Whitbeck, Conger, & Melby, 1990). Marsiglio (1991), using the National Survey of Families and Households data set, found that mothers' characteristics were more strongly correlated with fathers' involvement than fathers' own characteristics were. Indeed, studies have shown that many mothers, both inside and outside marriage, are ambivalent about the fathers' active involvement with their children (Baruch & Barnett, 1986; Cowan & Cowan, 1987). Given the powerful cultural forces that expect absorption by women in their mothering role, it is not surprising that active paternal involvement would threaten some women's identity and sense of control over this central domain of their lives. This potential ambivalence of mothers is an important reason that we will involve mothers as

key participants in our study, so that mothers see greater father involvement as a benefit for themselves as well as the child and the father.

Father Factors

Father role identification, skills, and commitment are important influences on fathering (Baruch & Barnett, 1986; Ihinger-Tallman et al., 1995; Pleck, 1997). These three factors also appear to be quite variable among fathers, fluctuating from low to high levels along with a number of interpersonal and contextual factors such as the mother's expectations and the father's residential status with his children (Marsiglio, 1995; Ihinger-Tallman et al., 1995). And as mentioned before, in American culture, fathers are given more latitude for commitment to, identification with, and competence in, their parental role. This latitude carries the price of confusion among many fathers about how to exercise their roles (Daly, 1995).

The variability of the individual father factors suggests two important implications of our conceptual model: a) that the positive support from mothers and the larger context can move men in the direction of more involved parenting even in the face of modest personal investment; and b) that strong individual father commitment, knowledge, and skills are likely to be necessary to overcome negative maternal, coparental, and contextual influences. This latter point is similar to Lamb's (1987a) hypothesis that high levels of father motivation can override lack of social support and institutional barriers.

The final father factors, psychological well-being and employment characteristics, have been studied extensively. Studies examining psychological adjustment and parenting quality consistently show a positive relationship between fathers' (and mothers') psychological well-being and their parenting attitudes and skills (Cox et al., 1989; Levy-Shiff & Israelashvili, 1988; Pleck, 1997). The research on job loss and economic distress has generally examined declines in psychological well-being as mediating factors leading to poorer fathering (Elder et al., 1984; Elder et al., 1985; Jones, 1991). And fathers' work situations have been shown to have mixed relationships with involvement with children. Specific work schedules are not strongly related to involvement, but greater flex time and other pro-family work setting practices are associated with more father involvement (Pleck, 1997). Indeed, consistent with much other research on fathering, mothers' employment characteristics are more strongly associated with father involvement than father employment characteristics; when mothers are employed, fathers' proportionate share of parenting is greater, although studies are inconsistent about the absolute level of father involvement (Pleck, 1997).

The conceptual model presented here portrays the transition to fatherhood as occurring in a complex web of relationships, meanings, behaviors, and broader contextual influences. The most important implication of the model for the present study is that an educational intervention for the transition to parenthood should have multiple components, including involvement of mothers; focus on the coparental relationship; and emphasis on the development of father role

identity, knowledge, and skills. The contextual factors in the model were covered in the curriculum through attention to cultural and work setting factors that influence parenting.

METHODS

Overview of Design: The study design was a randomized clinical control trial, with ex post facto measurement of the outcomes. Couples expecting their first child and recruited from obstetrical clinics were randomly assigned to the educational intervention or to a non-intervention control group during the second trimester of pregnancy, and then were followed through the twelfth month postpartum. Assessments for both groups, involving self-reports of parents, time diaries, and in home observations of parent-child interaction, occurred at intake and then at six and twelve months postpartum. The intervention consisted of eight sessions (one individual and seven group) from the second trimester of pregnancy through five months postpartum. We studied four primary outcomes--father involvement, quality of father-child interaction, coparenting partnership, and parenting stress—based on their theoretical and practical interest and their use in prior research. We also did intensive qualitative analysis of the group educational sessions, and report on these findings in Appendix B.

Population Studied

We recruited couples from a local HMO's obstetrical clinics based on these criteria: over age 18, married or cohabiting, in the second trimester, and expecting the first child for both partners. Recruitment occurred through fliers handed to patients by nursing staff, through letters sent directly to patients, and through local radio and television spots. Sample size was based on a power analysis indicating that for a moderate effect size of .50 we needed approximately 130 couples in the final analyses. We ended up recruiting 165 couples, dividing them randomly into intervention and control groups after the first assessment. We over-sampled for the intervention group because we anticipated more dropouts from this group because of the greater demands on their time and energy. Thus the initial assignment was 95 couples to the experimental group and 70 to the control group. We experienced a 15% attrition rate (N = 24 couples) by the final assessment, with 74 couples remaining in the intervention group and 67 in the control group. (See Table 1.) The median age for mothers was 30 and for fathers 31. All but 9 were married.

Despite vigorous efforts to recruit a sample diverse in SES, we ended up with a mostly middle class group in education (over two-thirds had college degrees) and income (over half earned more than \$75,000). One problem we encountered in recruiting low-income couples was that often one of the parents had a child from another relationship and therefore did not meet our inclusion criteria. However, we did have more racial and ethnic diversity: 26 couples (16% of the sample) were of mixed ethnicity and five couples (3 percent) were of the same non-White ethnicity (3 Black and 2 Asian-Pacific Islander. Tables 2-11 contain detailed demographic information on the sample.

The Intervention

In formulating the educational intervention, we sought to create an experience powerful enough to effect moderate differences in the outcome variables while also being logistically and economically feasible for community organizations to implement. Based on our team's experience with parent education, particularly the STEEP Program described earlier (Erickson et al., 1992) and previous successful interventions studies with fathers (McBride, 1991; McBride & Mills, 1993), we developed an eight-session educational program. The program began in the second trimester when couples are focusing more fully on the pregnancy and future parenting, and ended at about five months postpartum. The rationale for doing most of the intervention in groups is that group members can learn from, and be encouraged by one another, and that the intervention becomes more cost effective if done primarily in groups. However, we also conducted an in-home session at the beginning of the intervention in order to tailor the intervention to each couple's needs and situation. Such home visits are becoming more commonplace in a number of states at the time of a birth of a child, and thus do not jeopardize the generalizability of our intervention program. We ended up with a total of 16 couple groups in the intervention, taught by four teams of parent educators. Appendix A gives more details on each session in the intervention.

The hypothesized mechanisms of change in the intervention were based on our conceptual model's delineation of the major influences on fathering. Specifically, through the educational content and process, we hoped to enhance fathers' knowledge, skills, and commitment to the fatherhood role; to increase mothers' support and expectations for the fathers' involvement; to foster coparental teamwork in the couple; and to have the couple deal more constructively with contextual factors such as work and cultural expectations. If the conceptual model is accurate, these enhancements should lead to significant differences on outcomes between the groups. The major educational processes, described in detail below, that are hypothesized to bring about these differences are mini-lectures, group discussion, videotapes, demonstrations of skills, role playing, and use of parent role models.

The educational sessions were conducted by licensed parent educators with extensive experience working with fathers and mothers. We used pairs of male-female instructors in order to give fathers and mothers a same-gender teacher to whom they can relate. The first session was a home visit where we will combine orientation to the educational program with an exploration of the benefits of active involvement by both parents and a strong coparental relationship. The following three sessions were in group format at monthly intervals, lasting two hours each. After the birth, there were four additional two-hour group sessions at roughly monthly intervals.

In keeping with our goal of evaluating an intervention that could be transported into community settings, we provided only the kind of training and ongoing support for parent educators that would be realistic in community settings: a one-day orientation to the curriculum and monthly group meetings to trouble shoot problems and fine tune the curriculum to group needs. Fidelity to the curriculum was assessed by checklists completed by parent educators after each session. Self-report evaluations of the intervention were completed by the parents, the parent educators, and the observer assigned to each class group. Examination of the evaluations indicated problems with two of the sixteen class groups, each of which suffered from logistical

scheduling problems, poor attendance, along with low evaluation scores. We dropped these two groups prior to conducting outcome analyses, leaving a final sample size at the 12-month postpartum assessment of 70 couples in the intervention group and 67 in the control group. The experimental and control groups remained equivalent on time 1 variables after the elimination of couples in the two class groups.

Outcome Variables

Our assessment methods included self-report questionnaires, a detailed time record, and observations of parent-child interaction. All measures were given to both fathers and mothers.

1. Father involvement was assessed by three variables: engagement, accessibility, and responsibility.

- a. Engagement and accessibility were measured by the Interaction/Accessibility Time Chart (McBride, 1990, 1991; McBride & Mills, 1993). This measure was used because it gives a more detailed profile of parental involvement than other measures and has been used in other intervention studies with fathers. Instead of the original interview format, which proved very time intensive, we asked parents to complete time diaries prior to the six month and twelve month assessment periods, using a forced-recall technique to elicit detailed, hour-by-hour information about the most recent workday and non-workday prior to the assessment. (We analyzed workday and non-workday scores separately.) Using a modified version of McBride's coding system, we coded for direct engagement (minutes of face to face interaction), parallel engagement (minutes doing another activity while with the baby), and accessibility (the total number of minutes the parent was physically available to the child, although not necessarily interacting). Two independent raters who rated a random 25 percent of the time diaries achieved agreement levels of 95 percent, that is, they coded the 15-minute time intervals identically 95 percent of the time. The N's for the time diary variables were lower than for the other outcome variables because some parents did not complete their diaries. However, no significant differences were found on demographic factors or other outcome variables between those who completed their time diaries and those who did not. But the power for our statistical analyses with the Time Chart variables was lower.
- b. **Paternal Responsibility** was measured by the Parental Responsibility Scale (PRS), a self-report questionnaire which is a composite of several previously used scales as synthesized by McBride (1990). The PRS lists 14 common child care tasks and asks each parent to designate who has primary responsibility for the task on a 5-point scale range from (1) mother almost always to (5) father almost always. Responsibility is defined for the parent respondent as remembering, planning, and scheduling the task. Scores can range from 14-70, with higher scores representing greater paternal responsibility for childcare tasks. McBride & Mills (1993) report Cronbach alpha reliabilities of .77 and .79 for mothers and fathers, respectively. For

our study, we adapted the items, which were originally designed for parents of preschool children, to activities relevant to the child's age at the time of the measurement. The alpha reliability for our study was .70.

2. Quality of Father-Child Interaction was measured by means of videotaped home observations of parent-child play interactions at six and twelve months after birth. Fathers were observed during a 5 minute free-play situation with their baby. Mothers were observed after fathers in the same exercise. Each parent was alone with the child and the observer during the interaction. The research assistant brought a variety of age-appropriate toys to the parents' house, and asked each parent to engage in 5 minutes of play with the child. These interactions were videotaped and later rated by two graduate research assistants using the Parent Behavior Rating Scale, which is adapted from the work of Mahoney & Powell (1986); Thomas, Anderson, Getahun, & Cooke (1992); and Egeland, Erickson and associates in **the Minnesota Longitudinal Study of Parents and Children** (Erickson, Sroufe, & Egeland, 1985; Pianta, Erickson, Wagner, Kreutzer, & Egeland, 1990). Six father variables were coded for this study: warmth/emotional support, intrusiveness, engagement with child, positive affect, negative affect, and dyadic synchrony (the meshing of behavior between parent and child). (Intrusiveness and negative affect were reverse scored in order to make higher scores indicate better quality on all of the variables.) Reliability was established by having two raters independently code 20% of the videotapes. Interrater correlations for father variables ranged from .70 to .94, with an average of .83. We examined the effects of the intervention on each quality variable separately, and also summed them into an overall score which had a Cronbach alpha of .84.

3. Quality of Coparenting was measured by the Parenting Alliance Scale (Frank et al., 1991). This 31-item instrument taps parents' beliefs about how much they are supported by their coparent and how much they respect their partner's parenting abilities. Following the procedure of the developers of the scale, we will average the partners' scores to create a single parenting alliance score for the couple. The scale has demonstrated reliability and validity in a variety of studies. For our purposes, the scale seems to be sensitive to gender differences in parenting, as evidenced by Frank et al.'s (1991) finding that parenting alliance scores correlated more consistently with fathers' parenting stress and response to ill children than with mothers' stress and response. Alpha reliabilities in our study were .94 for mothers and .95 for fathers.

4. Parenting Stress was measured by the Parenting Stress Index (Abidin, 1983). We used several sub-scales from the parent domain of the instrument, including parent attachment, social isolation, parent depression or unhappiness, restrictions imposed by the parent role, and parent sense of competence. These subscales have 45 items in a five-point Likert format. The Parenting Stress Index (and its parent subscale) is the standard measure in the field, has adequate psychometric properties, and has demonstrated its ability to distinguish dysfunctional parenting situations (Grotevant & Carlson, 1989). Its alpha reliabilities were .93 for mothers and .95 for fathers.

Predictor Variables

If the intervention was successful in producing better outcomes for fathers, then our plan was to examine the potential moderating effects of predictor variables, in order to answer the question of whether the intervention was more successful for certain kinds of fathers or couples than others. Based on our conceptual framework and prior research literature, we chose the following predictor variables.

1. Attitudes towards the pregnancy were measured through a standard question found on natality studies: "Thinking back to just before you/your partner became pregnant, which one statement best describes how you felt at that time? (1) I wanted this pregnancy at an earlier time as well as at that time; (2) I wanted to become pregnant at that time; (3) I did not want to become pregnant at that time, but I did want a child sometime in the future; (4) I did not want to become pregnant at that time, or at anytime in the future."

2. Commitment to the parenting role was measured at six and 12 months after birth by means of Cowan and Cowan's (1992) Pie Instrument. It consists of a page with a circle four inches in diameter. The respondent is asked to divide the circle into sections of different sizes to correspond to the salience of four different roles in their lives: parents, spouse, work/student, social/leisure. Cowan & Cowan report that test-retest data before and after the transition to parenthood shows shifts in the percentage of the pie given to the salience of the parenting role, along with considerable individual differences among respondents, and that the cross-time correlation at six and 18 months postpartum was .58. In the scoring, greater space for the role of parent indicates more parental role salience. In our study, inter-rater reliability, based on a random 25% of PIE charts, was 91%, based on the number of agreement on scores divided by the total agreements and disagreements.

3. Attitude towards father involvement will be measured by the Father Attitudes Scale, adapted by Pleck (1997) from Palkowitz's (1984) Role of the Father Questionnaire. We will use the 13 items (out of 20) that factored on the respondent's belief that the father's role is important and that fathers are able to care for children. Pleck reported an alpha reliability for this subscale of .77; the reliability in our study was .69 for mothers and .79 for fathers. The scale uses a Likert format, with higher scores indicating belief that the father's role is more important in child development.

4. Employment status was measured by standard questions asking whether the respondent is in the labor force or attending school, the number of hours at work or school, and the flexibility of those hours. For the current analyses, we focused on mothers' employment hours, which are a major predictor of father involvement.

5. Overall health and well-being was measured by the Health Status Questionnaire, which is a global measure of adult physical and mental health (Ware et al., 1995). Developed by Ware and his colleagues as part of the RAND Health Insurance Experiment and the Medical Outcomes Study, the Health Status Questionnaire is appropriate to survey the basic quality of life and functional status of groups of adults. Five dimensions of health are tapped: physical health, mental health, social functioning, role functioning, and general health perceptions. This instrument is generally accepted as the most reliable and validated health status instrument used

in health care settings. For our purposes, we will cluster subscales to yield scores for physical health and mental health. It yields scores on global perception of health, limitations in activities due to physical health and mental health problems, and feelings of depression and anxiety. Reliabilities for physical and mental health in our study ranged from .77 to .84 across mothers and fathers.

6. Relationship satisfaction was measured by the Dyadic Adjustment Scale (Spanier, 1976), which has 32 items assessing subjects' evaluation of the dimensions of satisfaction, cohesion, consensus, and affectional expression. It is the most widely used measure of marital satisfaction or adjustment, having been used in over 1,000 studies, and has well-established psychometric properties. Reliabilities were .91 for mothers and .87 for fathers.

7. Social support was measured by a modified version of the Social Support Network Inventory (Flaherty et al., 1983). The scale assesses the level of perceived support from significant others (partner, mother, father, employer, closest friend, and work colleagues) in five dimensions: availability, instrumental support, emotional support, event-related support (for our purposes, pregnancy). Reliabilities for the total scale were .86 for mothers and .88 for fathers, with a range on the subscales ranged from .65 to .89.

8. Infant temperament was measured by the Infant Characteristics Questionnaire (ICQ), developed by Bates, Freeland, & Lounsbury (1979). This widely used instrument has 24 items and four factors: fussiness, adaptability, persistence, and sociability. The instrument has been used with diverse populations and has demonstrated good reliability and reliability. We used the version designed for 3-6 months. Reliabilities were .82 for mother reports and .85 for father reports. We averaged mother and father scores to create a summed score for infant temperament, with higher scores indicating more difficult temperament.

9. Economic well-being will be measured by eight items from the Economic Well-being Questionnaire, which has been used for over 20 years in family economic well-being studies (Bauer, Danes, and Rettig, 1991). The items ask about perception of income adequacy and satisfaction with current family financial situation. Reliabilities in our study were .86 for mothers and .87 for fathers.

Data Analysis

Using one-way ANOVA and chi square tests were appropriate, we first tested for the equivalence of the experimental and control groups on baseline demographic characteristics--age, education, income level, and race—and two key predictor variables—attitudes to fathering and relationship satisfaction. Similarly, we examined whether couples who dropped out of the study differed from those who remained. We then examined correlations among the outcome variables to ensure that they did not overlap excessively.

The primary test of the efficacy of the intervention was conducted with repeated measures ANOVAs. We predicted significant group effects and also examined whether group X time interactions were significant. To test the role of predictor variables, we used repeated

measures ANOVAs to examine the interaction effect of group X time X predictor variable (high versus low, based on median split) on the outcome variables that showed statistically significant group effects. These were exploratory analyses.

RESULTS

No significant differences were found on time 1 characteristics between the intervention group and the control group, indicating that the randomization procedure was successful. Specifically, analyses comparing time 1 characteristics of the couples who dropped out of the study indicated no significant differences on demographics, marital adjustment, or attitudes towards the father role. Correlations across the categories of outcome variables (involvement, quality of interaction, parenting partnership, and parenting stress) were generally low (ranging from .02 to .30, except a correlation of .60 for the correlation between the Parenting Alliance Scale and the Paternal Responsibility Scale). We concluded that the outcome variables can be analyzed independently.

Table 12 summarizes the core findings for the repeated measures ANOVAs, with means, standard deviations and F-values for the group differences on outcome variables. (There were no significant F-values for time or interaction of group X time.) A number of significant group effects were found for quality of interaction. Specifically, intervention group fathers scored better than control group fathers across time 2 and time 3 on the following: warmth/emotional support, intrusiveness, positive affect, dyadic synchrony, and overall quality of interaction. There were no significant differences on the remaining two interaction variables--engagement with the child and negative affect. Although as mentioned there were no significant interactions for group X time, inspection of the means in Table 12 suggests that the intervention effect was stronger at Time 2, as indicated by an effect size (for overall quality) of .47, than at Time 3, when the effect size was .31.

For father involvement as measured by the Time Chart, one variable showed a statistically significant effect (work day accessibility) and another approached significance (work day parallel engagement). Specifically, on days when they worked outside the home, fathers in the intervention group were more accessible to their babies than fathers in the control group. The effect sizes were .42 for Time 2 and .30 for Time 3. Workday parallel interaction approached statistical significance ($p = .06$), with intervention group fathers spending more time with their children; the effect size at Time 2 was .41 and for Time 3 it was .14. As suggested by these effect sizes, the intervention group was significantly different from the control group on workday parallel interaction at Time 2 ($F [1, 104] = 5.85, p = .02$), but not at Time 3. The intervention group and control group did not differ on direct engagement during workdays.

To translate these intervention effects for the Time Chart outcomes into time units (averaging across the six month and twelve months assessments), the findings show that intervention group fathers averaged 42 minutes more time with their babies during workdays.

There were no group differences found for at-home days, that is, when fathers were not working for pay. There were also no significant intervention effects for the self-report outcome measures: the Parenting Alliance Scale, the Parenting Responsibility Scale, or the Parenting Stress Index.

We also examined the influence of the nine predictor variables on the intervention effects, to see if any of them moderated the effects. We computed 77 interaction effects, of which just a small number (9%) were statistically significant. Since we did not see a coherent pattern in these findings (and none had been predicted in advance), we chose not to interpret these interactions.

DISCUSSION

Our intervention for the transition to fatherhood showed a differential pattern of effects. It was strongest in enhancing fathers' interactional skills with their babies. It was moderate in affecting the time they spent with their babies, with the effect being confined to work days. And it showed no effects for co-parenting partnership, parenting stress, and paternal responsibility. An interesting aspect of these findings is that the behavioral measures (time charts and observed interactional skills) showed significant intervention effects whereas the self-reports did not. We offer several possible explanations.

First is the possibility of ceiling effects differentially affecting the outcomes. Examination of normative data on the self-report scales suggests that we may have recruited an unusually highly motivated group of fathers. When we compared the control group to normative data available on the self-report scales used in the study, this group's scores were consistently higher on such factors as marital adjustment, attitudes towards father involvement, parenting partnership, and paternal responsibility. Thus, we may have had a ceiling effect on the self-report instruments based on a sample of fathers who were already committed to active, engaged fathering—with or without the intervention. (We could locate no normative data on the Time Charts or our measure of interactional skills for fathers of young babies.) If this is the case, we would expect the least difference for the intervention in self-reports (which most directly tap attitudes and motivation), with a somewhat greater effect for Time Charts (which assess behaviors affected by motivations and intentions), and the strongest effect for interaction skills (the enactment of which requires competencies in addition to motivation and positive attitudes). This reasoning suggests that a less highly motivated group of fathers might be affected more strongly in all three dimensions: self-reported parenting and coparenting, level of time involvement, and interactional skills. This is worthy of future exploration.

Second, we considered the possibility that variation in the delivery of the intervention might have reduced its impact to some dimensions and not others. As mentioned before, we were concerned about this variability, and in fact dropped two of the class groups before conducting the analyses. The qualitative analyses reported in Appendix B revealed considerable variation in the pedagogical skills of the educators delivering the classes, as well as rapport levels within the groups. To test the hypothesis that variation in educational delivery affected the

outcomes, we computed an evaluation score for each class, based on parent scores, parent educator scores, and observer scores, using variations of the same five evaluation questions (how helpful were the topics, how well was the class taught, how much did you learn in the class and specifically from the other couples, and would you recommend this class to others?). We summed scores from the five questions and divided the class groups into tertiles based on high, medium, and low evaluation scores. The goal was to create an overall measure of the quality of the delivery of the educational intervention and to see if father outcome scores differed by quality of the intervention delivery. There were no significant differences found for any of the outcomes, suggesting that how the program was delivered (as perceived by parents, educators and observers, whose scores were highly intercorrelated) did not account for differential impact of the intervention on domains of parenting.

Third, it might be easier to affect fathers' individual skills in relating face to face with their babies than to affect their everyday time and partnership involvement with mothers, since the latter are a product of how the couple negotiates their roles in a broader social environment that supports traditional divisions of parental labor.

Overall, our findings suggest that a relatively brief group, couple-oriented intervention for the transition to fatherhood, which is theory-driven and delivered by community-based parent educators, can impact the transition to fatherhood, particularly in fathers' skills with their babies and in their time involvement during work days. Because ours was a well-educated sample, results may not apply to other populations. But we might expect stronger effects with groups of fathers in community settings where they are not being asked to join an intensive research study that requires special motivation. High-risk fathers might be a particularly promising group, although the curriculum would have to be adapted to their needs. The fact that we found significant intervention effects even with a highly motivated group speaks well for the potential value of this educational intervention for translation into community settings.

In addition to testing our intervention on other populations, there are implications for program delivery found in the qualitative reports in Appendix B. The reports offer a uniquely detailed look at the delivery of a parenting education program and point to, among other things, hidden variations in program quality such as different levels of group cohesion and mixed messages about fathering and mothering being offered by parent educators.

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Table 1

Sample Size Across Assessment Periods

	<u>n</u>	<u>Control</u>	<u>Experimental</u>
Time 1	165	75	95
Time 2	142	66	76
Time 3	141	67 ^a	74

^aOne couple in this group completed only the first and third assessments.

Table 2
Age of Participants at First Assessment

	<u>Mother</u>	<u>Father</u>
Mean	29.6	31.4
Median	30.0	31.0
Minimum	18.0	20.0
Maximum	43.0	45.0

Table 3
Ethnicity of Participants

	Mother		Father	
	Frequency	Percent	Frequency	Percent
Black/African American	3	1.8	10	6.1
White/Caucasian	148	89.7	139	84.2
Hispanic/Mexican American	5	3.0	5	3.0
Native American/American Indian	0	0.0	2	1.2
Asian/Pacific Islander	4	2.4	4	2.4
Other	5	3.0	4	2.4
Missing	0	0.0	1	0.6

Note. n = 165.

Table 4
Participant Level of Education

	Mother		Father	
	Frequency	Percent	Frequency	Percent
High School	7	4.2	13	7.9
Some College	31	18.8	36	21.8
College Degree	90	54.5	72	43.6
Graduate/Professional Degree	37	22.4	44	26.7

Note. n = 165.

Table 5
Participant Occupation

	Mother		Father	
	Frequency	Percent	Frequency	Percent
Managerial or professional specialty	75	45.5	78	47.3
Technical, sales or administrative support	39	23.6	39	23.6
Service occupation	16	9.7	9	5.5
Precision production, craft or repair	0	0.0	3	1.8
Operator, fabricator or laborer	0	0.0	7	4.2
Farming, forestry, or fishing	1	0.6	2	1.2
Homemaker	6	3.6	0	0.0
Other	28	17.0	27	16.4

Note. n = 165.

Table 6
Participant Personal Income

	Mother		Father	
	Frequency	Percent	Frequency	Percent
\$0 to 9,999	21	12.7	6	3.4
\$10,000 to 19,999	16	9.7	8	4.8
\$20,000 to 29,999	27	16.4	14	8.5
\$30,000 to 39,999	50 ^a	30.0	32	19.4
\$40,000 to 49,999	25	15.2	31 ^a	18.8
\$50,000 to 59,999	14	8.5	21	12.7
\$60,000 to 74,999	6	3.6	24	14.5
\$75,000 to 99,999	4	2.4	18	10.9
\$100,000 and up	1	0.6	10	6.1
Missing	1	0.6	1	0.6

Note. n = 165.

^a Median reported income level.

Table 7
Participant Report of Couple Income

	Mother		Father	
	Frequency	Percent	Frequency	Percent
\$0 to 9,999	1	0.6	0	0.0
\$10,000 to 19,999	2	1.2	4	2.4
\$20,000 to 29,999	4	2.4	5	3.0
\$30,000 to 39,999	11	6.7	6	3.6
\$40,000 to 49,999	8	4.8	14	8.5
\$50,000 to 59,999	26	15.8	19	11.5
\$60,000 to 74,999	29	17.6	24	14.5
\$75,000 to 99,999	43 ^a	26.1	50 ^a	30.3
\$100,000 and up	39	23.6	42	25.5
Missing	2	1.2	1	0.6

Note. n = 165.

^a Median reported income level.

Table 8
Couple Income ^a

	Frequency	Percent
\$0 to 9,999	0	0.0
\$10,000 to 19,999	3	1.8
\$20,000 to 29,999	4	2.4
\$30,000 to 39,999	8	4.9
\$40,000 to 49,999	9	5.6
\$50,000 to 59,999	21	12.7
\$60,000 to 74,999	24	14.6
\$75,000 to 99,999	48 ^b	29.1
\$100,000 and up	46	27.9
Missing	2	1.2

^a Calculated from the mean of mother and father indications of couple income.

^b Median income level reported.

Table 9
Previous Marital History

	Mother		Father	
	Frequency	Percent	Frequency	Percent
Married Before	10	6.1	11	6.7
Not Married Before	151	91.5	148	89.7
Missing	4	2.4	6	3.6

Table 10
History of Current Relationship

	Months Dating	Months Cohabiting	Months Married
n	165	114 ^a	156 ^b
Mean	30.6	20.2	38.4
Median	23.3	15.9	29.0
Minimum	0	1	1
Maximum	138	84	172

^a Couples where at least 1 partner indicated cohabiting. In three couples, the father indicated time living together before marriage while the mother did not.

^b Couples who identified themselves as married at the time of the first assessment.

Table 11
Gender of Children Born to Participant Couples

	Frequency	Percent
n	146	
Girls	71	48.6
Boys	75	51.4
Twins	4	2.7

Note. There were 142 participant couples at the second assessment.

TABLE 12
Repeated Measures ANOVA Findings: Group Effects

Variables	Group	n	Time	Mean	SD	F	p
<u>Self Report Scales</u>							
Parent Alliance Scale	Control	65	2	134.58	9.60	.17	.68
			3	134.25	11.64		
	Experimental	65	2	135.72	8.73		
			3	134.51	10.53		
Parenting Stress Index	Control	64	2	175.23	31.94	.02	.89
			3	176.14	30.61		
	Experimental	65	2	177.08	25.67		
			3	175.66	35.06		
Paternal Responsibility Scale	Control	65	2	35.09	5.28	.29	.59
			3	35.69	4.59		
	Experimental	65	2	35.92	3.63		
			3	35.63	4.06		
<u>Time Chart</u>							
Workday Engaged Interaction	Control	45	2	1.56	.81	.96	.33
			3	1.61	1.04		
	Experimental	45	2	1.74	.87		
			3	1.73	1.02		
Workday Parallel Interaction	Control	45	2	.53	.66	3.66	.06
			3	.63	.68		
	Experimental	45	2	.87	1.01		
			3	.77	.83		
Workday Total Accessibility	Control	45	2	6.52	1.57	4.82	.03
			3	6.24	1.83		
	Experimental	45	2	7.29	2.06		
			3	6.89	2.55		
At-home Engaged Interaction	Control	39	2	3.30	1.66	.13	.72
			3	3.14	1.80		
	Experimental	48	2	3.22	1.61		
			3	3.02	1.33		
At-home Parallel Interaction	Control	39	2	1.97	1.51	1.04	.31
			3	2.44	1.64		
	Experimental	48	2	2.14	2.36		
			3	2.96	1.99		
At-home total accessibility	Control	39	2	14.75	2.31	.04	.85
			3	14.17	2.44		
	Experimental	48	2	14.33	2.18		
			3	14.43	2.01		

Table 12, continued

Variables	Group	n	Time	Mean	SD	F	p
<u>Quality of Interaction</u>							
Warmth and emotional support	Control	64	2	4.28	1.43	3.85	.05
			3	4.41	1.46		
	Experimental	63	2	4.81	1.59		
			3	4.67	1.56		
Intrusiveness	Control	64	2	4.31	1.71	4.87	.03
			3	4.72	1.45		
	Experimental	63	2	4.98	1.39		
			3	5.01	1.42		
Engagement with child	Control	64	2	5.37	1.29	1.01	.32
			3	5.18	1.42		
	Experimental	63	2	5.51	1.42		
			3	5.41	1.35		
Positive Affect	Control	64	2	4.33	1.39	6.51	.01
			3	4.52	1.41		
	Experimental	63	2	4.83	1.58		
			3	5.04	1.37		
Negative Affect	Control	63	2	6.62	.76	1.72	.19
			3	6.77	.66		
	Experimental	63	2	6.81	.49		
			3	6.82	.49		
Dyadic synchrony	Control	63	2	2.86	1.40	10.60	.001
			3	3.08	1.33		
	Experimental	63	2	3.72	1.91		
			3	3.63	1.68		
Overall Quality	Control	62	2	27.55	6.22	7.41	.007
			3	28.63	6.29		
	Experimental	63	2	30.66	7.14		
			3	30.59	6.37		

APPENDIX A

Overview of Curriculum

Session 1: Goals: Ongoing commitment to the program, awareness of influences on parenting, and personal vision for couple/co-parental/parenting relationships.

Intervention: Further explain program and address concerns. Discuss couple concerns regarding transition to parenthood and parenting, and how the program may address these concerns.

Discuss the influences impacting their transition to parenthood and parenting in the context of developing a

"mission statement" for the family. Specifically address: 1) vision for and values of the family, 2) self assessment regarding couple relationship and parenting readiness (experience in child care), 3) how the couple is similar/different to their parents, and 4) supports and barriers to the vision for the family.

Mechanisms of Change: This session gives the couple the opportunity to make conscious choices about how they want to be as a family and increases the likelihood that their reality will be closer to their ideal. In discussing and writing how they want their family to be, a foundation is laid for future action. There are several mechanisms of change based on the study's conceptual model. Specifically addressed in the co-parental relationship are cooperation and mutual support. The mother factors which are addressed are attitude toward father, expectations of father, and support of father. The father factors addressed are role identification, knowledge, skills, commitment, relations with own father, and employment characteristics are addressed. Contextual factors addressed include institutional practices, race/ethnicity resources and challenges, cultural expectations, and social support.

Context: Home visit /4-6 months pre-birth/Time length: 1.5 hours

Session 2: Goals: Develop realistic expectations for the transition to parenthood and of spousal actions, strengthen couple relationship and communication skills, address work/family balance issues.

Intervention: Develop group cohesiveness through having couples share what changes they expect to take place, sharing excitement and fears about changes. Discuss the impact of expectations on the transition to parenthood and sources of the expectations, break into gender groups to identify specific expectations, return to larger group to report expectations, note differences between groups; address the need for strong relationship/communications skills, reinforce/introduce assertiveness skills and productive patterns of problem resolution, conduct skills practice; discuss impact of child on the couple relationship; identify and discuss work/family tensions and strategies to deal with conflicts; in the context of the day's learning, have couples develop a plan to support the couple relationship and to share parenting responsibilities.

Mechanisms of Change: This class builds on the insights and decisions made by the couple in the previous session regarding the influences on the family and their plan for their family. In discussing

their expectations for the transition, hearing other group members' thoughts, and developing a plan for supporting their relationship, the couple will be better prepared for impending changes. Specific focus is

placed on strengthening the co-parental relationship in the areas of cooperation, mutual support and conflict resolution, with the expectation that this will enhance the father/child relationship. Further attention is also given to contextual factors influencing parenting and choices the couples can make regarding their family. Group cohesion is encouraged to facilitate learning both from each other and from the information presented.

Context: Group meeting/3-4months pre-birth/Time length: 2 hours

Session 3: Goals: Strengthen couple/co-parental relationship, support positive attitude toward parenting (specifically father involvement)

Intervention: Large group discussion of connections between couple relationship, parenting, and communications; role playing exercise using communications skills; identifying the strength of having both parents seen as competent caregivers; identification of caregiving/parenting skills in gender groups (safe place, legitimizes skills); discussion of barriers to practicing skills (unsure of skills--particularly among fathers, differences seen as incompetence on father's part); have couples share with each other the skills they want to work on for self and other.

Mechanisms of Change: Further attention is placed on reinforcing the relationship skills of conflict resolution, mutual support, and cooperation learned in the previous session, thereby enhancing the

co-parental relationship. Attention is also placed on facilitating a positive mother's attitude toward the father, expectations of the father, and support of the father. The father's role identification is also

strengthened through the reinforcement of caregiving competency and skills.

Context: Group meeting/2-3 months pre-birth/Time length: 2 hours

Session 4: Goals: Strengthen parenting skills and couple/co-parental relationship, and motivate parents to be involved with their children.

Intervention: Identify and discuss previous learning in child care activities; participation of parents with infants to demonstrate different skills and share infants with program participants; couples practice skills

and reinforce competencies by having spouses share the competencies they see in each other; bring out couple/co-parenting plan and specifically address division of child care/housework (emphasizing connection between house work and child care); make adjustments as needed to couple/co-parenting plan as needed.

Mechanisms of Change: This session further enhances a positive mother attitude toward the father and support for the father while strengthening the father's role identification, psychological well-being,

knowledge, and skills in infant care. Cooperation and mutual support are also reinforced.

Context: Group meeting/1-2 months pre-birth/Time length: 2 hours

Session 5: Goals: Strengthen couple/co-parental relationship and appreciation of infant responsiveness

Intervention: Have parents introduce their infants to larger group and share birth stories; compare real life experience with couple/co-parenting plan (highlight the need to be flexible and make necessary changes); problem solve with group to identify necessary changes; discuss how infants begin communication at an early age; how they communicate; what the different indicators mean, and how to respond.

Mechanisms of Change: This class focuses on strengthening the co-parental relationship by encouraging cooperation and mutual support. Further reinforcement is given to father role identification, knowledge, and skills with facilitating a better understanding of the new child in the family.

Context: Group meeting (infants present)/1 month post birth/Time length: 2 hours

Session 6: Goals: Active support of parental involvement, co-parenting and skills, address work/family issues.

Intervention: Have couples share in the group setting their experiences of the transition to parenthood, co-parenting, couple relationship, and work/family issues; specifically address barriers to co-parenting and father involvement; discuss value of rituals in couple relationship and have couples identify a meaningful ritual to implement in their lives; have couples address parenting plan together and then, in larger group, have couples share changes they have made.

Mechanisms of Change: This session further reinforces the need, value, and ability for intentional living. It is expected that couples will be more cognizant of their actions in their family life and will

likely make changes to come closer to their ideals for their family. Also, group sharing of experiences provides opportunity to learn from each other, enhances group support and problem solving, models openness to outside support, and normalizes struggles, thereby decreasing stress experienced in

this time of transition. Specifically, areas of the model addressed are the co-parental relationship (cooperation and mutual support), father factors (role identification, commitment, and employment characteristics), mother factors (expectations of father and employment characteristics), and contextual factors (institutional practices, economic factors, cultural expectations, and social support).

Context: Group meeting (infants present)/2 months post-birth/Time length: 2 hours

Session 7: Goals: Active support of parental involvement, co-parenting and skills, address work/family issues, closure to group experience.

Intervention: Talk with parents in a supportive manner about their experiences, identify issues and how they affect parental involvement with children, strategize in a collaborative manner to problem solve, specifically identify communication skills that can be used to address issues and reinforce use in problem solving, discuss ending of group process, provide refreshments and give time to process end of group.

Mechanisms of Change: Focus in this session is placed on reinforcing prior learning in the areas of intentional living, communication, value of parental involvement with children, and use of

support. With further reinforcement it is expected that couples will further apply the information and skills they have learned in this series of classes. This session addresses the co-parental relationship, mother factors, father factors, contextual factors, and child factors.

Context: Group meeting/3 months post-birth/Time length: 2 hours

Session 8: Goals: Reinforce learning and positive behavioral changes in parenting and co-parental relationship, work on future partnership.

Intervention: Discuss with parents their experience of the transition to parenthood, educational experience, and changes in couple relationship. Support positive choices and behaviors, identify ongoing problematic issues, strategize in a collaborative and supportive manner to problem solve, discuss strength of using resources, identify resources available, and encourage use.

Mechanisms of Change: Continued reinforcement and support for positive behaviors in the parent/child relationship and couple relationship will increase the likelihood of those behaviors continuing. It is expected that, in discussing issues that the couple are experiencing during this transition time, each of the areas identified by the model will be touched and intervention will take place to support a positive family environment.

Context: Group meeting/6 months post-birth/Time length: 2 hours.

APPENDIX B

QUALITATIVE ANALYSES OF THE PARENT EDUCATION CLASSES

INTRODUCTION

The reports in this Appendix present preliminary analyses and findings from the ethnographic fieldnotes generated for the Parenting Together Project (PTP), formally titled “An Intervention for the Transition to Fatherhood.” The Parenting Together Project employed an experimental design whereby couples expecting their first child were randomly assigned to either an intervention group or a control group. The qualitative assessments were based on ethnographic fieldnotes recorded by observers who were present at the classroom-based interventions sessions of fourteen groups (sessions 2 – 8 of the intervention; the first session in the home was not observed). *The ethnographic fieldnotes serve as the “data” for the reports.*

After this Introduction, four reports cover the following topics: a) the social construction of the transition to parenthood; b) evaluation of the curriculum implementation; c) support, competence and cohesion in the class groups; and d) boundaries and norms in the groups. Formats and writing styles of the reports differ somewhat, reflecting the varying themes covered and the styles of the observers who authored the reports. To our knowledge, this work constitutes the most detailed analysis yet conducted of what occurs in the delivery of parent education. Much work lies ahead to integrate these findings with the quantitative findings from the study.

Both the parent educators and the couples were aware that they were being observed. They also could see that the observers were taking notes during the sessions. To minimize intrusiveness in the setting, the observers were told to get as close as they could to the “action,” but remain slightly on the periphery of the group. While in the sessions, the observers would jot down words and phrases and draw diagrams (e.g., of who sat where) to help them remember what went on (as in all note taking, the challenge is knowing when to observe and when to record); and then, soon afterward, they would type an account of the conversations and gestures they deemed significant. As to what was “significant” and what was not, the idea in the beginning was to be receptive to a host of possibilities, with the maxim being, “You never what might turn out to be important.” Of course, observing anything involves some cognitive framework or theory, however subconscious. As Emerson, Fretz, and Shaw (1995) phrase it, fieldnotes are *more inscription than description*. (All members of the qualitative analysis team were asked to read Emerson et al., *Writing Ethnographic Fieldnotes*.) Since the observers were

trained as social scientists, they were more likely to “see” social objects and interactions, and thus they predictably were more attuned to the tone of a father’s voice than to the color of his eyes. Also, given the fact this was a study about men’s involvement with their children, the observers were prone to (and indeed encouraged to) record comments about the division of child care, and to notice, in the four sessions when the couples’ new babies were present (sessions 5 - 8), who was doing the caregiving (i.e., soothing, diapering) and when the babies might be “handed off.” Lastly, the format of the fieldnotes was deliberately chronological, so as to capture the “flow” and “tempo” of the sessions. It was especially helpful when the observers noted the clock time. This allowed us to calculate the pacing of the curriculum and gave us a sense of how long it took to get through the various parent education exercises.

The qualitative analysis team has expanded over the course of the past three years. Individuals who are, or who have been, members of group include: Laurie Jenkins Anderson, John Beaton, Cristiana Berthoud, Jason Carroll, Heather Haberman, Nicole Ryan, and Ralph LaRossa. Laurie is the Parenting Together Project coordinator and a trained parent educator who has worked on the project since September, 2000. She currently is pursuing a doctorate in Work, Family, and Community at UMN. Laurie joined the qualitative analysis team in September, 2001. Over the past several years, John has been a family therapy student at UMN and recently was awarded his Ph.D. In the Fall, he will become an assistant professor at the University of Guelph. John also has worked on the project since September, 2000, and been a member of the qualitative analysis team from the beginning. Cristiana is a clinical psychology professor at the University of Taubate in Brazil. A visiting professor at UMN for the spring semester, she was the most recent addition to the group, coming on board in February, 2002. Jason is a family therapist and an assistant professor at Brigham Young University. As a student at UMN, he participated in analysis discussions from September, 2000, until he received his Ph.D. in mid-2001. Heather has worked on the Parenting Together Project since January, 2001, and is currently working on a master’s degree in Family Social Science at UMN. She has been a member of the qualitative analysis team since January, 2001. Nicole was a student and is now a graduate of UMN, with an undergraduate degree in family social science. She also has worked on the project since September, 2000, and joined the qualitative analysis team in June, 2001. Ralph is a professor of sociology at Georgia State University. He has been a part of the Parenting Together Project since its conception and is the qualitative analysis team director.

For quality control, each set of fieldnotes was reviewed by a member of the qualitative analysis team. In the early stages of the project, only Ralph reviewed an observer’s notes. He would look to see if there was anything that was not entirely clear and ask the observer to revise the notes in answer to questions he would pose. In time, however, a multi-step review process was instituted. First, a set of notes would be reviewed by someone other than Ralph (specifically, either Heather, Jason, or John). Then, the set would be sent to Ralph and he also would review them. The notes then would be forwarded to the observer for revision (if necessary). After the revisions were made, the observer would return the notes to a designated member of the qualitative analysis team for final formatting and storage.

We also changed how a reviewer would comment. Initially, Ralph’s comments were sent as separate e-mails to be attached to the notes when they were filed. Then it was suggested by

Heather that we embed our comments in the notes, using boldface, and that the observers reply under each question posed. In this way, we could maintain a running account, on disk, of both questions and answers. Not all comments were necessarily requests for clarification. In many instances, reviewers would acknowledge an insight made by the observer, remark about how a class seemed to be going or how a couple appeared to be getting along, or offer an analytical point for further consideration.

Something else also changed in the course of the analysis. Early on, the qualitative analysis team conveyed to the other members of the PTP project its assessment of how the classes were going. For example, we noticed that when the parent educators asked the couples to divide into gender groups and then come together to share what had been talked about separately, they often would focus on gender *differences*. We suggested that the parent educators encourage a discussion of *both similarities and differences*. The suggestion was communicated to the parent educators and incorporated into future classes. Later on, a question was raised as to whether it was appropriate to modify the intervention, while it was in process. After some deliberation among the members of the PTP project, a new rule was put in place. The qualitative analysis team would no longer convey its ongoing assessment of how the classes were going. Rather, the team would wait until after all the classes were completed to present its report--*this report*--to the rest of the group (including not just the parent educators and other researchers on the project but also the principal investigator).

Over the past three years, the qualitative analysis team has gotten together one time at the National Council on Family Relations (NCFR) annual meeting and five times at UMN, and participated in at least 15 conference calls. Some of these meetings and calls were especially crucial to the development of the analysis and are worth noting.

At the 2000 NCFR meeting, the team discussed the open coding process in the Grounded Theory Method (GTM), as outlined by Anselm Strauss in *Qualitative Analysis for Social Scientists* (1987). The intent of the discussion was not to propose that we immediately carry out a full-blown GTM analysis (though that is an option down the line), but to consider the advantages of thinking *conceptually and categorically* about the fieldnotes. GTM encourages a line-by-line analysis, with an emphasis on the language that people use and the social interactions that are observed or implied. (In some researchers' minds, careful study of language and social interaction is the heart of qualitative social analysis.) Thus, for example, if it were to be found that fathers routinely use the term "baby sitting" to denote their child care activities, GTM would suggest not only exploring what "baby sitting" *means* to fathers and others around them, but also thinking about the concept's properties and dimensions, with reflexive questions like: Are there different kinds or different degrees of baby sitting? How is baby-sitting similar to, and different from, other forms of child caregiving? Why are fathers more likely than mothers to refer to their child care activities as baby-sitting? And so on. In subsequent team meetings, the open coding process would be employed, and the reader will see its influence in several of the analytical essays that follow.

In a face-to-face meeting at UMN on June 29, 2001, the qualitative analysis team had an opportunity to engage in an extensive discussion of how the analysis might proceed. Present at the meeting were Heather, John, Nicole, and Ralph. Some of the things we talked about were:

- the importance of repeatedly asking, “what happened *in* the classes?”
- the similarities and differences between the couple behavior that we see in the classes and the couple behavior that we might see in the homes
- the similarities and differences among the parent educators, the groups, and the couples
- the advantages of having a qualitative analysis team of people who would approach the fieldnotes from different vantage points (multi-perspectives are perceived as a strength)
- the value of creating an atmosphere where members of the team would be comfortable “brainstorming” and throwing around ideas that may or may not be included in the final set of analyses but at least would have been on the table for consideration
- the different kinds of “tales” that could be written, i.e., realist, impressionistic, confessional, critical, and formal (see Van Maanen, 1988)
- being sensitive and constructive, especially in our “critical tales” of the parent educators; that is, we should keep in mind, when we evaluate the parent educators, that they were “on the front line” in this project and often had to make pedagogical decisions on the spot
- how often “teachable moments” are capitalized on, or missed
- the social reproduction of gender in the classes
- are the fathers “showing off” by making it a point to hold the baby in everybody’s presence? (demand characteristics and evaluation apprehension issues)
- the ethical dilemmas we faced: issues of self-exposure (what would parent educators and couples think about how they were portrayed?) and public exposure (how could we insure that people’s identities would not be revealed in our writings?) (see LaRossa, Bennett, & Gelles, 1981)
- suppose the experiment works, what might be some possible explanations (besides the idea that it was the curriculum, *per se*)? Just “getting together” with other fathers may increase men’s involvement with their children
- suppose the experiment does not work, what might be some possible explanations?
- when people “share” their experiences, who does the sharing: fathers, mothers, or both?
- formatting fieldnotes (headers, margin size, etc.)

In another face-to-face meeting at UMN on November 16, 2001, we had a “coding party,” where we looked at selected sets of fieldnotes and began to generate concepts and categories for possible further analysis and write-up. Partly for practicality’s sake, we decided to look only at classes 2, 6, and 8. We felt that this strategy also would allow us to contemplate similarities/differences across groups and similarities/differences over time. Because we thought

the vision statements were an especially fruitful entree to the curriculum, we focused on the vision statements when they were discussed. Present at the meeting were Heather, John, Laurie, Nicole, and Ralph. Some of the things we talked about in June came up again (e.g., the value of brainstorming, possible explanations for why the experiment might work or not work). Reading the fieldnotes before us (each of us had our own bound set) and using large “post-it” sheets tacked to the walls to record and collectively view our ruminations, we began the process of “open coding.” The coding proceeded through a process of give and take, with different members of the team penning the concepts and categories emerging from the discussion. (Throughout the meeting, as she had done before, Nicole kept the minutes and offered ideas.) About an hour before the meeting ended, we each identified those concepts and categories that we individually thought were especially important. The concepts and categories and the number of votes they received are listed in the Table appended to this Introduction.

The last hour of the meeting was devoted to identifying the concepts and categories that we wanted to explore further in a preliminary written report. Our goal was to deliver the report to the entire PTP group in May, 2002. We also talked about the fact that someone should try (systematically) to answer the question, how much did the parent educators adhere to the curriculum? John said he would be happy to do develop a set of rating scales (modeled after the scales that the couples, parent educators, and observers were going to complete) and assess the synchrony between the prescribed curriculum and enacted curriculum. As for the concepts and categories, we decided that Heather, Laurie, and Ralph would each choose two from the list. Which two they chose would be based on their sense of how important particular concepts/categories were, and how much interest they had in writing about the concepts/categories. Heather chose “norms for being a parent” and “boundaries.” Laurie chose “support in group” and “competence.” Ralph chose “storytelling/narratives” and “accounts/facework.” We also set up a month-by-month schedule of conference calls to talk about the drafts of our sections as they progressed.

Finally, we decided that, in the preliminary report, we would focus on what we called the “in-class realm.” Arguably, someone could examine the fieldnotes and draw conclusions about the couples’ lives beyond the classroom. Seeing a father being warm and nurturant toward his child, one might be tempted to say, “Now *there* is a father who really cares.” But it is possible that the behaviors observed in an intervention session are not mirror images of how the fathers and mothers routinely performed at home. Another way to approach the fieldnotes, a way that acknowledges their value as documentaries of an “in-class realm,” is to contend that the fieldnotes reflect—to the extent that the observers “captured” key elements of the scene—*parent education in action*. What the parent educators said and how they interacted in the classes, what the fathers and mothers said and how they interacted in the classes—these are important, in and of themselves, to the PTP project. The main goal of the larger study, after all, is to increase father involvement through the couples’ attendance at the intervention. The theme of this preliminary report thus is to try to answer a basic question: *What went on in the classes?*

After the November, 2001, meeting, we had a series of conference calls—in December, January, February, March, and April. Prior to the calls, we would send each other drafts of our respective analyses and spend anywhere up to two hours discussing them. Cristiana joined the

group in February, and participated in the conference calls from then on. In March, she submitted a write-up, in which he explored two concepts/categories: “group process” and “meaning the experience.” She was encouraged to pursue these ideas, and her analysis is also included herein.

In May, 2002, we met again at UMN to review preliminary drafts of our reports and offer constructive comments. Present at the meeting were Bill Doherty (seeing the reports for the first time), Cristiana, Heather, John, Laurie, and Ralph.

One issue that has continued to be in the forefront of our minds is our analysis of the parent educators’ work in the classroom. Our diverse disciplinary backgrounds and objectives (given our respective analyses), as well as differences in the level of familiarity with the parent educators themselves, has meant that each of us has approached the parent educators’ actions from a different vantage point. (The same can be said of how we approached the couples’ actions.) Were it not for the parent educators, there would be no intervention; we all believe they deserve our utmost respect. At the same time, however, we know that we must evaluate how the parent educators performed, especially with regards to the curriculum. The parent educators’ jobs were difficult, perhaps somewhat impossible (e.g., when they were asked to cover complicated curricular material in a very limited amount of time). Ultimately, we have done our best to be fair to all concerned and ultimately render our *perspectives* (explicitly plural)—or *inscriptions*--on what took place.

Table

- [0] Sharing: sharing work
- [2] Boundaries: role taking/role making
 - child
 - mother
 - father
 - couple
 - others
 - in-laws
 - PE’s
 - Observers
- [1] Asking permission: to share; to be “myself”
“checking each other out”
- [0] PE speak: e.g., “let’s share” or “how does that feel”
- [0] Parent speak: e.g., “we’re a couple”
mom speak

dad speak

[0] Power/Control

What's said first, who & how effect
[precedence effect]
[tone setting]

[0] Sacred/Sacralization

[1] Teachable Moments

captured
ignored

[0] Concept – Indicator Model

(Strauss, 1987)

[1] Storytelling [narrative]

[1] Presentation of Self [of parents; of couple]

[1] Sappy Telling = sweet, syrupy, angelic, niceness.

Versus atrocity tales
PE speak and Parent speak

[1] Norms for being: a father/mother

i.e., roles

[2] Support

within class support from spouse and fellow classmates
outside class from family, friends, church groups, etc.

[1] Handing off the baby

transfer
exchange
“dumping off” kid
equality = parity of activities
equity = parity of opportunities and constraints

[1] Competence

before and after expertise

[1] Displays

displays of competence, displays of “I’m an involved father”

[1] Gatekeeping

valued activities and valued selves.

- [1] Expectations
facework
- [1] Accounts
“save face”
culture – accounts – conduct
- [0] Timemarking
- [1] Normalizing
comparison level
competition factor
- [1] Vision vs Reality
- [0] Baby work
- [0] Humor
- [0] How becoming a parent tests a person
- [0] Time
- [0] Babies as props
- [0] Guilty talk
- [0] Need for order
- [0] Communicating priorities

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REPORT 1

CONSTRUCTING THE TRANSITION TO PARENTHOOD

Ever since scholars began writing about the transition to parenthood, they generally have framed the topic in a way that suggests that the transition, itself, requires no explanation, other than procreative biology. People have sex, they conceive, a baby arrives, and the man and woman become parents. How the new father and mother *adjust to* “the transition,” what happens to them as they *move through* “the transition”—these have been the main issues on which family scientists have focused their attention for the past 45 years (e.g., see Belsky & Kelly, 1994; Cowan, Cowan, Coie, & Coie, 1978; Cowan & Cowan, 2000; Entwisle & Doering, 1981; Grossman, Eichler, & Winickoff, 1980; LaRossa & LaRossa, 1981; LeMasters, 1957; Miller & Newman, 1978; Rossi, 1968; Walzer, 1998).

While it may seem logical to say that having a baby places people in the throes of the transition to parenthood, the argument also could be made that a “life course change” accompanying the arrival of a child need not occur--*or at least not occur to the degree that it does in contemporary society*. Why should we presume that having a child means that a person/couple/family will significantly change? There are many other events that happen in our lives that are not necessarily viewed as life changing or as a passage, per se (e.g., spatially moving from one room to another; temporally moving from being 37 years and 8 months old, to being 37 years and 9 months old). What makes the parental “move” different? Putting it another way, why should the “facticity” of the transition to parenthood be considered a given?

As opposed to thinking, *a priori*, that the transition to parenthood is ontologically “there,” like a concrete tunnel or well-marked road, why not conceptualize the transition to parenthood as a *subjective world* that can vary from person to person, couple to couple, group to group, subculture to subculture, society to society, and historical period to historical period? Reconceptualizing the issue along these lines allows us to pose a question that parenthood researchers and educators have largely ignored: How is the *knowledge* that there is a life course change accompanying the arrival of the first child given substance (“objectivity,” “externality”), and how is that knowledge sustained in people’s minds? To put the question differently, *how is the “reality” of the transition to parenthood socially created?*

The object of this paper is ask, and answer, this question. Drawing on ethnographic observations of parent education classes, I endeavor to show the theoretical and practical leverage that can be gained by viewing the transition to parenthood as a socially constructed reality rather than as simply an ontological fact.

METHODOLOGY

The data for this paper are part of a larger project on the transition to parenthood, conducted at the University of Minnesota (Doherty, Erickson, LaRossa, Davis, & Allen, 1999).

The “Parenting Together Project” (PTP), as it came to be called, employed an experimental design, in which couples making their transition to first-time parenthood were randomly assigned to two groups and followed from the second trimester of pregnancy to the 12 month postpartum. The couples assigned to the first group (N=74) took a parent education class expressly designed to prepare the couples for the arrival of their newborn and increase father involvement. The couples assigned to the second group (N=67) were studied for the same period of time, but did not take the class. A variety of quantitative and qualitative measures were employed to measure the couples’ experiences.

My focus here is on the experimental group and, specifically, on the curriculum and social dynamics of the parent education classes. The 74 couples were assigned to 14 different parent-educator-led groups which met seven times from the couples’ second trimester of pregnancy to the sixth month postpartum. (Quantitative assessments continued to the 12 month.) The last four classes (at one, two, three, and six months) included not just the couples but also their newborns. Attending the sessions along with the couples, observers recorded who said what to whom, and nonverbal behaviors (e.g., who held or changed the baby). What follows is the result of an open coding of the observers’ fieldnotes, carried out in the grounded theoretical tradition (see Strauss, 1987; Strauss and Corbin, 1998).

It is important to note that my original purpose was not to consider how the transition to parenthood, *itself*, was constructed. Rather, this interest emerged in the course of the analysis. During an open coding session with other members of the PTP qualitative analysis team, an array of concepts and categories were identified for further examination. At the end of the session, I decided to look more closely at two concepts/categories--“storytelling/narratives” and “accounts/facework.” (Other members of the team chose other concepts/categories.) Admittedly, these concepts/categories are very much related to the topic of this paper, but they were not seen as such at the beginning of the analysis. Only after further reviewing the fieldnotes did the heuristic value of looking at the social construction of the transition to parenthood emerge.

LIFE COURSE CHANGE DISCOURSE

How is the reality of the transition to parenthood socially constructed? Referring to the general process through which the taken-for-granted world of daily life is created and sustained, Berger and Luckmann (1966) maintain: “The common objectivations of everyday life are maintained primarily by linguistic signification. Everyday life is, above all, life with and by means of the language I share with my fellowmen [/women]. An understanding of language is thus essential for any understanding of the reality of everyday life” (p. 37). Applying Berger and Luckmann’s perspective to the issue at hand, one would say that the key to understanding the transition to parenthood--*as a passage from one station of life to another*—is talk, discourse, and meaningful gesture.

Focusing directly on life course change, Gubrium and Buckholdt (1977), endeavor to spell out exactly how such change is “accomplished”:

First, there is no such thing as life change separate from the public sense of it presented and negotiated by members of occasions when life change is being considered. Second, when members act as if change has or has not taken place, it is a product of the work they do in talk and gesture to make it seem so. Third, the reality of life change is located in the process of its accomplishment. And fourth, the evidence of this can be found only in and over the process of accomplishment (pp. 54-55).

Gubrium, Holstein, & Buckholdt (1994), further elaborate:

[I]ndividuals construct what it means to develop and change over time through the very mundane ways they talk about and describe objects and experiences. In conventional life course studies, stages and developmental sequences are treated as objective features of life as it unfolds and develops. But these “things”—developmental changes, maturity, immaturity, childhood, old age, and the like—are also categories that people use to assign meaning. A constructionist approach treats them quite differently from conventional approaches, focusing on the ways in which people employ these categories and descriptions to make sense of life change. It treats the life course and related terminology as a descriptive vocabulary, a constellation of ways of talking about and meaningfully structuring experience in relation to time. This recasts the objects of conventional life course studies—phases, stages, and developmental sequences—as products of interpretive practice, not objectively meaningful “things” in their own right. The point is to analyze how these things are produced through interaction and how they are used to make sense of experience (pp. 2-3).

Central to the Parenting Together Project is the narrative of life course change. The narrative is embedded in the text of the curriculum, reinforced prior to the birth, and hammered home repeatedly after the baby arrives. Indeed, it could be said that the parent educators’ main job was to help the couples identify, evaluate, and cope with “*the change*.” Thus, one answer to the question, “What went on in the PTP groups?,” is that, in an ethnomethodological sense (Garfinkel, 1967), the parent educators and couples were “accomplishing” life course change. Much the same way that men and women can be observed “doing” gender, creating gender categories via everyday talk and meaningful gesture (West & Zimmerman, 1987), so also the parent educators and couples were “doing” the transition to parenthood, creating temporal distinctions via their words and deeds. Through the narrative of life course change, the parent educators defined their “selves” (as experts and authorities) and shaped their students’ “selves” as well (Holstein & Gubrium, 2000). They hoped to make the fathers and mothers “better” parents and, to a certain extent, “better” human beings. Thus, the *reality* known to researchers as the transition to parenthood, looked at from another angle, is basically a “story” of change in a game of identity politics (LaRossa, 1995). The players in the game include not only the parent educators and couples, but also the wider therapeutic community (e.g., parenting gurus) and research intelligentsia (e.g., family social scientists, sociologists, psychologists). *And the entire PTP research group.*

How is the PTP research group implicated? Consider the curriculum. In the first session scheduled at four to six months prebirth, the couples were asked to “develop a written ‘mission statement’ or vision for their new family.” Among other things, they were told to address “how prepared to parent” they were. The message, metaphorically speaking, was that the couples were

about to enter “new” territory and that they should be “prepared” for the journey. In the second session scheduled at three to four months prebirth, a central goal was to “develop realistic expectations for the transition to parenthood.” From a constructionist point of view, the “transition” from one social station to another (prebirth to postbirth, prechild to postchild) was not simply verbally reinforced but linguistically created (by referring to “it” in the curriculum and in the session); and the focus now was on acquiring an accurate sense of what will come once they cross a socially identified boundary. Like astronauts who soon will leave earth’s atmosphere and go into outer space, the couples were perceived to be in training for what may be the ride of their lives. Skipping ahead to session four scheduled at one to two months prebirth, couples who had recently become parents themselves dropped by to “share their experiences of transition” and “demonstrate interaction with their infant.” The presence of the visiting parents was intended to *make* “real” a difference between not having and having children. Both the visiting parents and expectant parents adhered to a script, albeit one that was unwritten. While the visiting parents talked about “the change” that *happened* to them, the expectant parents interrogated their visitors about the world “on the other side.” The fifth session was scheduled at one month postbirth. The couples were given a chance to share their “birth stories.” These stories--often very elaborate narratives--not only socially pinpointed the exact moment of “the transition” (recorded for posterity on the birth certificate) but also gave “it” a quasi-religious connotation. “Before” and “after” become conceptually segregated domains. On one “side,” the immediate prebirth side, there was the world of the profane; on the other “side,” the immediate postbirth side, there was the world of the sacred (see Zerubavel, 1981, pp. 101-137). (For many, the transition parenthood is a deeply religious experience [Veevers, 1973].) The sixth, seventh, and eighth sessions--scheduled at two months, three months, and sixth months postbirth--encouraged before- and after-baby comparisons, as well as comparisons between earlier versus later “stages” of parenthood. Questions about how things were going since the last time the couples met created a sense that the transition was not “over” with the arrival of the child but had barely begun. Each class session was a reunion of sorts, an autobiographical occasion (Vinitzky-Seroussi, 2000), to further demarcate in the couples’ minds how “far” they had “traveled” since the birth.

The parent educators’ task may have been to implement the curriculum or lesson plan, but the curriculum was not a theatrical script that the parent educators memorized and then performed. Rather, it was a set of guidelines that the parent educators, more or less, tried to follow. The parent educators’ words and actions thus were their enactments of the curriculum. As for the couples, they may have figured out what the curriculum was all about (or strove to figure it out), but again their words and actions were their enactments *in situ*. All the world may be a stage, and we may be merely players, to paraphrase Shakespeare’s refrain, but the drama of everyday life is more like a series of improvised skits than a tightly-directed production

It can be said that life course change discourse during the transition to parenthood falls into four categories: (1) pre-conception vs. post-conception (but pre-birth) discourse; (2) stages-of-pregnancy discourse; (3) pre-birth vs. post-birth discourse; and (4) stages-of-parenthood discourse (i.e., post-birth change discourse). Pre-conception vs. post-conception discourse makes comparisons between before conception occurred and after conception occurred. (Post-conception, but pre-birth, is the pregnancy period.) Stages-of-pregnancy discourse makes

comparisons between one moment of pregnancy and another moment of pregnancy. Pre-birth vs. post-birth change discourse makes comparisons between before the baby arrived and after the baby arrived. Stages-of-parenthood discourse makes comparisons between one moment after the birth and another moment after the birth.

The common element in all three, immediately apparent, is the making of temporal comparisons. But the comparative process is actually a *contrasting* process. That is, implicit in the comparison is the assumption that one is comparing two (or more) *different* phenomena. From a constructionist point of view, what is happening basically is the social construction of *discontinuity*—the creation of different “islands of meaning.” What are the underlying features of this creative act? According to Eviatar Zerubavel (1991), two cognitive processes are involved:

Creating islands of meaning entails two rather different mental processes--lumping and splitting. On the one hand, it involves grouping "similar" items together in a single mental cluster--sculptors and filmmakers ("artists"), murder and arson ("felonies"), foxes and camels ("animals"). At the same time, it also involves separating in our mind "different" mental clusters from one another--artists from scientists, felonies from misdemeanors, animals from humans. In order to carve out of the flux surrounding us meaningful entities with distinctive identities, we must experience them as separate from one another (Zerubavel 1991, p. 21).

If we conceptualize time as continuous stream, then the division of history into “blocks,” or “stages,” or “periods,” or “segments” (or minutes, hours, days, weeks, months, years, decades, etc.) is a social construction. To “create” two stages, we lump one set of “similar” events into one category, another set of “similar” events into a second category, and simultaneously split or draw a line between the putatively “dissimilar” sets. Thus, 10:59 AM is considered different from 11:00 AM; Monday is considered different from Tuesday; and the 21st century is considered different from the 20th century. Yet the only thing that separates these temporal segments is a nanosecond of time (if that). Likewise, the argument could be made that the “different” stages of pregnancy or “different” stages of parenthood are more alike than unlike, but that, when life course change discourse is employed, the supposed differences, more so than the similarities, are accentuated.

Again, life course change discourse may be said to fall into four categories. However, I will examine only *two* of those categories: pre-birth vs. post-birth discourse, and stages-of-parenthood discourse. These were the dominant categories of life course change discourse in the PTP classes.

Examples of pre-birth vs. post-birth discourse would include the parent educators’ efforts to get the couples to review their vision statements, or to talk about the rituals they had before the baby came and the reinstatement of those rituals, or development of new rituals, after the baby was born. A parent educator asked in one session, “What kinds of couple rituals did you have as a couple before your children were born. What has happened to these rituals now?” (Female, Parent Educator, Group 2, Class 6, line 682; hereafter Female, PE, 2-6-682). The same parent educator shifted another group’s agenda by declaring, “Now, I’d like you to discuss as a couple what meaningful ritual you had in your relationship before the baby was born that you’d

like to start doing again” (Female, PE, 7-6-882). She also used a pre-birth vs. post-birth discourse with another group when she asked how the couples had “grown” (Female, PE, 5-8-367). What she meant was how had they grown since they became parents.

“Growth” and “development” are central to the social construction of the transition to parenthood. These concepts, by definition, are “about” change, and they were repeatedly emphasized by the parent educators. Their use stems in part from the parent educators trying their best to put a positive spin on becoming a parent, but they served another function as well. Intended or not, asking people to think about how they are growing or developing inevitably pushes them to make *invidious* comparisons between one moment in time and another. (Imagine being asked at 9 AM how you have “grown” since 8 AM. Answering the question requires you to consider whether “now” is sufficiently different from “then.”)

The couples themselves also seemed eager to engage in pre-birth vs. post-birth comparisons. Very rarely did someone say that there were no differences, on a particular dimension, between “before” and “after.” One of the few examples was the mother who reported, “Not much has changed for me. I was off work the last two months of my pregnancy [and I’m off work now]. So, I don’t see the difference.” However, she quickly followed this observation with the statement, “My days now run together more” (Female, 126 [referring to the participant’s study number], 11-6-570).

The mother’s use of “now” and “more” clearly placed her statement within the category of life course change discourse, and also showed how that discourse could be subtle. When she made the point that not much has changed, she was very explicit: “I don’t see the difference.” When she conveyed that something had changed, she was less direct. But the message was clear, nonetheless. Words like “now” and “more” (or “better,” “improved,” etc.) are comparative terms. When they are employed, they imply *difference*. Consider, for example, these statements: “We are both more tired” [than we were before] (Male, 11, 2-8-75); “We are doing better” [than we were doing before] (Female, 9, 2-8-213). “I think our communication has improved” [compared to what it was before] (Female, 2-8-355). “I like it [parenting] now. He [the baby] is responding . . . He talks to the toys in his crib” (Female, 103, 9-5-696). “[M]ore people come by our house now” (Female, 118, 9-7-1018). “Before, all of you learned I was a clean freak. I was fanatical and now, well the house isn’t” [so clean] (Female, 109, 11-8-109). “Kinda, feel a lot calmer now. I’ve taken more walks than in my entire life time. Life is just more enjoyable” (Male, 106, 11-8-718). “I think our couple communication has increased, we are more direct with each other, we tell each other what we need: (Male, 151, 13-6-516).

Life course discourse also was evident in “used to” discourse. Here the parents typically would reminisce about what they “used to” be able to do before the baby arrived: “We used to have a lot [or rituals], talk in bed, anniversary trips, weekend driving trips, massages. We are more tired [now], so we don’t do as much” (Female, 9, 2-6-721). “We used to go up north, hot tub. The drive was romantic. We have a hot tub now but it’s not as romantic. We used to do it twice a year but haven’t since she was born” (Male, 59, 5-6-670). “We used to hold hands a lot. Now one’s got the diaper bag, stroller. In the car I sit with her, harder [for my husband and I] to hold hands” (Female, 59, 5-6-683). “I wonder what we used to talk about. It is all baby”

(Female, 148, 13-7-874). Prior to [the baby] being born, we used to have bonfires with our neighbors” (Female, 148, 13-6-622). “Yeah, we used to walk our dog a lot more, now we do it with the stroller” (Female, 116, 13-6-622). The couples also employed “used to” discourse to reminisce about the rituals of their youth and in their families of orientation: “We used to have family dinners together, on holidays we would have 10 course meals” (Male, 116, 13-6-582). “Yeah, we had lots of food on holidays. Saturday Dad cooked and Sunday Mom cooked. We used to harvest together every year” (Male, 142, 13-6-582). “We used to kiss Mom and Dad every day before leaving the house. I never outgrew that” (Female, 142, 13-6-582). “We used to go to Wal-Mart every Friday night together” (Male, 151, 13-6-622).

“Used to” discourse introduces an element of *nostalgia* to life course change discourse. With “used to” discourse, the more distant past is sacred, while the present is profane. Hypothetically, too much “used to” discourse could lead to melancholia, which was *not* what the curriculum and parent educators were trying to induce. The exercises to reinstate former rituals or develop new ones were meant to keep the couples’ nostalgia in check. Solemnly remembering the past is one thing. Desiring to remain in the past is quite another.

Because the couples were *in class*, a central theme was that they were “learning” or “discovering” something new. But references to learning and discovery also imply change. History books report that Columbus “discovered” America, thus cognitively erasing the humans who were already living on the terrain where he happened to dock (Zerubavel, 1992). Columbus had set sail to look for a “new” world—a world that *had* be different from the “old”—and he was going to “find” it, even if it meant ignoring the indigenous population. He then returned to his benefactors and “taught” them (told them a “story about) what he had “discovered.” Along the same lines, it may be said that any program that “sets sail” as a learning experience is *predisposed* to emphasize “discovery.” But discovery requires the social construction of discontinuity, the splitting of the “new” from the “old.”

In one session, the parent educator asked, “What are you learning?” (Female, PE, 9-7-285). Predictably, the couples responded in the affirmative; they had learned a lot. (If this were a survey, the question would have been rephrased so as not to lead the respondent: “Do you feel you have learned something, or do you feel you have *not* learned something?”) Here is how one couple answered the parent educator: “He [the baby] loves to roll, even when he is strapped down” [I did not know this *before*] (Female, 103, 9-7-288). “I relate differently now to kids when I see them” (Female, 103, 9-7-370). “The bath, getting into the a ritual is very important” [that’s what I learned] (Male, 103, 9-7-396). “I’ve learned not to let the dog lick his feet. He’ll put them in his mouth eventually” (Male, 103, 9-7-437). And how did the couples phrase their “discoveries,” their “findings,” their “surprises”? “We’ve discovered that it takes 45 minutes to get out of the house” (Male, 123, 9-5-145). “We are finding the physical relationship to be more fun and spontaneous” (Male, 109, 11-7-384). “I had been ambivalent about parenting and it was [my wife] who really wanted it. I’m glad and surprised how much I really like it” (Male, 106, 11-7-398). “I think I am surprised how hard it is to get stuff done at home” (Female, 142, 13-6-358).

From a constructionist point of view, the learning experiences, discoveries, and surprises being reported would not be seen simply as evidence of what the parents had *actually* learned, etc. Rather, the focus would be *on the reports, themselves*. Thus, if in answer to the question, “What are you learning?,” a mother says, “I relate differently now to kids when I see them,” a constructionist might ask, how does this *story* of what she had learned effectively construct a *sense* of transition? Whether the mother had thought about her answer before she was asked is not known. It is possible that this was the first time she had verbalized her “new” way of relating to children. What can be said is that her answer conveys to everyone within earshot, including herself, that there is a difference between her attitude toward children “now” (three months after the birth) and what it was “before” (prior to the birth). Talk of her revelation helps to make the transition to parenthood “real.” For if she had not learned or discovered anything, she would be exactly where she was before. *Ipsa facto*, no transition. Epiphany discourse says one has traveled, that a transition has occurred.

There is a third process, besides the processes of lumping and splitting, that also is important to constructing the transition to parenthood and illustrated in the fieldnotes. If, again, we conceptualize time as continuous stream and say that the division of history into “stages” is a social construction, and if we accept the idea that in order to “create” the stages, we must lump one set of “similar” events into one category, another set of “similar” events into a second category, and simultaneously split or draw a line between the putatively “dissimilar” sets, then how is it that historical stages often are thought of as not just mutually exclusive but “worlds apart”? One answer is that the “law of the excluded middle” is applied (Zerubavel, 1991, p. 46). What happens is that in order to emphasize that the line between one stage and the next on a temporal continuum is a “true” division, the set of events on the “left” side are cognitively pushed to “left” pole of the continuum, while the set of events on the “right” side are cognitively pushed to “right” pole of the continuum, thus creating an empty “middle.” Thinking graphically about the process, the continuum is replaced by two non-overlapping circles—two *islands* of meaning.

This process was manifested in the fieldnotes through the use of hyperbole (i.e., extravagant exaggeration). Talking about what being a parent meant to him, a father said, “Living with baby. I can’t stress enough how much of a change it is. Everything you do is different (Male, 159, 14-5-667). To say that *everything* is different is a rhetorical device that effectively eliminates any overlap between the pre-birth and post-birth “stages.” Taken literally, the father’s words would indicate that the transition to parenthood entails jumping from one world of meaning to *an entirely different* world of meaning. (We’re not in Kansas *anymore*). Another father, referring to what had changed, said, “Biggest change is we are more routine. But that’s not bad. We just used to always be spontaneous and do things, and we tried [to be spontaneous] the first week with the baby and realized that wouldn’t work” (Male, 164, 16-5-387). Before the baby arrived, they were *always* spontaneous. After the baby arrived, they are *never* spontaneous. The pre- vs. post-birth worlds are categorically at odds. Next, a parent educator asked a mother of twins, “[W]hat has been the difference between reality and expectation? (Female, PE, 13-6-394). The mother’s response, with hyperbolic words italicized, was: “Well, it all has been a blur, I *never* have *any* alone time with either of the twins. I seem to *only* have time to meet their basic needs, and *no* time to nurture them. It is kind of like the

Survivor show [on television], shower and feed them and it has been a good day. . . . There is *no* schedule (Female, 135, 13-6-394).

The social construction of the transition to parenthood also was accomplished through *chronometricalization*. It was not too long ago that the social world of childhood was divided into broad temporal stages (e.g., first stage = birth to three years, second stage = four years to seven years, and so on.). Since the beginning of the 20th century, however, childhood increasingly has been divided into finer—i.e., more chronometrical—stages. We now plot infant development from month to month, sometimes even from day to day. Childhood chronometricalization is a product of technology and parent education. Pediatricians and other child science “experts” have insisted that we closely monitor children’s growth and, on this “count,” we generally have followed their advice (LaRossa & Reitzes, 2001). Parent education classes and family science in general encourage the chronometricalization of not just childhood but also parenthood. The parents who participated in the project met almost on a monthly basis. The schedule alone probably gave the couples the impression that change for them was both inevitable and pretty much constant, with the “realities” of parenthood in the first month said to be different from the “realities” of parenthood in the second month, which were said to be different from the “realities” of parenthood in the third and fourth months, etc. A recurring question for the couples was, “What’s new in the past month?” Said one father: “Developmental things. I notice bigger changes. I put the jungle gym in her crib. The first day she watched it. Then, she randomly swatted at it. In two days, she was playing purposefully with it” (Male, 106, 11-7-226). For some parents, the chronometricalization of childhood and, by implication, parenthood was even more acute: “Every day she [the baby] changes more” (Female, 95, 8-6-250). (*Every day?*) A parent educator conveyed what her expectations were in the classes when she declared, “It has been a whole month since we last met. My how they [the babies] have grown” (Female, PE, 13-7-60). Essentially, the parent educator took a span of time, 30 some-odd days, socially inflated it (a *whole* month), and thus constructed the idea that the couples were in the throes of a transition. The more chronometrical parenthood is seen to be, the more “stations” there are in the journey. *Marking time is making time.*

CONCLUSION

Up to now, transition to parenthood researchers have focused almost exclusively on how people adjust to, or move through, “the” transition. They repeatedly have asked the same questions, and often come up with the same results: parenthood is a “crisis” or a “challenge” or a “momentous” time. Most people “cope” with the transition. A few experience depression for having “gone through” it. Less often asked are questions like: If the transition to parenthood is a social object, how is “it” created? Who, for the most part, has a hand in its creation? As a social object, it presumably can exhibit both historical and cross-cultural variations. What are those variations? If talk and gesture construct the transition to parenthood, can talk and gesture make “it” disappear—or not appear at all? We know that it is possible for a woman to be physically but not socially pregnant (i.e., not be aware of the embryo inside her), and we know that a man can be physically but not socially a father (i.e., not be aware of the child he helped to conceive). In each of these cases, talk and gesture about parenthood typically are absent. What would happen if a couple with a new baby did not routinely reflect and talk about “the” transition

to parenthood? They would care for the baby, but they would not comment every day on what its presence meant *to* them. The idea of taking a parent education class might be viewed, from their perspective, as not only unnecessary but perhaps bizarre. What would the transition to parenthood look like to them? What would “it” look like to us?

Gender differences also would be worth exploring. Marriage and divorce are gendered into “his” and “hers.” So also is the transition to parenthood. The social reality of time during the transition to parenthood brings to the fore the fact that fathers and mothers can be on different schedules and “travel” at different speeds (LaRossa, 1983). Are mothers more likely than fathers to have a heightened sense of change during the transition to parenthood? Are fathers more likely than mothers to be nostalgic about what they “used to” be able to do before the baby arrived? How are men’s and women’s “stories” of change different? How are they similar?

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REPORT 2

EVALUATION OF CURRICULUM DELIVERY

Research Questions

I was asked to try to answer the following research questions:

1. What happened in the parent education classes?
2. What parts of the curriculum were covered and what parts were not covered?
3. How much did the couples learn from the classes and from each other?

Hypotheses

I have wondered from the start of my analyses how much slight or large variations in the curriculum would make a difference to the results of the quantitative outcome measures, like father attitudes and/or father identity.

Hypothesis #1:

I know from outcome research in marriage and family therapy that 85% of successful therapy has nothing to do with the type of therapy technique used (Lambert, 1992, Miller, Duncan & Hubble, 1995). The 2 most important factors to successful therapy are individual client factors, and the relationship between the client and therapist. *I am wondering if these are also the most important factors to our groups, the individual factors of the participants, the relationships among the participants, and the relationships between the Parent Educators and the participants.*

Little outcome research has been conducted with parent education classes. Andy Gill (1998) has reviewed a number of parent education classes and found the following core elements to successful parent education groups: mutual support, fun and humor, structured sessions, practical exercises, opportunity to observe and practice skills, agreed homework tasks, practical application of social learning theory, and opportunities for group problem solving.

Hypothesis #2:

I have also wondered if slight or large variations in the curriculum would make an overall statistically significant difference when we make comparisons with our outcome measures between our control and experimental groups. Since, from *my observations as an assessor and observer, all of our participants in both groups may already have high father attitudes.* If this assumption is correct, it may be quite possible that we had

wonderful classes and that the participants learned a lot, but there is no statistical difference between the control and experimental groups. I think this could be studied by simply looking at some of the descriptives from Time 1 data for both groups to study the original scores. However, we may be able to see statistical differences on other measures between groups like the dyadic adjustment scale that measures marital satisfaction. Marital satisfaction typically decreases after the birth of a child; perhaps the participants' marriages in the experimental groups will have not declined as much as the participants' marriages in the control group.

Analysis Approach

Very few intervention studies can actually report what happened in their classes. Other intervention studies have meetings to discuss what happened, but they do not have the classes taped or an observer taking notes. Having an observer in the room taking notes is a unique and valuable part of intervention research. I think we have a wealth of information from the observers' notes; however having this information opens all of us (curriculum designers, project leaders, parent educators) up to both positive and negative feedback. Other studies that do not include an observer or recording of what takes place in the classes cannot effectively answer the above research questions.

Philip and Carolynn Cowan's (1992) transition to parenthood study is an intervention study with new parents that is the most similar to our study. However, the Cowan's study focuses on therapy intervention with couples, whereas our study focuses on parent education intervention. It seems to me that the therapists who led the intervention groups in the Cowan's study met to discuss how the classes were going, however they did not have an observer or a recording of what was actually taking place in the groups.

Recently, Pamela Jordan and her colleagues were given a grant for 2.5 Million from the National Institute of Nursing Research to conduct an intervention study with 500 couples, 250 control and 250 experimental from pre-natal to age 5. The curriculum they intend to use focuses on parent education, however it is far more didactic than our curriculum and there is little room for their trainers to share their own perspectives. Our curriculum includes opportunities for participants to discuss a wide range of topics, whereas their curriculum will be more in-depth around certain topics. Jordan and colleague's curriculum is also more couples focused, for example part of their curriculum includes the PREP program. In the future, we will be able to compare our results with the results from both of these studies, specifically around curriculum issues.

I have been on the project since it started and I can see how everyone has worked hard to design and implement the curriculum, however there are areas for improvement if we choose to implement this curriculum in the future. I am taking a critical approach to my task of evaluating the curriculum, which involves being objective as possible. I also am well aware that the observers (including myself) have biases, and we cannot write down everything that happened in the classes. I also recognize as a member of the

analysis team that I have biases and that I may focus on certain things, while other people would focus on other things.

In order to answer the above research questions I designed a one-page questionnaire with six questions (see Appendix for questions and coding criteria). I shared this questionnaire with the analysis team and asked for their feedback. The questionnaire focuses on the time that the classes started and ended, what in the curriculum was covered, what did the participants learn in the class, and what did the participants learn from each other. I used two of the six questions directly from the evaluation form that we ask each class participant, the observers, and parent educators to fill out. For example, how much do you think the participants learned in the classes? How much did you feel the couples learned from each other? I will eventually compare my ratings on these 2 questions with the ratings of the participants, observers and parent educators.

I divided my evaluation process in to four sections of approximately 20 classes in each section. I have divided the classes primarily according to times in which they were taught. For example, Section 1 primarily includes the first classes that were taught, while Section 4 will include the later classes. I developed four preliminary reports which were shared with the Analysis team for feedback. After I completed each report, I shared the information with the Analysis team, and asked for there feedback. Prior to computing my final results, I went back to see if curriculum that was missed in one class was covered in the next class. I evaluated 75 classes out of a possible 91 classes observed. This report is not based on groups 4, 6, and 10 as there were no observers for these groups.

Parent Educators Task

The parent educators were asked to cover the curriculum given to them by the Parenting Together Project. I think that this was a difficult task for some of them. We instructed them that they could not share research findings or personal experiences that they typically would discuss in their classes. We did this because this is a research project, and we wanted the classes to be as similar as possible across groups. However, I think some of the PE's felt that their hands were tied. As a therapist if I was asked to be part of a therapy intervention study, I would also feel somewhat tied down if I could not share some thoughts that I would typically share in my own therapy sessions. When conducting a research intervention study, there is always a balance between adhering to the curriculum and instinctively going with the group process.

Results

1. What happened in the parent education classes?

As I have evaluated the classes in 4 sections, I can see an improvement in what was covered in the classes over time. I think the parent educators made appropriate adjustments over time, and therefore more of the curriculum is covered in later classes. I also think the entire Parenting Together Project Team (including myself) had a better

sense of what needed to be done as time went on, and therefore we were all more organized. It is interesting that although more of the curriculum is covered in the classes that were taught near the end of the project, I think the participants learned similar amounts no matter what group they were in, for example group #1 or group #13. I think this lends support for my first hypothesis, that slight or large variations are not as important as group support and cohesion.

Start and End Time

Twenty-one of the seventy-five classes began on time. The average late start time was eleven minutes. Forty-six of the seventy-five classes ended on time. The average late end time was eight minutes. In general, some of the couples felt that it was acceptable to arrive 10-15 minutes late for class. I think this is part of a cultural message about time; we are all so busy so it is OK to be late. Couples were late just as much before the birth with no baby as after the birth with a baby. When the classes started ten minutes late, it was very difficult to get through the entire curriculum. If this class curriculum is taught again, we may want to build in ten minutes for late starting times or start the classes on time no matter who is present.

General Impressions

The following general impressions are based on my experience as an observer and as a member of the analysis team.

- In general, I think the participants enjoyed the classes.
- Many of the participants believed that we need to figure out how to have these classes for more “diverse populations.”
- Our sample is a fairly homogenous, this was apparent in the classes. I think our sample was very well educated and our curriculum could have been more advanced. When you ask couples to commit to 16 hours of classes, it is not surprising that you attract a certain type of sample.
- Some groups “gelled” better than other groups as a result of randomization. The groups that “gelled” better seemed to have a more positive group experience.
- Eight classes is a lot of classes for people to commit to if they have not developed solid relationships with their group members. In general, there was not a problem with attendance with groups that felt a strong connection.
- I think co-facilitation can be harder than individual facilitation at times. It can take more time and energy to get together with someone to plan a group. Certain PE teams seemed to work better with each other than others.
- The Parent Educators felt “tied down” at times, as they were not sure if they could share personal experiences or research findings.
- The observers seemed to not cause a major disruption to the classes, however we have not received any feedback about this issue at this point.
- The curriculum needs to be adapted for late start times, and to make sure all the couple relationship exercises are not at the end of each class.

2. What parts of the curriculum were covered and what parts were not covered?

Class 2

There were 10 class 2 observation notes. There were 4 main parts to class 2: Introductions (included vision statements), Expectations for Parenthood, Factors Impacting the Transition to Parenthood, and Couple Communication. For the most part couples seemed to enjoy talking with other couples about their vision statements. Sharing the vision statements in class 2 was a nice joining exercise. They also seemed to value an opportunity to get in to gender groups and discuss expectations for parenthood. After the gender groups, couples seemed to want to know what their partners said in their gender groups. It seemed to me that the mothers were more interested in what the fathers said than the fathers were about what the mothers said.

Eight of the 10 groups did not have sufficient time for the Factors Impacting the Transition to Parenthood and Couple Communication exercises. The Factors Impacting the Transition to Parenthood exercise was designed to ask participants to discuss excitements and fears about changes, impacts of changes, and influences on expectations for parenthood (like family of origin, friends, society). This exercise was supposed to be 15 minutes, it was typically about 5-10 minutes or missed completely. The Couple Communication exercise was designed to emphasize how strong couple communication and a positive couple relationship can lead to positive parenting. This exercise was supposed to be for 35 minutes, it was typically about 15- 20 minutes or missed entirely. I think we may want to think about the order of our curriculum for each class. The couple exercises are typically at the end, and they get “short changed” due to time. The participants also seem kind of tired by the time we get to the couple relationship exercises.

Class 3

There were 10 class 3 observation notes. There were 6 main parts to class 3: Introductions, Connection between Couple Relationship and Parenting, Communication Skills, Caregiving/Parenting skills, Barriers to Parenting, and Couple Competency. In this class the couples were asked to draw three circles about work, parenting, and couple relationship prior to birth and after the birth. The couples seemed to enjoy this exercise, however they found it confusing. They were not sure whether or not to focus on time, importance, energy etc.... I believe the couples benefited from the discussions and role plays about assertive communication. The couples also enjoyed getting in to gender groups and discussing caregiving/parenting skills. This exercise was designed to help both parents recognize what skills they bring to parenting. Some of the groups did not have much time or any time to share what they learned in their gender groups with the larger group.

Eight of the 10 groups did not have enough time to cover the barriers to practicing parenting skills or couple competency exercises. These discussions were either short or

missed completely. The barriers to practicing parenting skills was to be a 10-minute discussion of potential barriers to parenting (i.e. societal, cultural, family of origin, father skills, and present family relationships). The couple competency exercise was to be a 10-minute discussion within each couple about what skills they bring to parenting.

Class 4

There were 11 observation notes for class 4. I think class 4 was the highlight of all the classes for a number of the participants; this was the class with the visiting parents. There were 4 main parts to class 4: Introductions of Visiting Parents, Infant Communication, Caregiving Competencies, and Couple/Co-parenting plan. Four of the groups had 2 visiting couples, 4 groups had 1 visiting couple, and 2 groups had no couples. The groups that had 2 couples seemed to be the most effective. The class was able to divide up in to 2 groups and ask the visiting parents more questions, and they had more of an opportunity to interact with the visiting babies. The classes with 1 visiting parent were fine. The classes that did not have a visiting couple were not that good. It was hard to complete the first half of the curriculum with no visiting couple and baby. Some of the parents enjoyed the video on infant communication, while others seemed to view it before or something similar in other birth classes.

Six of the 10 groups did not have sufficient time to cover the couple/co-parenting plan. This exercise was to be 30 minutes; it tended to be 10 to 15 minutes at the very end of class. The couple/co-parenting plan was a handout where the couples were asked to develop a plan together about co-parenting. For example, how were they going to share childcare and household responsibilities? Some of the couples were given the sheets to take home. It was my experience that anytime couples were given something to take home they forgot to complete the exercise. Furthermore, if couples were asked to bring something for next time (i.e. vision statements), they forgot to.

Class 5

There were 12 observation notes for class 5. The couples enjoyed sharing with each other their birth stories, however for some groups this took most of the class. There were 4 main parts to class 5. Introductions, Birth Stories, Infant Communication, and Couples to compare Real Life Experiences with Co-parenting Plan. In general, the PE's did a nice job with this particular class, the couples liked sharing their stories with every one. However, some groups shared a lot about the birth stories, and 8 of the 12 classes did not have enough time allocated for the infant communication and real life experiences exercise. The participants were to divide in to gender groups and talk about infant communication (parent with the baby), and then switch to the real life experience exercise. Typically, the participants in these 8 groups only covered infant communication or the real life experience exercise.

I am not sure how the PE's would be able to cut parents off about their birth stories politely. These are first time parents, and some of them wanted to share all the

details. I think this is a good group bonding exercise, however it can take up a lot of time.

Class 6

There were 10 observation notes for class 6. The 4 main parts of class 6 were: Introductions, Check-in time for Couples, Revisit Vision Statements, and Rituals. At the beginning of each class after birth we ask couples to share what has changed with the baby, co-parenting, and the couple relationship. These discussions tend to focus on what has changed with the baby. These discussions are also often long, and take away from rest of the curriculum.

The couples liked seeing how their vision statement fit with their current situations. Many of the participants felt they had unrealistic expectations about how much couple time they would have following the birth of the baby. In 7 out of the 10 classes, the vision statements discussions were short or missed completely. The participants seemed to really enjoy the rituals exercise, however for most of the groups this exercise lasted about 20-30 minutes rather than 45 minutes.

Class 7

There were 13 observation notes for class 7. The main parts of class 7 were: Introductions, Last Month Changes, Parenting Differences, and Resources. The couples seemed to enjoy talking about what has changed the last month. For a number of the classes, the PE's did not have the original circles that the couples had drawn in class 3, so it was hard to compare how the couple relationship, co-parenting, and work circles had changed from before birth. I am not sure that the couples really enjoyed the towel exercise. We may want to think about a different exercise to illustrate differences. The timing for class 7 was fairly good for most of the groups. However, eight of the 12 classes did not have enough time to discuss resources in the community. The exercise about resources was to be about 10 minutes.

Class 8

There were 9 observation notes for class 8. The main parts of class 8 were: Introductions, Last Month Changes, Reality vs. Vision, Types of Support, and Group Closure. The participants were generally very positive about the classes. There was very little time for the closure part for each group. I think we should have tried to accomplish less in the last group and leave more time for participant feedback. The discussions about types of support were also very rushed.

The following are some examples of actual quotes from participants about what they liked or disliked about the classes:

Sam (76) – The emphasis on communication. It is important because the change is quite dramatic. You don't know to expect and if we're talking about how to set up an ideal, we need to communicate how we going to address that. You know it's an important thing."

Jen (81)- "I liked it when the other couple brought the baby in."

Benson (126): "Being around other parents that were expecting. Talking it out."

Chris (109): "Getting together with others and sharing. No right or wrong answers."

Kelly (126): "The age issue. The marriage issue. It was so helpful not to be looked down on by the group because Benson and I are not married and we are young. Other places people have made it clear we were not doing this right because of all of that. I have always felt accepted here."

David (91): "I've been wondering about the research project and the type of people that would be attracted to it. I wonder if you aren't missing the people who could really benefit from this. Those of us that volunteered already have the desire to be men who are more involved in the care, men who are attracted to parenting and co-parenting. How do you design your education to get at the men who don't want this involvement? This is rather self-selecting."

Kurt (155): Just getting together with a group of people, see what people are doing, to support each other if we were struggling.

Steph (078): This class forces dialogue between us (Rob). I tell my friends about the classes and they are envious.

Susan (102): Today, people are isolated, it is not like when we grew up. This class helps you meet people and gain support from one another.

Kevin(011): At times, I felt we were more of a study than a class.

Beth (117): I really enjoyed doing the vision statements. I never thought about where we're going, what we want to instill in him. It was a great thing to work on together."

Sindy (150): 'I really liked it when the couple came as well. It did make it real. I thought about it quite a bit that they are all 6 months old. It was a bit more to take in. I haven't been around that many babies. And to see him at six months how he was looking around, it came at a good time to feel excited about having baby?

Ann (168): I think the most important thing was setting aside "deliberate time" to talk about issues. This group forced us to dialogue with each other regardless of the topic. It was nice to hear what other people thought about things. It was helpful to go through this experience with others.

Brent (168): I think the curriculum was good. The mechanics of parenting are covered in other classes. These classes focus on emotional issues, couple issues, co-parenting issues.

In summary, the comments from class 8 suggest that the classes provide a safe place for couples to share with other couples about the transition to parenthood. I believe that we live in an isolated and busy world, and we tend not to be intentional about “talking and sharing” about both marriage and parenting with our partners and other couples. The opportunity for the participants to get support from each other while at the same time learning some practical skills (i.e. communication, vision statements) seemed to be very beneficial.

3. How much did the couples learn from the classes and from each other?

Table 1 describes the results from the class evaluations about what the participants, parent educators, and observers thought the couples learned in the classes and from each other. Table 2 compares what the participants, parent educators, observers and I thought the couples learned in the classes and from each other. I included the questions that participants, parent educators and observers answered in Appendix C. The questions I answered were in the Appendix. I completed my responses to the three questions without looking at the results of the participants, observers and parent educators. These findings should be regarded as preliminary as it only includes 36 of the participants’ responses, which is about 50% of the participants who took the classes. I am also anticipating that some of the participants’ mean scores will increase, as it seemed to me that some of the later groups really enjoyed the classes.

The preliminary findings indicate that the participants enjoyed the opportunity to “talk and share” with one another the most (mothers = 4.31, fathers = 4.08) (see Table 2). The response options ranged from 1= not helpful, 3 = moderately helpful, and 5 = very helpful. The parent educators and the observers also thought this was the most important element of the classes.

The participant’s thought that the classes were taught between satisfactorily and well (mothers = 3.64, and fathers= 3.56) (see Table 2). The response options ranged from 1= poor, 3 = satisfactorily, 5 = very well, and 4 = somewhere in between. The observers had a similar score (observers = 3.58), while the parent educators had higher scores (male pe’s = 4.29, female pe’s = 4.21).

In general, the couples felt that they learned a moderate amount from the classes (mothers= 2.86, and fathers= 3.11) (see Table 2). The response options ranged from 1= almost nothing, 3= a moderate amount, and 5= an exceptional amount. The parent educators, observers and I thought the couples learned more from the classes than they indicated. Perhaps this can be explained by “our belief” that group process accounts for part of learning besides the didactic element of classes. We also felt that couples learned more from each other than the couples indicated (mothers = 3.06, and fathers = 3.25).

In order to examine how much of the curriculum was covered, I looked at each class and asked what parts of the curriculum were covered (see the Appendix). I felt that the curriculum was “sort of” covered (mean = 3.41) (see Table 2). The response options ranged from 1 = strongly disagree, 3= Neutral, and 5= strongly agree. More of the curriculum was covered as time went on in the project as the parent educators became more comfortable with the curriculum.

Table 1. Class Evaluation

Topic	Mothers	Fathers	Male Parent Educators	Female Parent Educators	Observers
Helpfulness of topics	3.50	3.44	4.14	4.36	3.83
How well class taught	3.64	3.56	4.29	4.21	3.58
How much learned	2.86	3.11	3.79	3.93	3.42
Learned from other couples	3.06	3.25	3.71	3.86	3.58
Feelings for couples	3.94	3.92	4.43	4.14	4.00
In-Home class	3.86	3.19	4.86	4.86	3.58
Talk and Share with other couples	4.31	4.08	4.64	4.43	4.30
Visiting Parents	4.06	3.69	4.43	4.21	3.75
Vision Statements	3.61	3.25	4.43	4.43	3.67
Expectations	3.83	3.72	3.64	4.36	4.00
Influences on Parenting	3.61	3.50	3.79	4.36	3.75
Couple Relationship	3.61	3.50	3.93	4.14	3.92
Co-parenting relationship	3.64	3.67	4.07	4.07	4.00
Couple Communication	3.44	3.50	3.57	3.86	3.92
Infant Communication	3.36	3.67	3.79	3.71	3.42
Father-child Relationships	3.42	3.56	4.29	4.07	3.58
Family Rituals	3.36	3.31	4.07	4.00	3.33
Differences in Parenting Styles	3.39	3.33	3.64	3.79	3.67
Resources	2.89	3.22	3.64	3.64	3.08
Recommend class to other Parents	3.81	3.69	4.83	4.82	3.33

N= 36

Table 2. Comparison of Mothers, Fathers, PE’s, Observers and Analysis Team

Topic	Mothers	Fathers	Male Parent Educators	Female Parent Educators	Observers	John
Curriculum Covered						3.41
How well taught	3.64	3.56	4.29	4.21	3.58	
Learned in class	2.86	3.11	3.79	3.93	3.42	3.61
Learn from other couples	3.06	3.25	3.71	3.86	3.58	3.87
Talk and Share with other couples	4.31	4.08	4.64	4.43	4.30	

Conclusions

In general, I believe that most of the couples enjoyed the classes. Couples liked that they had an opportunity to get together with their partner and other couples and intentionally work on their marriages and their co-parenting relationships. The most important element of these classes was clearly the opportunity to “talk and share” with other couples.

In my opinion, some of the couples did not enjoy the classes for some of the following reasons: lack of attendance, did not form solid relationships with other couples, and did not find the curriculum challenging enough. As a result of randomization, there was no way to predict which couples would get along well in each of the groups. I do not think we anticipated that we would have such a highly educated sample, who have very high expectations of themselves as parents and of any parenting programs that they are involved in.

I believe that we do have a good curriculum, but that it needs to be adapted in a few ways: adjust for late start times or start right on time no matter what, do not put all the couple exercises at the end of each class, and move the curriculum along quicker. I felt the parent educators did a good job, but I do believe they were far more comfortable with the curriculum at the end of the project versus the beginning of the project. As a result of the timing of funding and recruitment issues; we were very rushed at the beginning of the project to get started. I think we did not have enough time to completely

solidify the curriculum or share with the parent educators the differences between typical parent education classes and research parent education classes.

We would not have all this information about the curriculum if we did not have all of the observation notes. Future intervention studies need to have some type of recording of their classes. We have learned a lot about the strengths and weaknesses of our curriculum and I believe that we can improve it and use it with other transition to parenthood projects.

I have one final hypothesis: *sleeper effects*. Carolynn and Philip Cowan's intervention study found few statistically significant results at 12 months after the birth of their children between their control and experimental groups. However, they found a number of statistically significant results when the children were entering school. I am also wondering if we will find little differences between our groups at 12 months, however we will find statistically significant differences when the children are older.

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APPENDIX TABLE A

Codes for the Evaluation of the Curriculum Delivery

Group _____ Class _____ Parent Educators # _____ and # _____ Observer # _____

I have given each Parent Educator and Observer a number so we can make “anonymous” comparisons across groups.

1. Did the class start on time? Yes or No.

If no, how many minutes late did the class start? _____

Criteria: the class was considered starting late after 5 minutes.

2. Did the class end on time? Yes or No.

If no, how many minutes late did the class end? _____

Criteria: the class was considered ending late after 5 minutes.

3. Did the parent educators cover the curriculum for the class?

1 2 3 4 5

Strongly
Disagree

Disagree

Neutral

Agree

Strongly
Agree

I looked at the curriculum designed by the project and evaluated each class according to the curriculum. I also looked at the observer’s opinions when given, about what parts of the curriculum were covered. (I am planning to go back and look at each class again at the end to see if something was missed in a class and then covered in the next class. I suspect that in some cases this happened, and therefore the scores would increase).

I started assuming that everything was covered (i.e. strongly agree =5) and subtracted points if something was missed.

Strongly Agree: if all of the curriculum was covered in the class, and the appropriate amount of time was spent on each activity as described in the curriculum guidebook. I did not expect for the time to be exact, but within 5 to 10 minutes. For example, if an activity was scheduled for 20 minutes and it went 15, that was fine.

Agree: if one thing was missed from the curriculum or there was not the appropriate time allocated for 1 or 2 activities.

Neutral: if 2 things were missed from the curriculum or if there were 2 or 3 activities in which the appropriate time was not allocated for an activity.

Disagree: if a number of things were missed, or if a “major activity” did not occur. I defined a major activity as something like, no vision statements brought to class, no visiting parents.

Strongly Disagree: this is where I did not feel much of the curriculum was covered, and a “major activity” was missed.

4. If the curriculum was not covered, list what was not covered and possible reasons why?

i) _____ Why? _____

ii) _____ Why? _____

iii) _____ Why? _____

iv) _____ Why? _____

In this section I listed the topics that were missed, and provided a reason why. As you can see in the reports, certain topics are not covered typically as they are at the end of each class. I think we may want to rethink having the couple activities near the end of each class, since these activities often are missed or short. I think the couple relationship focus is one of the unique aspects of our curriculum.

5. How much do you think the participants learned in this class?

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>
Almost Exceptional Nothing Amount		A Moderate Amount	An

I think my answers for questions #5 and #6 are somewhat subjective. For the curriculum question I could look at whether something was covered or not covered. I think the scores for #5 are related to the curriculum scores, however are higher, as I assume that you always learn something from group process, regardless of what is covered or not covered in a class.

An Exceptional Amount: I assumed the participants learned a lot if all of the curriculum was covered, and that there was some interest in the activities. Interest in the activities was measured by observer's comments, for example the couples are excited, the couples look bored, the couples are interacting with one another.

A score of 4 was given when: Most of the curriculum was covered and the couples seemed interested in the activities.

A Moderate Amount: This score was given when 2 or 3 of the activities in the curriculum were missed or there was not the appropriate amount of time, Also, if the couples did not seem to enjoy the activities.

A score of 2 was given: If a major activity was missed. For example, no visiting couple, no vision statements, no couple activities (the birth stories may have taken most of the class).

Almost Nothing: This score was never given, since if you show up, you learn something.

6. How much did you feel the couples learned from each other?

1	2	3	4	5
Almost Nothing		A Moderate Amount		An Exceptional Amount

When you read the notes you can tell how much the couples talk to each other versus the PE's. The observers have also recorded when couples talk about meeting outside of the classes. I believe this score will be higher than the other two questions (#3 & #5), as group cohesion is an important factor to predicting group success.

An Exceptional Amount: This is where the couples are interacting with each other a great deal, rather than relying on the Parent Educators. They talk to each other within the class, at breaks, after class, outside of class.

A score of 4 was given: This is when the couples interact somewhat, but not an exceptional amount.

A Moderate Amount: This is when the couples interact a little with each other, but primarily rely on the PE's to guide the conversation.

I did not give anyone a score of lower than 3.

I found myself for questions #5 & #6 primarily giving scores of 3 and 4. This is because I think this is appropriate, but also when you fill out a scale you tend to drift towards the

middle score or the mean. In this case the middle score is 4, since the range is really between 3 and 5, if you assume everyone gets something out of being in a group.

APPENDIX TABLE B

Parenting Together Project Class Evaluation

Note: The same questions were asked parent educators and observers, with the language adapted accordingly.

We would now like to ask you a few questions about your experience in the classes provided by the Parenting Together Project. Your honest feedback will help us understand what types of learning experiences are most helpful for couples becoming parents.

333. How helpful to you were the topics presented in the class in your transition to parenthood?

1	2	3	4	5
Not Helpful		Moderately Helpful		Very Helpful

334. How well was the class taught?

1	2	3	4	5
Poorly		Satisfactorily		Very Well

335. How much would you say you learned in this class?

1	2	3	4	5
Almost Nothing		A Moderate Amount		An Exceptional Amount

336. How much did you learn from the other couples in your group?

1	2	3	4	5
Almost Nothing		A Moderate Amount		An Exceptional Amount

337. How did you feel about the group of couples in your classes?

1	2	3	4	5
Didn't Really Care for the Group		Neutral		Really Liked the Group

How helpful were the following aspects of the class experience?

338. Having the first class in your home.

1	2	3	4	5
Not Helpful		Moderately Helpful		Very Helpful

339. Being able to talk and share with the other couples in the classes.

1	2	3	4	5
Not Helpful		Moderately Helpful		Very Helpful

340. Hearing from and asking questions of the visiting parents.

1	2	3	4	5
Not Helpful		Moderately Helpful		Very Helpful

How helpful were the following parts of the class:

341. Developing a family vision statement.

1	2	3	4	5
Not Helpful		Moderately Helpful		Very Helpful

342. Discussing the expectations for the transition to parenthood.

1	2	3	4	5
Not Helpful		Moderately Helpful		Very Helpful

343. Identifying and discussing the influences on your parenting.

1	2	3	4	5
Not Helpful		Moderately Helpful		Very Helpful

344. The teaching, discussion, and exercises on the importance of the couple relationship.

1	2	3	4	5
Not Helpful		Moderately Helpful		Very Helpful

345. The teaching, discussion, and exercises on the importance of the co-parenting relationship.

1	2	3	4	5
Not Helpful		Moderately Helpful		Very Helpful

346. The teaching, discussion, and exercises on couple communication.

1	2	3	4	5
Not Helpful		Moderately Helpful		Very Helpful

347. The teaching and discussion on identifying infant communication and cues.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not Helpful		Moderately Helpful		Very Helpful

348. The discussion and support of the importance of father-child relationship.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not Helpful		Moderately Helpful		Very Helpful

349. The teaching, discussion, and exercises on family rituals.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not Helpful		Moderately Helpful		Very Helpful

350. The exercises and discussion on how to deal with differences in parenting styles.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not Helpful		Moderately Helpful		Very Helpful

351. The teaching and discussion on different resources available to parents.

<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Not Helpful		Moderately Helpful		Very Helpful

REPORT 3

SUPPORT, COMPETENCE AND GROUP COHESION

This report describes the coding of the qualitative data for support and competence indicators. Through the process of coding the qualitative data for the support and competence indicators, definitions emerged. These definitions merged very well with the following: (American College Dictionary, 1999):

Support:

1. to further the interests of another
2. to uphold as well founded
3. to sustain another
4. to advocate for another
5. to corroborate, strengthen, confirm or make certain

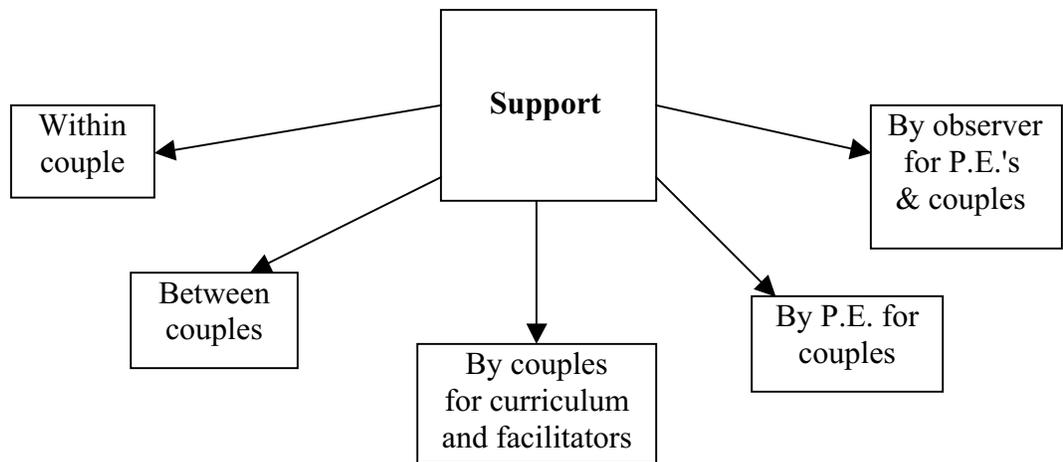
Competence:

1. self-reported
2. having the requisite or adequate abilities or qualities
3. sufficiency
4. awareness

After defining these indicators, several subcategories for each indicator emerged. Below are figures 1 and 2 that illustrate the indicator models, including the corresponding sub-categories for each indicator.

Figure 1 illustrates an indicator model for support with sub-categories below.

Figure 1. Categorical Model for Support



At this point in the analysis, ten complete sessions of data were reviewed and 105 support indicators and 99 competency indicators were identified. Some examples of direct quotes are provided below to illustrate emergence of these sub-categories for each indicator.

Support:

- **Support within the couple relationship**
 Support within the couple relationship is defined as incidents where a husband may support his wife, a wife may support her husband, or either spouse supports the couple relationship. An example of this kind of support is as follows (7-2-419): husband: (#76) – "We've been together almost 11 years but I'm not as fearful we're going to lose it because we're going into it talking about it." In this example, the husband is supporting their relationship by having faith in their communication as a couple. An example of the lack of this kind of support is as follows: wife (#015): (sarcastically regarding her husband) "Yeah, WE know who knows how to take time for themselves." Observer: *It seems to me that there is a lot of tension between husband (015) and wife (015) at this moment.*

- **Support between individuals/couples in the group**
 Support between couples in the group is defined as incidents where a participant might support another participant or another couple. An example of this kind of support can be illustrated by the following quote 7-2-247: husband (#76) - "One distinct difference that I noticed is that we want to be laid back and you (indicates another couple #81) want to have it all together and here we're just hoping to sweat through it. I mean I admire that. I can barely organize myself." In this example, one father is supporting another couple by indicating that he admires their approach to parenthood.

- **Support of the couples by the facilitators**
 Support of the couples by the facilitators is defined as incidents where the facilitators are establishing norms for the couples to be supportive of one another, or where facilitators are actually saying something supportive to a participant/couple. An example of this kind of support is as follows 5-2-117: (parent educator): "Process for this evening: We'll meet for 2 hours with a break. Feel free if you need to use the restroom, refreshments, etc. Supportive and flexible group. Few rules, basic respect: Confidentiality, Keep side conversations to a minimum. Other suggestions?" In this example the facilitator is establishing the norm of supportiveness within the group.

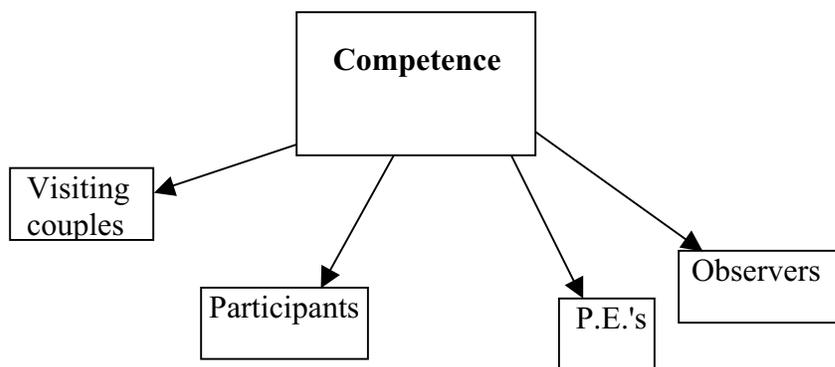
- **Support of the curriculum or the intervention**
 Support of the curriculum or intervention is defined as anyone in the group offering supportive comments of the curriculum or the intervention. An example of this kind of support is as follows: 5-2-103: (observer) *parent educator introduces herself as a parent educator. She told the group that she is excited to find curriculum to share with new parents.* In this example the parent educator is offering a supportive comment to the participants regarding the curriculum. An example of the lack of this kind of support for the curriculum by the parent educators is as follows: 2-7-711: (observer) *I almost am jumping out of my chair at this point. I am struck by the parent educator's hesitancy to discuss the injustices brought up by the mothers about division of responsibility and the sense of unfairness they feel. The women read their list, but there was no discussion about the issues they brought up. I really think the parent educators missed a chance here to address issues that are at the very core of the curriculum and PTP project. It is clear from how things proceed here that the women share a much higher level of openness in their gender group than is shared in the larger group setting (e.g., with husbands present). Coupled with some of the men's comments in their gender group about generally having their babies when they are happy, I think a real focused conversation needed to occur here about co-parenting and shared responsibility. This is probably the most notable time in all of my observations where I feel that the goals of the curriculum called for a different response than the parent educators gave. I wonder how the mothers are feeling when these things get jumped over? I wonder if the couples will discuss these things at home? I hope so.*

- Support from the observers for all of the above
 Support from the observers for all of the above includes observers supporting of any of the above kinds of support. An example of type of support is as follows 2-8-490: (observer): *This was a really nice moment when (husband 017) talked about making a new legacy for his son. So*

that there would be a place that his son could call home. Here the observer is supporting a father in confirming the father's desire to create a legacy of "home" for his new son. An example of an observer not supporting is as follows: 9-4-150: (observer) these occasional comments may give the impression to the participants that the parent educators don't like the curriculum. This is especially a concern since we already know from the last class that these parent educators don't like the curriculum.

Figure 2 illustrates an indicator model for competence with sub-categories below.

Figure 2. Categorical Model for Competence



Competence:

- Competence of visiting couples
 In this category competence is defined as the visiting couples having adequate abilities or perspectives on parenting. An example of this is as follows: (visiting mom): 1-4-130: "The transition was a little less sudden for me. It was kind-of like having a wedding. You put so much energy into planning the wedding, and then after the wedding, you realize that you're not prepared for being married. You have to figure out and maybe argue over where to put the spatulas and all the other little daily things. The first day after bringing the baby home was like—now what? The first few days were shocking. I had put so much into being pregnant, and then actually having babies at home with you was a whole other thing. But they (the babies) let you know if you aren't doing something right." In this example a visiting parent revealed her competency by sharing that her babies had let her know she was being competent.
- **Competence of couples in groups**
 Competence of the couples in the groups is defined as participants having adequate abilities in parenting. An example of this can be illustrated as follows 15-2-825: husband (156): "My boss made a comment about having to have a license to drive, but no license to parent. That's what got me interested in this class in the first place. - I'm doing what ever it takes to be prepared." In this example a father is showing his competency by

stating that he will do whatever it takes to be prepared for fatherhood. An example of a participant having inadequate abilities in parenting is as follows: 3-5-103 wife (023) "He (husband 023) doesn't hold the baby during fussy times - he gives him to me."

- **Competence of parent educators**

Competence of the parent educators is defined as having the requisite abilities to perform the duties of parent education. An example of this might be illustrated by the following: 3-2-680: (observer): *My personal thought during the break is that these are a good set of parent educators. _____ in particular seems to hold a presence in the room that keeps the group enjoyable and gives the group members a sense of security about where they are going. I think the group members like both her and _____ and will respond well to them as group leaders." Here the observer is offering comments about the parent educator's competencies in this group.*

- **Competence of observers**

Competence of the observers is defined as having the requisite awareness to offer insightful comments about the participant's behavior in a group. An example of this competence can be illustrated by the following example 3-2-650: (observer): *Jeff is a very big, kind of quiet guy who seems to be very sensitive and expresses a desire to have a deep relationship with his wife and child. He doesn't speak a lot, but when he does it is often very insightful and sensitive. I think that he will be a good influence on the other men in this group.* In this example the observer is insightfully commenting on how he thinks this father will be a good influence on the other men involved in the group.

After an additional ten classes were reviewed and cataloged, 194 support indicators were identified as well as 176 competency indicators. The focus of the analysis began to narrow with axial coding. Support between participants and amongst individual couples, and competence of participants and facilitators became the focus of the analysis.

In most sessions there were indications of a high level of support and relief between the expectant parents that seemed to come from the ability to share ideas, difficulties and questions with other expectant parents. In addition, these couples were realizing that they were not alone in this transition, but could rely on the experience of others to feel support and subsequent competence. The elements of support from others in the group began to take shape the longer the group had met. Support began to transform into powerful indicators of group cohesion including subcategories of belonging, sharing, normalizing, mutual support and competence. These elements

coincide with one of the original goals of the intervention: to build on parental strengths and experiences, decrease parental distress and increase social support during pregnancy and after the birth. In addition, indicators of support within the couple relationship were noted to the point of saturation, which further supports a main objective of this study, to promote co-parenting partnerships.

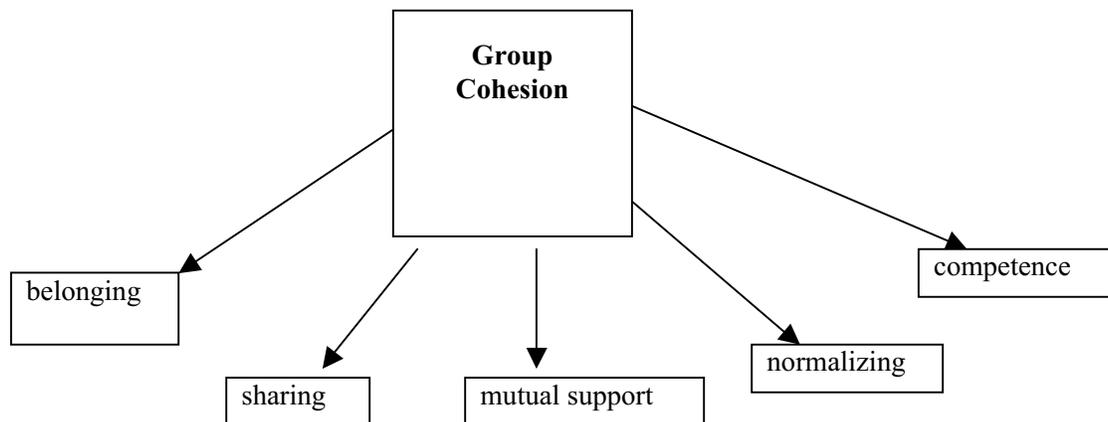
After reviewing an additional 56 classes with more focus on axial coding, the following indicator categories merged. Competence and support indicators seemed to collapse into a category of group cohesion. Therefore, group cohesion emerged as the primary indicator for the resulting analysis of the data.

Cohesion is defined as:

1. the act of cohering
2. to stick together, to be united, to hold fast
3. as parts of the same group
4. to be naturally or logically connected
5. to agree, to be congruous

Figure 3 below illustrates an indicator model for group cohesion with the sub-categories (open codes) underneath.

Figure 3. Categorical Model of Group Cohesion



Definitions and examples of sub-categories for group cohesion:

Belonging: - to have one's rightful place; to have relation as a member

Examples of belonging: 8-8-863: wife (102): "Today, people are isolated, it is not like when we grew up. This class helps you meet people and gain support from one another." 11-8-961: husband (91): "I really enjoyed hearing other stories. This is one of our circles. We have siblings with kids and that's the closest, but this is another." In these examples, the parents are identifying with being

members of this group. An example of a lack of belonging: 3-4-48 (observer): *The room is very quiet. I suspect the visiting parents create an awkwardness because they are less familiar to everyone.*

Sharing: - to give or receive a part of something, or to enjoy or assume something in common, or to communicate. An example of sharing: 16-2-503: (observer): *Conversation is plenty. There is a relaxed and comfortable relationship developing among these couples.* Here the observer is noting that sharing is plentiful among these couples.

Mutual support: - uphold another as in the idea of exchange or balance between two or more

Example: 2-8-562: (observer): *I think this is a very interesting issue that men in this group do not typically get support for being fathers from other men. Maybe this group provides a place for the men to be supported as parents, by other men.* This example illustrates the concept that mutual support in these groups may be the exchange between two or more men.

Normalizing: - to make normal

Example 1: (3-4-114): visiting parent to the expectant parents "Your schedule will be crazy for at least two weeks (after the baby is born)." The visiting parent in this group is normalizing the craziness in schedule that follows birth. Example 2: 14-8-566: wife (158) "It's nice to be able to come to group and see what is going on is normal. To hear someone say 'yeah, that's happened to me'."

Competence: - adequacy; due qualification or capacity

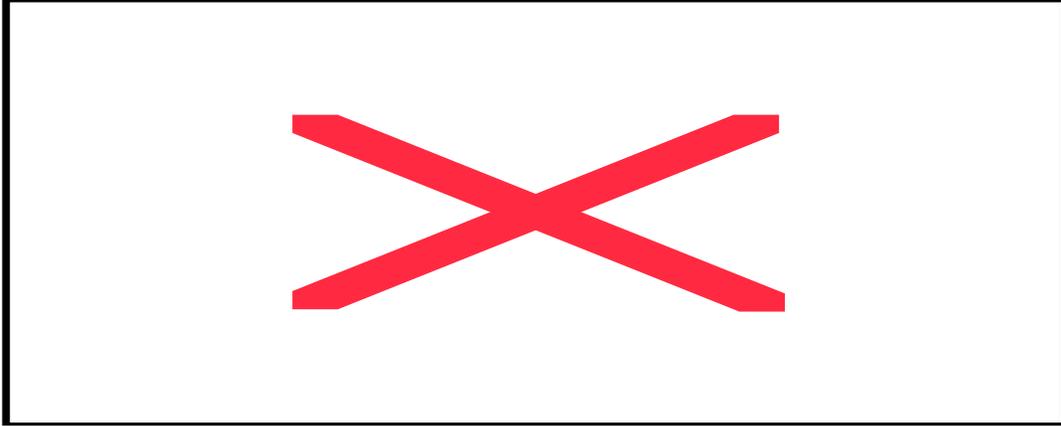
Example: 3-4-139: visiting parent to expectant parents "Neither of us knew a lot about babies. I thought he (his son) wouldn't have much personality until about six months or so, but he was interacting from the very beginning!" In this example the parent is revealing his competence in picking up on his son's interactions with him from birth.

Indicators for sub-categories

Below is a breakdown of the number of indicators per group session across all groups observed for each sub-category:

Figure 4. Bar graph for # of sub-category indicators per class

* Please note: the sub-category for sharing was eliminated in the following graph, as extreme saturation occurred. Nearly every line in the data became an indicator for sharing or communication.



This bar graph illustrates that the belonging indicators went up as the classes continued. Similarly, indicators for mutual support increased steadily as the classes progressed. The normalizing indicators peaked during the first class after birth (class 5), and then rapidly declined by the time the parents returned for class 6. One might speculate that parents felt they had a fairly good handle on expectations leading up to and including right after the birth. Nevertheless, these couples may have experienced a decline in feeling that life with baby was "normal" once they truly experienced some time adjusting to being new parents. It is also of interest to note that indicators of normalizing increased significantly by the remaining two classes. Perhaps parents gained enough experience by this time to have more realistic expectations of parenting a newborn.

In the same way, indicators of competence grew until class 6, whereby competence rapidly declined. Again, one might speculate that parents grew in their feeling of competence up to the time of the birth. However after actually having a new baby, these parents may not have felt as competent in their skills. Once more, the number of indicators for competence steadily increased during the last three classes. It seems reasonable that parents may have gained confidence in their skills as time went on.

Through axial coding, all of the above sub-category indicators became indicators of group cohesion. Group cohesion is an important construct in understanding the behavior of groups (Cota et. al., 1995). Over the course of the groups of classes, a pattern of support and group cohesion emerged. In the first few group sessions, couples were new to the experience of being in a group. Most members were strangers. Throughout the sessions, support indicators increased between spouses/partners (see figure 5 below) pointing to a strengthening within the couple relationship. By the seventh group session, indicators tended to show a significant enhancing of group support through sharing amongst couples, which provided a wealth of opportunities for couples to learn from one another. These indicators also illustrate a decrease in stress typically experienced during this transition. By the eighth session the indicators tended to illustrate a number of couples developing competence in their own abilities as parents. Engstrom (1996) states, "parenting classes provide an increased sense of confidence and self-esteem as a parent."

Figure 5. Indicators of support between spouses/partners

Class 2	Class 3	Class 4	Class 5	Class 6	Class 7	Class 8
12	11	17	20	23	37	40

A sense of fear and apprehension pre-birth seemed to be replaced by a sense of confidence post-birth (session 8, Fig. 4), both in parenting and in maintaining a positive couple relationship (Fig. 5). Indicators of support between couples occurred in the areas of informal networking and bonding, belonging, and mutual support. Mutual support and learning from others in the group setting throughout these later sessions revealed further evidence of the increase in group cohesion. A few of the groups in the study did not achieve good group cohesion. An example of this can be illustrated by the following quote (9-8-1134): husband (123): "At least to us. I think the biggest thing was that we didn't have a 'group experience' because attendance was so inconsistent. If the last sessions were based on group experience...I don't feel we bonded as group. It was difficult. But I don't know how it can be done differently. "

In 1992, interviews conducted with parents new to Early Childhood Family Education (ECFE) programs found that participants felt: 1) increased feelings of support and self-confidence, 2) greater awareness that they are "not alone" and that other parents have the same problems and concerns (belonging, mutual support, 3) increased knowledge and awareness and understanding about child development and their parental role (competence), and 4) changed perceptions and expectations for themselves as parents and for their children (normalizing, and competence) (Rossman, 1995; Engstrom, 1996; Walker & Riley, 2000). This research suggests that the task of a parent educator is to encourage the group to help members feel better about themselves as parents and people (i.e., to establish group cohesiveness so that members can return home strengthened by the group experience (Alessi, 1987).

Characteristics of Parent Educators that Positively Effect Group Cohesion

Indicators of fun and humor seemed to contribute to the effectiveness of the curriculum and ultimately enhanced group cohesion (85 laughter indicators across the groups). "Facilitators found the use of humor to reduce anxiety, anger and cynicism, as well as to "break the ice" (Webster-Stratton & Herbert, 1993). Empathy, sensitivity, and self-awareness on the part of the facilitators seemed to be contributing factors to building trust and rapport within the groups (Alessi, 1987).

The sharing and communicating of personal and anecdotal stories on the part of the parent educators seemed to be another key ingredient in enabling parent educators to relate to and support the expectant parents in the groups. Similarly, the use of self-disclosure to create rapport and common understanding has been found to be very useful (Webster-Stratton & Herbert, 1993).

Other important ingredients these parent educators in this intervention exhibited included: being optimistic to model positive expectations for change, reinforcing and validating parental insights, highlighting parental strengths, and promoting support to reduce isolation and increase mutual support (Webster-Stratton & Herbert, 1993). These components greatly enhanced the opportunity for group cohesion to occur.

In addressing competencies within leaders who conducts these parenting groups, an accurate picture of good parent education is concerned with partnership, collaboration and valuing parental strengths as well as experiences (Gill, 1998). With the development of social learning and systems theories, many parenting techniques are being supplemented with methods that encourage a wider community of families for learning. Hence psycho-educational groups, such as the classes these expectant parents attended, define a definite movement towards a more supportive environment where parents learn together and from one another. Advocates of this movement point to research-based studies such as this study to define the most effective components of social learning while critics argue that the impact of support and group cohesion on parental behavior is extremely difficult to quantify objectively and therefore should be viewed with apprehension.

More recently there appears to be an upsurge in the interest of associated methods that try to isolate the components that assist parents in getting the most from parenting education groups. A promising result of this report is the impact of group cohesion on learning and competence for parents in this study. Andrew Gill points to some results of these aspects of parent training when compared with other methods. "Research has shown that mutual support can be the key to finding solutions to everyday parenting difficulties (Gill, 1998).

Evidence that certain core ingredients contained within the parent education groups of this intervention were are important factors in enabling group cohesion. The most effective group leadership style encouraged and reinforced the sharing of difficulties. Once parents realized they were not alone in this transition to parenthood, trust began to develop. Sharing and communication increased over time, and the positive momentum of the group carried parents. This effect acted as a buffer to negativity that occasionally occurred within the groups. By the end of the intervention, expectant parents had begun to develop faith in their own abilities, and competence indicators naturally increased.

In relation to group effectiveness and process there has been growing evidence to suggest that sharing, mutual support and group cohesion are the vital ingredients and methods that enable parents to successfully navigate transitions. Group cohesion challenges the belief that parent education classes make no noticeable differences in couples transitioning to parenthood. By creating a positive, safe environment for parents to share and learn, they begin to shed feelings of isolation so frequently associated with this transition. Moreover, in these groups practical skills can be observed and practiced, improvements can be seen, monitored and positively reinforced by the facilitators. This

allows a sense of competence and success to grow. "Gaining ideas, strategies, and support can help parents feel more confident and be more effective in their parenting" (Griffin-Weisner, 1996). A positive parenting self-image is constructed based on feeling in control and confident as opposed to feeling alone, powerless and out of control.

What is surprising from the results of this piece of the intervention is that it appears that such profound and positive changes can take place for expectant/new parents in a relatively short period of time and at relatively little expense. The wider implications of these findings are important markers for those conducting future research in this area. Below are some quotes from the expectant parents:

(14-8-547): wife (163)- "I felt like this was an exceptional group of parents. This is not the general population. We provide whatever support we can. It's hard work for us and there are moments when we're not great parents."

(14-8-554): wife (144) - "It's great to be part of a group where we can talk about our kids endlessly."

(14-8-572) husband (144) - "This is an exceptional group that realizes what we're willing to invest in our kid and in each other."

(14-8-581) husband (159) – "There are times when she won't quiet down. Just being able to share the struggles with others."

(14-8-585) husband (160) – "It was nice sharing. I never saw myself as being a parent so that was kind of cool."

(14-8-591) husband (163) – "It has been great to see the growth in us and to see the way we've all changed."

Research on Group Cohesion

The major areas of research on group cohesion reflect the domains outlined below. These domains are categorized as (1) a balance between providing educational structure and developing a network of social support among parents (Rossman, 1996), and parents needing regular, consistent support and information (Griffen-Wiesner, 1996), (2) transitions can be particularly challenging times for families, therefore it's critical to involve parents in education and support during key periods of change--for example, preparing for the birth (Griffen-Wiesner, 1996), and (3) parents are valuable resources for supporting and educating one another (Griffen-Wiesner, 1996). Webster-Stratton's research looked at over one hundred hours of videotape of recorded parent group discussion and interaction. Although these groups were therapist-led, a significant factor in the process was collaboration and partnership (Webster-Stratton & Herbert, 1993). Within this collaboration model, the primary indicator of group success was the building of a supportive relationship between parents through self-disclosure (sharing and communication) in order to create rapport and common understanding (Webster-Stratton & Herbert, 1993). Such results support the findings that emphasize the importance of parents working together. This helps parents feel better about themselves and more confident in their own skills.

Community-based Initiatives

There is increasing evidence to suggest that community-based initiatives which emphasize and facilitate mutual support and group cohesion through informal support between parents have a positive impact on parenting behavior and self-appraised competency (Doherty, 2001; Rogers, 1993; Gaudin, 1993; Barber, 1992; Gaudin et al., 1991; Jennings, Stagg and Connors, 1991; Telleen, Hertzog and Kilbane, 1989). Such community involvement can help to ease stress and pressure on parents and create a safety net that helps with social cohesion and bonding. If what is being suggested here has merit, then one might hypothesize that there is a wider context for parent education to look at prevention, community involvement, mutual support and social responsibility.

Social Exchange Theorists

Lastly, findings from social exchange theorists suggest that people in groups who have interdependence generate more frequent interchanges among members. These frequent interchanges increases positive emotions and feelings of increased predictability of the others (Lawler, 2000). Positive perceptions of predictability make relationships more salient and unifying whereby producing perceived cohesion. Greater perceived cohesion produces more commitment from the group (Lawler, 2000). There is strong support for the concept that positive exchange produces an emotional affective process that generates a sense of cohesion. Continuous exchange produces positive feelings that in turn, produce greater perceived cohesion (Bollen, 1993). An interesting quote regarding the social construction of parenting in today's world was made by an observer from group 5: "The biology of birth (e.g. nursing, mother's recovery time, etc.) seems to be playing an important role in pushing these couples into more traditional roles, even though both partners desire and expected more sharing of parental responsibility." If what is being suggested here has merit, then one might hypothesize that a future curriculum for expectant parents could focus on how to integrate those aspects of the "biology of birth" with desired shared parental responsibility.

Conclusion

This article portrays a journey of qualitative analysis through which a number of indicator models emerged. Through axial coding, the earlier models collapsed into a model for group cohesion. Hopefully this group cohesion model can serve as an impetus for future research, programming and public policy development. The main concept, supported by a variety of research, is that group cohesion is a primary factor in the success of educational groups. Group cohesion results from the key element of mutual support, which in turn can most often lead to competence for group members. A range of influences - including characteristics of group leaders, attendance within groups, a willingness of participants to share information, and recognizing parental strengths - all have potentially powerful effects on group cohesion and the ultimate success of group work. These factors, and many others, help to form the major components of group cohesion discussed here: providing a positive, safe environment for group members, acknowledgment of the importance of choosing practitioners that possess an effective group leadership style, the willingness of group members to be present and participate in the process and share information and experiences. When these factors are not present, it may be difficult for members to feel their experience in the group was successful. This review of the literature and the indicator models herein, encompass ingredients that

promote a positive group experience, not with a guaranteed recipe for group success. Nor does this author postulate that these ingredients encompass all of the essential characteristics for group work to be successful. Some of the literature suggests that these issues are very complex and difficult to prove. However, it isn't necessary to have resolution to these complex issues in order to address the ingredients that can create a mutually supportive, cohesive group where learning can occur.

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REPORT 4

BOUNDARIES AND NORMS IN THE GROUPS

Systems theories, by their own definitions, rely upon boundaries as a means of delineating what is within a system and what is outside the system. An individual can be a system onto itself and at the same time can be a member of a family system, which in turn is part of a larger community and societal systems. In Hess and Handel's *Family Worlds*, the concept of family boundaries was established as: "A family constitutes its own world, which is not to say that it closes itself off from everything else but that it determines what parts of the external world are admissible and how freely" (Hess & Handel, 1959, p.4). The couples in this study opened their family boundaries by admitting the research staff of the Parenting Together Project into their lives to observe and participate in their transition into parenthood. Just as each couple is different, each individual brings his or her own uniquely defined boundaries to share with the group. For example, in 3 pre-birth and 4 post-birth group classes, 4-6 couples share their new experiences in transitioning into parenthood. Throughout the curriculum couples participated in similar exercises and activities that gave them the opportunity to make purposeful choices about how they will parent.

The classes set a defined boundary for the couples and are designed to provide a space in which the participants feel safe enough to open their personal boundaries to include the other group members. During the classes the couples share new experiences of becoming parents, discuss new feelings that arise, and confer with the other couples regarding normalcy of their experiences. It is during these interactions that the individual and the couple comment to their group on the thoughts and experiences they are having regarding conventional statements about social expectations and role behavior. From the *Sourcebook of Family Theories and Methods*, the traditional concept of norm is defined as "...a social rule for the behavior of an incumbent of a social position" (Rodgers & White, 1993, p.232). The examples from the research participants often fit the description given by Rodgers and White (1993, p.232): "Such social rules may prohibit, permit, prefer, or prescribe a specific behavior or set of behaviors for incumbents of a social position." In the group discussions, couples chat about norms based on the social rules that surround their new roles as parents. All of this adds an additional complex layer for the first-time parents as they construct their new family and its boundaries.

Data analysis began as the observation notes were reviewed and processed. This is a common occurrence in grounded theory. The process of reviewing the field notes led to coding and memoing, drawing on comparisons and contrasts, analytical questions, and hypotheses, which generated additional questions for the analysis team.

From the open coding segment, boundaries and norms of good parenting were chosen from over 40 categories that emerged. Using grounded theory involves a constant process of categorizing, sorting, coding, then re-sorting and re-coding of the data for

emergent categories of meaning (Hoshmand, 1989). Starting with a selective sampling based on discussions of areas within the field notes that addressed specific curriculum issues; open coding was accomplished to the point where each team member was able to search out indicators at the saturation level. Attributes of the categories were compared with the emerging categories, while looking at the interrelationships between categories in order to get at the level of abstraction that includes all that had been described (Strauss, 1987).

Defining and Coding

Boundary was a category that came from in-vivo coding, while norms of parenting was a category that was constructed from the in-class conversations that were observed. Both at pre-birth and post-birth classes participants mentioned the term boundaries in defining individual time, couple time, extended family, friends, and work. For the purpose of looking for indicators of boundaries the following definition was applied: “Boundaries define space and separate family members from one another and from the rest of their environment. Family boundaries are physical, emotional and psychological” (Strong, DeVault, & Sayad, 1998, p.575).

The category of norms of parenting was less direct and was constructed from conversations between the group members. The conversations were regarding cultural rules, standards, and values about family and parenting that had been transmitted to them from their family of origin, the popular culture, and media, often under the guise of information and entertainment. Indicators for the norms of parenting category were represented by comments about expectations, standards, patterns or types of behavior.

The categories of boundary and norms of good parenting were first coded by the analysis team around the class exercise known as *vision statements*. The first step was to see if there were examples or indicators for boundary and norms of good parenting across all groups. Once it was established that there were indicators in this specific area, the analysis broadened to include all classes for each group.

At the start of looking for indicators for the concept of boundaries, there was particular interest in whether the participants viewed their transition into parenthood as an individual, couple, or family process. As the coding progressed it became apparent that these three boundaries were directly affected by and indicated by multiple factors, much as one would expect from a systems perspective. Preliminary review of the pre- and post-birth classes demonstrated there was usage of terminology such as “I, we, us, her, him” to indicate the delineation of boundaries was abundant. The follow-up step went beyond the quantity counting of the boundary delineation and demonstrated how the boundaries were designated. Using a compare and contrast method, the above-mentioned boundaries were viewed from a pre-birth and post-birth perspective.

Boundaries as Related to the Curriculum

Boundaries were previously discussed as a category that came from in-vivo coding. Yet, it would be remiss to ignore the structure of the curriculum and the presentation that was used with the couples in their group meetings. The Transition to Fatherhood curriculum is a research-based approach to assisting new parents move into the parenthood role. There are specific questions and activities within this curriculum, which predicate the need for participants to think in specific boundaries. The project sets some boundaries with its basic messages about the importance of the couple relationship, the anticipated interchanges with family and friends, and the very point that the addition of the infant, the transition into parenthood, requires a shift within the present family system. A general overview of the curriculum divided into pre-birth and post-birth segments helps set the groundwork for the findings in the individual, couple and family boundaries.

Pre-birth Curriculum. The first session is an in-home visit where one of the questions the parent educators ask is: “How do you see this transition affecting your: 1. Self, 2. Daily routine, 3. Spouse, 4. Relationship, 5. Baby, and 6. Finances?” This question alone has the potential to set the participant’s definition of boundaries around the six offered areas. Four of the above (self, spouse, relationship, and baby) are themes that emerge within the category of boundaries during coding.

The second, third, and fourth sessions focus on the co-parental relationship and the competencies and skills of the individual. Across these three sessions, the parent educators utilize discussion and activities to facilitate themes regarding how the couples’ lives may possibly change and remain the same, ways to nurture the couple relationship and possible barriers. The overlaying focus on the couple relationship has potential barriers presented as societal, cultural, family of origin, present family, and personal. These potential barriers could also be viewed as preset boundaries. Because the potential barriers were presented in the curriculum it would not be unexpected for them to emerge in the coding process.

Post birth curriculum. Session 5 is the first time the participants meet after the birth of the baby. The majority of the group’s time is spent sharing their birth stories, after which they are encouraged to share successes and challenges and how their expectations match with reality. Based on previous research by Terry, McHull, & Noller (1991), the match between expectations and reality can have an effect on couples as they adjust their boundaries when the infant arrives. The successes and challenges usually are around changes in existing boundaries. Session 6 has an activity that requests the participants to identify a meaningful ritual that they had as a couple before they had their child and what has happened to it now. The curriculum sets the stage with the expectation that something *has* happened or changed to the ritual, thus leading to a redefinition or negotiation that addresses the addition of the child. Session 7 in its introduction subtly addresses boundaries when the parent educator starts with: “It has been a month since we last met. I can imagine that a lot has happened since then. *You*

have had more time to get to know your child and learn how to live with this new member in your family.”

Findings on Boundaries

Individual Boundaries

“Although our culture sets down general marital boundaries, each couple evolves its own boundaries. For some, it is permissible to carve out an area of individual privacy. In some relationships, partners may have few or many friends of their own (of the same or other sex), activities, and interests apart from the couple” (Strong, DeVault, & Sayad, 1998, p.305). Issues regarding boundaries of individuals appeared to be more prominent during class participation after the baby was born. It is possible that after the baby is born there is more intrusion into the couple’s individual personal boundary space and with that comes more awareness of the lack of personal time. Hence more discussion and communication surrounds this issue after the birth of the infant.

In the **pre-birth** time there was concern for maintaining individual time after the infants’ arrival and for maintaining an independent and individual social life. Comments ranged from general statements about every person’s needs to more specific concerns of individual identity.

A few comments that illustrate the general statements are as follows:

3-4-611 Female (24): “I think it is important to realize that each person needs time in other relationships, some time to break away from family relationships.”

1-4-850 Male (006): “Also, allowing each other time alone and apart. It would be great for Female (006) to be able to go on some bike rides.”

Concerns individuals had regarding their identity and sense of being an individual are seen in the following comments:

7-2-584 Female (69): “Also, the fear of losing myself, my identity. Just becoming “mom.”

16-2-577 Female (174): “Yeah, your own personal time. Your own space and trying not to lose who you are as a man or a woman.”

5-2-286 Male (53): “Important to both of us to see each other as individuals. We didn’t start as “oh, you’re my future child’s mother,” we started as 2 people in love.”

With the **post-birth** indicators, the majority of comments fell within two categories: time for personal physical care and time for social activities with other people separate from the partner and infant. The women mainly expressed time for personal

care, while the personal boundaries around socializing and having recreational time for one's self was mainly expressed by the men.

Examples that best illustrate the women's comments regarding time for personal physical care:

2-5-429 Female (011): "The biggest change is just having time to get something done, like shower."

Female (015) replies: "I know, I have trouble just trying to find time for brushing my teeth."

5-5-800 Female (59): "I'm surprised that I'm getting less done than I expected, just taking a shower. Not easy to take time for self."

14-5-502 Female (159): "There's a lot of days when I don't have time to eat, shower, get out of the bedroom. That was fine for the first couple of weeks. But after a while you want to do stuff."

Examples from the men regarding time for social activities with other people:

9-7-639 Male (103): "There's one issue - she's tied to the baby. Once a week I want to get out with friends. We had a little discussion about reasonable expectations. If I leave at 7:00, I can't be home at 9:00. It's hard for her. I encourage her to get out, doesn't always take advantage of it. I feel like we're not seeing friends. I want to maintain those relationships. But I feel like we have no free time. These are things I have to have to stay healthy and sometimes it's hard to keep it all in balance."

14-5-1244 Male (163): "It's mostly personal time that's eaten up."

15-5-1080 Male (156): "The thing I miss most - when he was first born and my knee was still good, I went out golfing. Since I took out my knee playing soccer, there hasn't been too much time for self. The one thing I used to do for myself I can't do. So I almost wish I had a little more time to myself."

The following quotes best describe a general consensus by new fathers and mothers regarding the issue of time after the baby arrives.

1-5-249 Male (006): "Suddenly there are three of us. It is both "intimidating" and nice. The biggest change is that time is compacted and is on the baby's schedule. Time is "not your own."

16-8-213 Female (164): "It is also hard to have "**independent time**." I like to have time to myself to read, Matt likes time for his video games. It is hard to have "**self time and couple time**."

The overarching theme for the *post-birth* individuals is that of time and most specifically the lack of time. The comments made by the men appear to lament the absence of free time to be on their own or participating in social recreation with other friends. The women share that their basic needs are difficult to meet due to the new time constraints.

Boundaries: Couple

“Boundaries define space and separate family members from one another and from the rest of their environment. Family boundaries are physical, emotional and psychological. Each family member requires boundaries that permit individuality and autonomy. Within a family system are many smaller combinations of relationships, called subsystems” (Scott, DeVault, Sayad, 1998, p.574). The following focus is on the subsystem of the couple.

During the **pre-birth** classes the couples are instructed to plan for couple time after the baby arrives. Participants use the pre-birth classes to discuss how they plan to maintain their couple relationship. Sharing ideas of possible activities and how to accomplish the goal of spending time as a couple allowed the couples to talk about their fears and possible challenges.

A pervasive concern of many was expressed clearly by one husband as:

3-2-376 Male (026): “Everyone is concerned about their schedule after the baby—having time as a couple.”

Discussions revolved around how couples want to nurture their couple relationship after the baby arrives, and how they want to preserve what already exists. The difference between nurturing and preserving of the relationship appears to suggest levels of boundary inclusion and exclusion. In reference to preserving there is an assumption of maintaining a status quo and what is perceived as possible intrusions on the couple relationship.

This is represented in the following statements:

3-2-304 Male (018): “We want to keep a sense of ourselves as a couple...”

16-2-728 Male (175): “Yeah, the couple relationship is most important, it is the anchor. We don’t want to let or see the baby as a ‘wedge’.”

8-2-359 Female (351): “If you think about it like a bank account, you gotta make your deposits first. You can’t pay all your bills first and say we’ll make our deposits when we’re done with the bills because you’ll never make the deposits. It’s the same with this. We’re going to make our deposits (looks at husband). We’ll make our deposits to each other and whatever’s left over we’ll use for the baby and everything else. We’ll make due with what we have left.”

7-2-419 Male (81): “That’s one of the reasons why we said that our relationship comes first and then the baby. We don’t want to lose what we have as a couple.”

3-2-620 Male (018): “Change in relationship with spouse—keeping up communication. I mean the relationship will be tainted- you’re not a couple, you’re a family.”

7-2-568 Male (81): “We don’t want it to be all encompassing. We don’t want that empty nest syndrome. That’s why we come before the children. So they’re not controlling our life.”

In regards to nurturing the couple relationship, the boundary around the couple seems to be more elasticized in that support from outsiders may be an acceptable way of accomplishing the couple’s goal of spending time together.

Here are some examples of how couples plan to nurture:

1-4-850 Male (006): “Go out alone. We have family that lives in town and who will watch the baby. Also, quiet time together—reading, watching TV, and cooking.”

1-4-859 Female (003): “Dates. Cuddle time. Notes, gifts, encouraging messages on the answering machine. Also, sharing time with other couples who have kids. Breakfast in bed.”

1-4-865 Male (004): “Cuddle time at night. Leaving the baby with grandma once every two weeks. Me buying presents on the way home from business trips.”

1-4-870 Female (007): Getting back to things that we used to do—running together, walking the dog together, going shopping for wine and tasting wine. Renting a video and getting take-out for dinner.

3-4-602 Female (24): (With a smile to Male (24)) “Enjoy staying home, having time together at home, having “us” time where we don’t answer the phone, be on the computer, no TV, etc.”

16-3-534 Male (168): “We bought season tickets to a theater so we would be forced to go out without the kid. We’re going to beat ourselves in to having dates.”

After the birth of the baby, there are two distinct presentations around the boundary of the couple: little time or energy for the couple relationship and the act of including parenting time as couple time.

With the first issue regarding a lack of time and energy for the couple relationship, there is presentation that the newborn is intruding into the area and time that had previously been just for the couple.

These points emerge clearly in the following statements:

1-7-334 Female (001): “We spend less time with each other now. We spend so much time care giving.”

1-5-324 Male (004): “There is not a lot of time for us.”

1-5-330 Female (004): “We have “absolutely no time for each other.” When we do have time, he invites people over. (This sounds like a little barb.) When do we have a date night? When she’s fifteen? “I don’t see any light at the end of the tunnel.”

1-5-346 Female (008): “We do share parenting, but not a lot else. This can put “a strain” on the relationship between us.”

1-5-350 Male (003): “There is not much time for us.”

1-5-397 Female (007): “There is “no relationship there at all.” (She laughs, but it sounds like an uncomfortable laugh.) We only talk about the baby--how she’s breastfeeding and how many times she poops each day.”

16-8-189 Male (175): “Yeah, us too. Your energy that you need to take care of the baby, “squeezes out the couple time.” You do spend time together focused on the baby.”

It would appear in part that out of a lack of time and energy to spend together nurturing the couple relationship and sustaining the boundary of being a couple, the concept of including the infant into the boundary of the couple emerges. The couple begins to view time parenting as the same as if it were time as a couple.

Examples of couple time is now inclusive of time with baby:

15-7-1122 Male (156): “But we do couple things with him.’ Female (156): ‘But we thought of it differently before.”

14-7-694 Female (163): “We overlapped our parent and couple time. We take walks together. We talk about life.”

15-7-1136 Female (162): “I expected we would have couple time. It was hard. I thought it wouldn’t be as big a change. But they’re right. Our couple is more of a threesome than the two of us.”

3-7-353 Female (026): “I think my taking (baby) to the business two times a day is a success – we wouldn’t see each other if we didn’t do that.”

6-8-210 Female (174): “We do have couple time when we sit and eat the three of us, and when we give baby baths.”

Family Boundaries

Transitioning into parenthood is similar to the transition into marriage in the sense that it is a point in time where boundaries can and must be renegotiated. With marriage, the transition is of an individual moving from their family of origin into forming a new family with their partner. Parenthood requires the couple to become one of several subsystems within a newly formed family. Depending on the individuals involved and their own relationship, the couple may choose to open their boundaries and be more inclusive of others, or they may choose to close or tighten their boundaries and be more exclusive. This can include how they view the baby, relatives and professionals.

Pre-birth time is complicated by the ambiguity of not having experienced parenthood. There is uncertainty around how much involvement from others is desirable and how to handle the establishment of boundaries with others when the baby arrives.

Examples of concern regarding boundaries in relation to other family members:

9-3-325 Female (118): “But we have a challenge in setting boundaries with family.”

8-2-441 Male (113): “I think it’s going to be difficult with relatives. My mother-in-law is coming. She’s going to be there for a month but I don’t want her in the way. Just her presence is going to be difficult.”

13-2-613 Female (151): (Commenting on the lists) “The biggest problem is going to be the advice thing and the boundaries with family.” Female (151) goes on to disclose that she doesn’t want any family around during the first few weeks after the baby is born. She says that she feels like her mother or mother-in-law being around would be “an intrusion.”

15-2-526 Female (150): “We’ve already had a discussion with family about who would be in delivery room. And about when mom would come to visit. Dad had a lot of assumptions about mom's role.”

5-3-358 Female (53): “How do you talk to child and accept how other people talk to and around your child. Some people say it’s not good to say no to child, but ‘no’ can be reframed.”

9-3-217 Female (87): “We feel that classes, relatives and friends will help. And we hope not to hurt our parent’s feelings when we tell them we disagree with them.”

Post-birth time there was discussion around the birth process and how the couple boundary expanded to include professionals along with family. The couples talk about involvement with medical staff. In particular, several couples made the decision to involve a friend or a doula in their birth process. A doula is a person who helps a couple conceptualize and design a birth plan and advocates for the couple during the process so they can remain focused on giving birth.

1-5-128 Male (004): “We had a doula. It was great. This really took the pressure off of me, but I was still involved.”

1-5-260 Male (007): “We had a doula too. She was invaluable.”

15-5-259 Male (156): “It was nice to have a doula. She reminded us of the exercises. And Female (156) wasn’t left alone if I went to get coffee, or go to the bathroom. She brought a lot of energy, and was very comforting.”

15-5-876 Female (150): “We had a midwife. We didn't have a doctor until the end. The doctor was great.”

14-5-264 Female (163): “My best friend got to get into town with no panic of time. She was there and photographed whole thing. The doula ended up videotaping it. We had all four together. The doctor talked through whole thing.”

Examples of how family members are included:

1-7-620 Female (004): “My mom is very involved. She said that she feels like this is her second chance to have a baby.”

2-5-310 Female (009): “It is nice that we have lots of family in town, so they can baby-sit for us.”

9-5-1136 Male (103): “Her mom was here. It was the most I've enjoyed having her here. We didn’t have an issue whole time, and we grew closer.”

7-7-574 Male (81): “Family is good. We just let them take him.”

13-5-179 Female (155): “The first 2 weeks were easier as Male (155) and my mom were there helping me. This week I spent the whole week just taking care of the baby.”

Summary of Findings on Boundaries

The boundaries that emerged were a combination of self-defined, curriculum based and socially designed. The curriculum activities provided a structure that encouraged the participants to share their personal knowledge and experience along with socially constructed concepts. From the in-class realm, observers noted the individual’s statements and interactions within their group. Based on the collection of membership within the fourteen groups each is unique, with the common connection being the sharing of their transition into parenthood. These varying levels of group cohesion could affect

the amount of sharing which in turn could affect the discovery of indicators for boundaries.

An additional distinct characteristic of each group was the observer who sat in each class and recorded the proceedings. Each group was also assigned to a member of the qualitative analysis team who reviewed the observation notes. This process provided the project with a richness of information. In an attempt to give cohesion to the observation and review process, all observers and reviewers read *Writing Ethnographic Fieldnotes* by Emerson, Fretz, & Shaw (1995). The note taking observations of the group sessions are a unique piece to this research project that are not a part of other research projects. However, each observer is only human and with that comes possible flaws. There is a certain amount of the observer's perception that is part of what gets recorded. Layered on that perception is the judgment and perception of the analysis team member who reviews and codes the observations. "When observers become part of a system, everything they see in the system reflects whatever *baggage* they bring to the system, including their priorities in identifying the system's boundaries" (Whitchurch and Constantine, 1993). Even with that said, by having two distinct people, one as observer and one as analyst, there is a check and balance system in place that lessens the possibility that both would bring the same bias.

In the pre and post birth sessions there were times when participants were asked to share their personal visions and comments for the future. The manner in which lead questions were presented by the individual parent educators more than likely had a strong influence on the presentation of boundaries. Some ask that each person present talk, and some parent educators asked each couple to present. Therefore, there may have been a precedence effect, were some people that presented as an individual while others presented for themselves and their partner based on how they were instructed. Along the same lines, there is the precedence effect of how the first person responds can effect the responses from the rest of the group members.

Taking the above summary into consideration leaves some room for the project to question whether all the indicators have been collected in supporting the boundaries as discussed within the class realm. There is the possibility that there could be some affect on the indicators that are "discovered" for boundaries, but it should be minimal. Based on the research design of this project we would not expect a problem to arise in the area of internal validity.

Findings on Norms for Parenting

Rodgers and White use the definition "the traditional concept of norm encompasses both social expectations and behavior" (1993, p.233). From the observations of the in-class groups, this definition best fits with what was being shared. Norms for the couples being good parents came in the form of using the group as a means for the couples to measure what they were doing, and for sharing the statements and advice that family, friends, and the media put forth. The couples shared statements that were meant to "prohibit, permit, prefer or prescribe a specific behavior or set of

behaviors” (Rodgers and White, 1993, p.233) for their role as a parent. Overall, discussions focused on the couples choices on drug use during labor, amount of time spent with the baby immediately following labor, state of readiness for the baby, the development of parenting skills, whether or not to use a daycare, and the ways in which couples prepared for their transition into parenthood.

It became apparent through the group discussions that the resources the parents chose to utilize evaluated the norm for good parents. These resources vary from books, television shows, videos, classes on breast-feeding, parenting and early child family education, and magazines.

The following comments illustrate different resources used:

1-4-96 Female (PE): “You may wonder how soon after birth babies start communicating. My brother talked to his baby while it was in the womb, and when the baby was born, it seemed to recognize and respond to his voice. Tonight we have a video about infant communication.”

16-3-207 Female (164): “My mom got me a subscription to Parents magazine. I've looked up cars in Consumer Reports, but I never thought about baby stuff.”

15-7-1200 Male (156): “I feel like we’re getting really well trained. We’ve got a parenting class, this class, Female (156)'s ECFE class last week....”

15-5-1294 Female (156): “I was in a breastfeeding class. Male (156)'s mom went. He didn't want to go.”

9-3-1037 Male (118): “I’ve been doing a lot of research on cribs, strollers, etc. We took a class. Now I know about swaddling and sleeping on their backs.”

1-4-96 Male (006): “I am excited. We have attended delivery classes and breastfeeding classes.”

Over the past several decades there has been vacillation over the use of drugs to ease the pain of childbirth. Prior to the 1960’s, it was common for women to use drugs during labor. It was at that point in time that a movement to empower woman to have control over their bodies shifted the use of drugs during labor to natural childbirth or birth with no drug usage. There was a rise in Lamaze and other natural childbirth classes to help support women and minimize discomfort with labor. Due to advancements in the pharmaceuticals, the pendulum has begun to swing back in favor of drug use for pain during labor.

Couples comments are as follows:

2-4-101 Female (011): “Well, we met with the nurse of the class and she was a bit disapproving of me, since I want to take as many drugs as possible during the birth to ease any pain. So we discussed many different options and types of drugs.”

2-4-291 Female (PE): “Well there is no shame with pain medication, some women feel shame.”

9-5-406 Male (103)’s comment about neither mom taking drugs sparked a quick and lively conversation between Female (103) and Female (100). Both felt like the nurses were pushing drugs. And by the time they wanted something, it was too far into the labor to take anything.

5-5-643 Male (34): “I was really impressed with Female (34) and the labor. Amazed at how strong she was, she did the whole delivery without drugs.”

Along with the changes in medication usage during labor, came the concept of allowing the newborn to stay with the mother and father immediately following birth. Prior to natural childbirth, the mother’s were too heavily medicated to be aware of the infant’s needs and so the infants were removed to the nursery. Since then research regarding the importance of bonding and attachment have changed the medical staff’s views on keeping the baby with the parents.

Examples of the baby staying with the parents and reasons if not:

14-5-293 Female (163): “Except when they took her to recovery, we roomed with her for the whole time.”

14-5-465 Female (159): “She (baby) didn't room with us the first day. We both were really exhausted. They brought her in to breast-feed and then took her back to the nursery. But from then on she was with us.”

14-5-623 Female (158): “I tried to keep her in our room that first night. We made it to about 3:00. She was waking up about every 1/2 hour. We weren't getting any rest. Finally they said "Let us take her to the nursery." It ended up being a good thing. We got some sleep. It was the same thing the second night.”

15-5-531 Male (162): “He stayed with us for an hour, hour and a half. Then they took him to the nursery. He had a bad sound in his lungs. So they took him to the ICU.”

Couples shared their fears about knowing their baby’s cues and interacting with them. Uncertainties about responding to their baby’s cry and whether that would spoil the child were verified with the group. Besides checking on how others were dealing with the issue of attention giving to crying, there were questions around giving attention to infants by means of using sign language and early education program called Mozart or Einstein.

The following are ways of checking out the norm in reference to giving attention:

16-4-526 Male (VF1): “No, not really. But sometimes in public it’s hard.” Male (PE): “Yeah, cause good parents don’t have crying babies.”

1-7-666 Female (006): “I worry about responding to the baby right away every time she cries. I wonder what we are reinforcing. Are we spoiling her?”

1-4-504 Female (006) asks a question about Male (VF1) (or the group’s) opinion of the view that if you pick up the baby every time it cries, you spoil it. She asks how you know when you are spoiling a child.

9-7-810 Male (118): “Have you guys heard of the Einstein Baby videos? They’ve got baby Mozart, music. We tried it on her. She got interested for a little bit, but she may be too young.”

15-7-567 Male (156): “But my wife thinks she should spend her time with him when he's up. So she gets less done.”

2-5-704 Male (015): “Yeah, I am constantly doing a lot of singing, I make up a bunch of different songs. I think baby watches my mouth, when I sing a song slowly.”

The media has reported on consumer goods for infants and references have been made as to what items are safe. Specific styles of walkers and types of care seats are among the consumable goods that have been reviewed. The couples checked in with group members about what products they were purchasing and how they prepared for the baby.

16-3-190 Female (174): “We were there shopping. Someone else walked up to the bookstore and got Consumer Reports which just had an article on car seats. We shopped together, looking at the seats and at what Consumer Reports had to say.”

15-7-159 Female (162): “It’s not really a walker. It’s stationary.” (*Her tone sounded defensive.*)

2-3-84 Female (009): “We got the nursery done, feeling good.”

2-3-87 Male (009): “We got all our furniture.”

2-3-142 Female (017): “We have gotten some stuff.”

16-3-207 Female (164): “My mom got me a subscription to Parents magazine. I've looked up cars in Consumer Reports, but I never thought about baby stuff.”

Couples questioned existing norms on issues regarding work. Both men and women stated there were times they did not want to be at work, but would rather be the person to stay at home as the caregiver. Several people had difficulty deciding to stay home due to pressures they felt from the media, friends, and family about the worth of

staying home. Individuals checked what they were deciding and able to do regarding their work and schedules with other people in the group.

1-6-338 Female (006): "It's hard to find the energy to communicate when I'm more tired than I have ever been before in my life. Hey, have any of the women gone back to work yet? (People shake their heads.) But all of the men have gone back to work, right? All except for Male (003). (People nod.) Well right now, it's as if we are "occupying two different worlds" in some ways. The men are working and parenting and the women are just parenting."

3-7-324 Female (022): "We're doing oppositional schedules. I work at night and Male (022) works afternoons and days. It's not real good for our couple relationship, but it's good for our co-parenting relationship."

5-4-805 Female (53) and Male (53) say they are both taking three months maternity leave.

2-7-635 Female (009): "Yeah, Male (009) and I have decided that both people can not go full steam ahead in your careers, when you have a baby. So we decided that it is easier for him to get promoted faster, so we are going to focus on his career and put mine on hold."

2-5-447 Male (011): "I don't want to be at work, it is hard." Male (009): "Yeah I feel like I am missing out on something."

9-7-402 Male (103): "But my wife has really taken the bull by horns. She decided not to work."

2-3-527 Female (009): "Some husbands don't get it, a stay at home parent is less valued."

9-5-1085 Female (103): "The biggest change, I guess for me, is trying to decide if I really want to go back to work. I always thought there was a stigma about being a stay-at-home mom. Lately I've been changing my opinion. I don't really care. This is the most important job."

Out of the discussions people had about their work status, questions arose about whether it was good parenting to put their infant in the care of others.

9-3-800 Male (103): "Child care is an issue."

9:3:802 Female (103): "It's hard to find decent child care."

13-7-192 Female (148): "Yesterday I took him to daycare as a trial run for next week. I called Male (148) from the parking lot. I couldn't leave."

9-5-832 Female (100): "I'm thinking about working half time doing medical billing. You miss too much if you're not home." "I don't want a perfect stranger noticing things first."

1-3-1143 Female (006): “It’s hard to find good daycare. Also, so few men take paternity leave.”

3-3-691 Male (022): “Everyone sends their kids to daycare these days.”

The norm of whether a good parent uses a pacifier to soothe a crying or upset infant and whether it matters if you lay your infant on its back or stomach when putting it to bed has been debated and argued and has changed over time. Both issues appeared within groups and were handled with tact.

14-7-133 Female (163) - “Well, we had already decided we didn’t want to use a pacifier so we decided we would try it without it and if she did okay we would stay with that.” She looks over at Male (160) and Female (160) and their baby who is sucking away on a pacifier. ‘And this isn’t about right or wrong. It’s just a decision we made. She just does not have a strong sucking need.”

9-4-698 Female (VCM1): “Let me share one thing. We decided not to use a pacifier. We let him suck on our pinky finger... (Female continues): And we won’t have a pacifier habit to break.”

3-7-247 Female (026) and Male (026) both share how they have found that their little girl falls asleep better on her stomach, so they put her to sleep that way. This creates a “moment of anxiety” for the group, because it is clear that others have heard that they should not put a baby to sleep on his/her stomach. Female (PE) makes a good “step-in” by asking:” Has anyone else heard advise about how to put your baby to sleep?”

13-7-105 Female (151): “Yeah, I get concerned about her rolling over in her crib from her back to her stomach. So I go and check just to be safe.”

Summary of Findings on Norms

The norms for what constitutes good parents were constructed from the conversations that took place while in-group sessions. The examples are snippets of conversations that the couples brought to class and shared regarding rules, standards or values that were being conveyed to them. The class members used the group as a way to authenticate concepts that they would accept in forming their norm of what makes a good parent. This means there was a reliance on the group to help socially construct an acceptable norm. An affect on the definition of the norm of good parenting was therefore dependent on the make-up of the group’s membership.

Another way that norms were constructed at a more meta-level is through the Transition to Fatherhood curriculum which has implicit and explicit norms. By stating the curriculum wants to help the new parents learn how to read the baby’s cues, it is implying that is the norm for good parenting. By enforcing the concepts that individuals need time to themselves and time as a couple, the implied message is that this is the

desired norm for healthy individuals and happy, long lasting couples. Our message that happy, long lasting couples need to have good communication skills and have time to be alone with each other is setting a norm for the couples who participated in these classes.

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Project: AN INTERVENTION FOR THE TRANSITION TO FATHERHOOD

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