

Social networks and the transition to motherhood:

A longitudinal analysis

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by

Kathryn McCannell Saulnier

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SOCIAL NETWORKS AND THE TRANSITION TO MOTHERHOOD:

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A thesis submitted to the Faculty of Graduate Studies of
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DOCTOR OF PHILOSOPHY

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To my grandmother, Violet,
my mother, Fay
and my daughter, Breanna

"...I am talking about a kind of strength which can only be one woman's gift to another, the bloodstream of our inheritance. Until a strong line of love, confirmation, and example stretches from mother to daughter, from woman to woman across the generations, women will still be wandering in the wilderness."

-- Of Woman Born, by A. Rich, 1976,
p. 249.

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Abstract

The purpose of this research was to apply social network analysis to the study of a major life-cycle event, transition to motherhood. Thirty-nine first-time mothers were interviewed during the fifth month of pregnancy, at two months postpartum, and again at fourteen months following childbirth. A longitudinal design was employed in order to explore shifts in social relationships during this transition. As predicted, a significant decrease in total size of network was found over time, and a significant decrease in marital adjustment. The relationship between difficulty in adjusting to motherhood and structural network dimensions (size), qualitative aspects (satisfaction with help received), and content of network (presence of female friends and other parenting adults) was examined. At both times points following arrival of a child network dimensions proved to be strong predictors of difficulty experienced. At two months postpartum the presence of other parents in the network, quality of marital adjustment, disruption felt in social ties, and satisfaction with help received from husband were the most significant predictors of scores on the difficulty checklist. At fourteen months postpartum satisfaction with help received from family and in-laws, disruption felt in ties, and the presence of female friends were the best predictors. Contrary to prediction, size of network did not make a significant contribution in the context of other network variables, and satisfaction with help received from spouse proved more significant than actual quantity of assistance provided. These results suggest that perceived quality of social support is a critical dimension. The findings highlight the necessity of utilizing a multidimensional assessment

of social networks, and illustrate the value of a longitudinal approach in uncovering different patterns of social support at different points in a life transition. Preventive and therapeutic implications of the results are discussed.

CHAPTER I

LITERATURE REVIEW

Arrival of the first child sets in motion a complex process of change--individuals experience shifts in both personal identity and in their marriage. The alterations in roles and responsibilities brought about by the transition to parenthood appear to be accompanied by a corresponding alteration in the social network, yet there have been no systematic investigations of the relationship between this life cycle transition and the phenomenon of social support. The literature on social support and life stress is flourishing, with several recent reviews outlining the important role networks play in relation to a variety of diverse life situations (Gottlieb, 1980; Mueller, 1980; Saulnier, 1981). In sharp contrast is the lack of research with a temporal perspective, providing information on the changes which occur in our web of relationships over time. The purpose of this dissertation was to explore longitudinal changes in social networks throughout pregnancy and the first year of motherhood, and to systematically examine the influence of various dimensions of social support on the degree of difficulty experienced in assuming the parenthood role for the first time. Two lines of research formed the background context for the present investigation--studies relating to social networks and the body of literature pertaining to transition to parenthood. Each area will be reviewed and the resulting hypotheses presented.

Social Networks

A social network consists of all the social contacts an individual has. The linkages may be studied as a whole or in relation to a particular person. An effective social network is seen as having numerous functions. Walker, MacBride & Vachon (1977) suggest that the individual can maintain his or her social identity, receive emotional support, material aid and services, information, and new social contacts through a network of personal relationships. Cobb (1976) conceives of social support as information that one is cared for and loved; esteemed and valued; and part of a network of communication and mutual obligation. Cassel (1976) argues that a critical aspect of a supportive environment is feedback informing the individual his or her actions are leading to anticipated consequences. Numerous researchers (e.g., Festinger, 1954; Schachter, 1959) have noted the social comparison opportunities provided by affiliation, and the importance of evaluating one's opinions and abilities. Thus, networks can serve a variety of different purposes and meet important needs. However, their deleterious consequences must not be overlooked. The negative impact of networks lies in their potential to undermine self-esteem, to reinforce problem behavior, and to restrict access to new opportunities.

Networks are sometimes classified by the contexts in which relationships occur. Thus, family, friends, neighbors, co-workers, recreational associates and professional caregivers can be seen as constituting segments within a network. Pattison et al. (1975) found the average person in their sample of 200 urbanites had 20 to 30 people in his or her intimate psychosocial network, with five to six members in each

of the following subgroups: family, relatives, friends, neighbors, and work or social contacts. These relationships were characterized as being emotionally intense, having a relatively high degree of interaction, a reciprocal nature, and as providing positive emotion and instrumental assistance.

It is generally assumed that network size is positively related to mental health, as several studies have found small networks among those experiencing problems in living. In the Pattison research cited above, neurotics were found to have a smaller network (about 10 to 12 persons) than normals, and psychotics were found to have very impoverished networks, consisting of four to five members. Erickson (1976) also reported that network size tends to decrease with the increasing severity and chronicity of the psychiatric condition. Saulnier and Rowland (1983) found an average network size of ten in a sample of 32 high-risk multi-problem families receiving home-based crisis intervention. Based on these findings, in the present study an inverse correlation between network size and difficulty experienced in the transition to motherhood was predicted.

While size is clearly an important structural dimension of networks, recent research suggests subjective, or qualitative, dimensions may be equally if not more important. In a study of the adjustment of 86 pregnant adolescents, Barrera (1981) found that total network size was not significantly related to any of the symptom dimensions. Rather, satisfaction with support and the need for support proved to be the strongest predictors of symptomatology. High satisfaction scores were associated with low scores on depression, anxiety and total symptom measures. Adolescents who felt they needed support tended to have

higher scores on the symptom measures. The relevance of satisfaction with one's network support was also documented by Colletta (1979), who found both amount of support received and satisfaction with this assistance had an impact on the childrearing practices of 72 single-parent mothers. Divorced mothers who were unsatisfied with the amount of support they received tended to interact with their children in a harsher, more authoritarian manner than those who were more satisfied. These studies illustrate the necessity of a multifaceted conceptualization of support, which includes both quantitative and qualitative measures.

Turning to the issue of network support during life transitions, Gottlieb (1980) has suggested that social support is particularly important during passages which require a reorientation to or rearrangement of the social network. He cites first time parenthood, college entrance, and divorce as examples of life transitions requiring such a reorientation. In an attempt to examine the relationship between changes in network structure over time and the psychosocial adjustment of women to marital separation and divorce, Wilcox (1981) asked a sample of 50 women to provide information about their support networks six months prior to the separation (retrospectively) and presently. The women were grouped into "successful adjusters" and "unsuccessful adjusters" on the basis of scores on the Langner symptom checklist, a mood profile measurement, and interviewer ratings. Women who showed more positive postdivorce adjustment had somewhat larger networks ($\bar{X} = 14.9$) than women who adjusted less positively ($\bar{X} = 11.1$), although this was statistically nonsignificant. The women's networks were of a comparable size at the preseparation point. Wilcox argues that his findings suggest changes in networks over time will provide more detailed clues about the role of social

support in adjustment than research which provides only a snapshot of network processes frozen in time.

The need for longitudinal research is further illustrated by a study done by Carveth and Gottlieb (1979). These authors investigated the relationship between three measures of social support and objective and subjective indices of stress by distributing questionnaires to 99 mothers eight weeks following delivery. Results indicated low to moderate positive correlations between measures of support and the existence of stress. Carveth and Gottlieb interpret this seemingly unexpected finding as reflecting increased use of social supports as stresses mount, and state longitudinal measures would be necessary to determine if prior use of support related to a decrease in later indices of stress.

Several limitations in this study are worth noting. First, because of missing data, all "social support" analyses were based upon a core of only five network members for whom all respondents provided valid responses. Second, the operationalization of support included amount of contact, a rating of the importance of the relationship, and a rating of the frequency of problem-centered discussions with each of the network members. Aspects of social support dealing with concrete assistance (e.g., help with babysitting, household tasks), reinforcement related activities (e.g., socializing) or satisfaction with one's network were not included. As well, because approximately one half of the mothers had more than one child, this study does not deal with the relationship between network support and stress unique to first-time mothers.

Cutrona (1981) studied 85 first-time mothers from the third trimester of pregnancy to the second month after childbirth. While the primary purpose of her research was to test the reformulated

learned helplessness model of depression in the context of postpartum adjustment, she also examined "non-cognitive vulnerability factors", including inadequate social support, stressful life events, hormonal sensitivity, and psychiatric history. Results indicated that social and environmental factors were the best predictors of postpartum depression, more so than attributional style. More specifically, it was found that perceived inadequacy of social support was a strong predictor of depression at every time point.

The foregoing review suggests that it is crucial to distinguish between structural dimensions of social networks and more subjective satisfaction dimensions. The present study sought to differentiate between measures of "quality" and "quantity" and to explore their differential impact on adjustment to motherhood. In addition, the longitudinal design allowed for study of the dynamic processes occurring. Hypotheses relevant to these shifts will now be presented.

Duvall (1967) believes transition to parenthood is a time when peers who no longer provide an appropriate reference group drop out of one's social circle. There is little empirical evidence to either support or refute this assertion. In a study of friendships among Detroit men, Stueve and Gerson (1977) reported that frequency of contact dropped with arrival of children, although there was no decline in felt intimacy with best friends. They also found that family life brought social interaction into the home, as opposed to public places such as bars or restaurants. As the new mother's role shift tends to be more extreme in our society, arrival of the first child might be expected to exert greatest impact on the woman's network. Richardson and Kagan (1979) asked 40 first-time mothers to rate the direction of change in various relationships since arrival of their baby. On a scale

ranging from -3 to +3, quality of change ratings indicated an average shift in a negative direction for old friends and for husbands. Some women reported turbulent breaks with old ties, some a gradual alienation and some reported increased contact and greater closeness, particularly when old friends were also parents. This latter finding points to the importance of having available similar others, and relates to the social comparison function of networks. Grossman, Eichler, Winickoff, et al. (1980) speculate that there is a unique kind of confirmation and helpful communication that can come only from other women who are currently pregnant or who have been through the experience. A similar prediction could be made for the value of having a close friend who is also a mother. This relates to the "content" of a network, and suggests that it, too, may be a relevant dimension in addition to the structural concept of size.

In an intriguing analysis of the relationship of the social environment to psychiatric disorder, Mueller (1980) has proposed that the stressfulness of various life cycle events could best be measured by examining the degree of disruption caused in network relationships. If this proves correct, couples who are already part of a network of parents would be expected to experience less disruption in their pattern of relationships, and therefore less stress. The present investigation sought to provide an empirical test of this theoretical suggestion.

With regard to family relationships, in the Richardson and Kagan study mentioned above, quality of change ratings were in a positive direction for the mothers' and fathers' family. Many reported feeling closer to kin, and for some onset of parenting presented the opportunity to rekindle family relationships. This is consistent with Sussman and Burchinal's

(1962) finding that parental financial aid (goods, services and money) to married couples increased with arrival of a grandchild. Thus, it appears that network changes occurring during this life cycle transition may consist of increases in some sectors and decreases in others.

While overall network size was expected to decrease, contact with kin was hypothesized to increase. As well, it was predicted that arrival of the child would be accompanied by development of a "professional" network, including such members as an insurance agent and lawyer. As the responsibilities of new parenthood are seen by many as necessitating future planning, this prediction seemed plausible.

In summary, the present research sought to examine the relationship between difficulty in adjusting to first-time motherhood and structural network dimensions (size), qualitative aspects (satisfaction) and content-related variables (presence of female friends and other parents in the network). A longitudinal design was employed in order to explore changes in social relationships during a major life cycle transition. As well, the theoretical assertion that disruption in one's network is a key factor in experiencing stress and difficulty was tested.

Marital support

The marriage can be seen as constituting one sector, or "content", of a woman's network. Theoretically, the marriage is seen as crucial in adjustment to pregnancy and parenthood. Deutscher (1970) argues that an "alliance of pregnancy" is critical to the formation of family life. He refers to a patterning of complementary needs between spouses and the essential nature of their emotional presence for each other.

Good communication and emotional sharing are seen as enabling the couple to "rehearse nurturance"--to behave parentally toward each other as they try out new roles. Deutscher suggests that couples with an inadequate alliance, who are emotionally isolated from each other, will experience difficulty during pregnancy and early parenthood.

Empirical data bear out the strong influence a marriage exerts on new parents' adaptation. Investigators have consistently found a significant correlation between a high level of marital adjustment and experiencing a lesser degree of difficulty (Dyer, 1963; Hobbs, 1968, 1976; Russell, 1974; Cowan and Cowan, 1983). Grossman et al. (1980) found that the quality of the marriage was one of the strongest predictors of women's psychological adaptation to pregnancy and parenthood, although it predicted maternal adaptation (relationship with the child) only slightly.

It is evident that individuals in healthy marriages are better able to cope with the stresses and strains of early parenthood. Support and reassurance from one's spouse can ease the anxiety and tension concomitant with assumption of a new role. Burke and Weir (1977) suggest that the "helping" aspects of the marital relationship serve an important mental hygiene function. In the present research, it was expected that positive marital adjustment would be associated with a lesser degree of difficulty in adapting to the new parental role, a replication of previous findings. In addition, information regarding the husband's participation in child care tasks was obtained. It was predicted that women who received more assistance and who reported satisfaction with the amount of their husband's assistance would experience less difficulty.

Transition to Parenthood

In addition to investigating network variables, the present research sought to examine the impact of becoming a mother on both marital and personal dimensions of life. Literature pertaining to these areas will be discussed next.

The marriage as a dependent variable

Data on the relationship between arrival of the first child and marital satisfaction is somewhat inconclusive. Hobbs (1965) studied a random sample of 53 couples drawn from public birth records in North Carolina. These new parents were contacted by mail and asked to complete several questionnaires, including a marital rating. This study was later replicated by Hobbs and Cole (1976) using a random sample of 65 couples in Florida who had recently become parents. In 1965 and 1976 respectively, 100 percent and 99 percent of the men rated their marriages as being the same as before the baby's birth, or as more happy and satisfying than before. Ninety-eight percent of the women in both studies indicated a similar response. These results appear to indicate that very few marriages suffer deleterious effects after arrival of a child. However, the studies were not longitudinal in design, and measures may have been influenced by a social desirability factor related to the mythology surrounding parenthood.

Meyerowitz and Feldman (1966) utilized a "short-term longitudinal approach" in their study of 400 primiparous couples from different geographic areas in the United States. Interviews were held during the fifth month of pregnancy, five weeks after delivery, and five months

after delivery. A valuable feature of this research was inclusion of a control group of matching couples, half nulliparous and half multiparous, who were also interviewed. Findings indicated that the marital relationship prior to pregnancy was recalled as having been more positive than what was experienced during the pregnancy. This decline in satisfaction during pregnancy was significantly more pronounced for the husband than for the wife. At five weeks following delivery, both husband and wife experienced a slight improvement in satisfaction. When the baby was five months old, the couples reported a level of satisfaction even higher than that of the pre-pregnancy level. Despite this positive assessment, there had been a decline in the rating of the frequency of time that "things are going well"--from 85 percent during pregnancy to 65 percent at five months postpartum. The authors interpret this as indicative of stress during the second through fifth months. It seems plausible that while there were more conflicts and upsets due to the absorption of a third party, there were also more satisfactions of a new form occurring. While respondents agreed strongly that having a baby improved the marital relationship, they also agreed, albeit at a lower level, with the following statements: "our baby's needs conflict with our desires", "care of the baby limits the recreational activities we can do together", and "when the baby is awake we find less time for each other."

Miller and Sollie (1980) studied 109 volunteer couples in Tennessee at three different times: midpregnancy, when the baby was approximately one month old, and again at eight months postpartum. The two time intervals after arrival of the child were chosen to test for Feldman's idea of a "baby honeymoon" (see Hobbs, 1965)--the belief that couples are initially elated but soon experience a letdown as the full impact

of parenthood is felt. Along with various other questionnaires, a measure of marital stress developed by Pearlin (1975) was given. Results showed new mothers indicating more stress in their marriages after the baby had been born, and even higher marital stress when the infant was eight months old. New fathers' marital stress scores, however, remained essentially the same across the time span of the research. The finding that women tend to experience the impact of parenthood more strongly than men has been supported by a recent study (Harriman, 1983) of 120 parents where wives were found to perceive more overall life change and more change in their personal lives than husbands. Within the marital relationship change in sexual responsiveness was perceived as a negative change by both spouses.

Ryder (1973) reported on 112 Washington couples who were part of a large study comparing couples who had a child with those who did not. Couples were seen in the third or fourth month of marriage, then retested one or two years later. He found no significant differences in "marriage dissatisfaction" between the two groups. However, on a scale referred to as "lovesickness" (does your spouse pay enough attention to you; is she or he adequately loving?), wives with a child scored significantly higher than nulliparous women. It appears that women are more likely than men to experience undesirable change in the marriage.

In a large scale study of American couples, Feldman (1971) reports that, overall, the presence of a child in the home was associated with a lower level of marital satisfaction when compared to that of couples who never had children. He found that an increase in marital satisfaction with birth of a child was associated with having a more "differentiated" as opposed to a "companionate" marriage before becoming parents. These

"differentiated" couples appeared to find a focal point with their infant and were drawn closer, experiencing more companionship. Perhaps the couples who were already part of a close-knit pair felt the interruption in their relationship more keenly. While Feldman found a curvilinear relationship between marital satisfaction and the family life cycle, with the low point associated with childrearing years, he is careful to note that his data tell nothing about overall life satisfaction (i.e., satisfaction with parenthood, work, life in general).

In the Grossman et al. (1980) longitudinal study described earlier, nearly every woman in the sample reported that having children produced negative effects on the marital relationship. While the paper and pencil measures used (Locke and Wallace, 1959; Spanier, 1976) did not indicate dramatic differences, there was a temporary disenchantment at two months postpartum. The women's satisfaction with their marriage clearly decreased with the birth of their first child. These negative feelings, however, were accompanied by the positive effects of a new baby-- a sense of enrichment and deeper meaning in the relationship was also reported. Although the marriages regained high ratings at the one-year contact, the interviewers felt the marriage never seemed to regain the absolute centrality it had before the first child was born. These effects were not as evident for the men in the sample.

The review of the impact of the first child on marital happiness seems to indicate that when effects are felt, it is women who experience them most acutely. It appears that most couples undergo a period of stress as their relationship reorganizes to include a new member, yet the feeling of "two's company, three's a crowd" is not always experienced. In the present study a slight decline in marital satisfaction following

arrival of a child was predicted. While marital satisfaction may decline, it seems plausible that the increased responsibilities of parenthood would bring about an increase in commitment to the relationship. Blood and Wolfe (1960) found that women experienced a decline in marital power during the preschool years. They use a resource explanation to account for this decline, noting that the woman at home with small children is in a particularly dependent position. Given their findings, it was predicted that traditionally oriented women would experience a larger increase in commitment to the marital relationship than women with less traditional attitudes. These hypotheses were assessed longitudinally.

Division of labor between spouses was also examined, to determine if there were any shifts following arrival of a baby. Couples where the woman had left the labor force to become a fulltime homemaker were expected to develop a more specialized division of labor after becoming parents as compared to couples who both remained employed. It was speculated that women who remained in the home to assume child-care duties would tend to also assume responsibility for other domestic chores, resulting in a more segregated division of labor than among couples who both retained non-domestic employment.

Maternal employment

The issue of working women and the role conflicts they face upon entering parenthood has been virtually ignored in the literature. While researchers have examined the effects of working women on marriage and children, the experience of the individual woman is not dealt with. Beckman (1978) interviewed a sample of 123 Los Angeles women with either no children, small families (one child), or large families (three or more

children). She found that professional women were more likely than non-professionals to perceive role conflict between parenting and employment. The professionals saw employment as more of a challenge and opportunity for mental stimulation than did nonprofessionals, and tended to see parenthood as too much work and as interfering with a career. Non-professionals emphasized the socializing aspects of employment as a reward, and its interference with housework was a more salient cost. Thus, for professional women as compared to non-professionals, employment offered higher rewards, and parenthood higher costs. These findings suggest that for the career woman, transition to parenthood may be complicated by the occurrence of a "choice point" in her life. Does she continue to work, interrupt her career to begin a new one of child-rearing, or try both? The dilemma is not experienced to the same degree by men--who ever heard of a "working father?" Sollie and Miller (1980), in a study of 109 new parents found this to be a stress-producing issue, regardless of the solution chosen. Those who continued in careers often experienced doubts and indecisions, while many of those who remained home felt a lack of personal fulfillment and intellectual stimulation.

The question of what maternity deprives a woman of, and how this plays a part in psychological adaptation, has been briefly examined by Rubin (1967). She states that the loss of an occupational or other satisfying role and the sense of identity accompanying it may result in a period of grieving, which may look like depression in the postpartum period. Rubin suggests that "letting go" of a former identity and roles that are incompatible with new motherhood necessarily involves a process of grief work. As there has been no prior research investigating the

impact employment status has on degree of difficulty experienced in assuming the motherhood role, the present study examined the relationship between these two variables.

Spitze and Waite (1981) report that the husband's perceived attitude toward his wife working is the best predictor of her work status, better than a measure of the wife's sex-role attitudes and her taste for work. Trigg and Perlman (1976) found that women applying to non-traditional careers were more likely to perceive the attitudes of significant others as favorable toward nontraditional careers, as compared with women entering traditional fields. Inferring from these findings, in the present research it was hypothesized that women who perceived support for employment from important network members would be more likely to be currently employed or to be planning a return to work than women who felt their significant others held negative attitudes toward maternal employment. Perceived attitudes of the woman's own parents, her in-laws and her husband were assessed, and plans for employment both while the child is a preschooler and when he or she is in school considered.

Sex role orientation

Sex roles are prescriptive beliefs about the appropriateness of certain behaviors for males and females. In recent years, sex role orientation has been shown to relate to a wide range of variables, including maternal employment (Hansson, Chernovetz and Jones, 1977), psychological health (Nevill, 1976) and personal adjustment (Deutsch and Gilbert, 1976). Individuals are typically categorized as "masculine", "feminine", or "androgynous" (reflecting the presence of both stereotypically

masculine and feminine characteristics). Bem (1976) speculates that successful nurturing of an infant actually involves some "masculine" behaviors, such as taking initiative and improvising. Thus, she states that androgynous women, those with both masculine and feminine traits, may be more successful at mothering because they combine effectiveness with emotional responsiveness. Grossman et al., (1980) found partial support for this assertion, in that women who rated higher on the femininity scale were not doing as well at mothering at one year. This relationship was not found for experienced mothers. In the present study, it was predicted that androgynous women would report lower difficulty scores than their sex-typed counterparts.

Jordan-Viola, Fassberg and Viola (1976) found that members of feminist organizations were significantly more androgynous than a sample of university women, working women and housewives. Working women, in turn, were significantly more androgynous than housewives. If sex role orientation is in part a situationally-related aspect of self-concept, one could infer that having a child would increase perception of "feminine" qualities. For example, the experience of mothering presents a definite opportunity to see oneself as tender, gentle and nurturing. Thus, in the present study it was hypothesized that scores on the femininity subscale would increase for all women following arrival of a child and entrance into the at least temporarily salient new role of motherhood.

Parenthood as crisis

Previous studies

Beginning in the 1950s, a series of studies have concerned themselves

with the extent to which parenthood is experienced as a crisis. LeMasters (1957) began the trend by reporting that 83 percent of the 46 middle-class couples he interviewed reported "extensive" or "severe" crisis in adjusting to their first child. He felt many of the group had "romanticized" parenthood and had little preparation for their new role. This study has been criticized for possible experimenter effects (see Miller and Sollie, 1980) because the crisis rating was arrived at jointly by the interviewer and the couples. Also, the data was retrospective--the couples had had their first child within the previous five years.

Dyer (1963) administered questionnaires that he developed to 32 middle-class couples who had become parents within the past two years. He too found a majority (53 percent) of these new parents experienced "extensive" or "severe" crisis. Again, the data was retrospective and the questionnaire used is not presented.

Hobbs (1965) developed an objectively scored checklist of 23 items to index the degree of crisis experienced. Parents could indicate to what extent (none, somewhat, very much) they had been "bothered" by each item. Scoring categories for each degree of crisis (none, slight, moderate, extensive, severe) were developed. The questionnaire was given to a sample of white, urban, first-time parents drawn from public birth records in Greensboro, North Carolina. Sixty-five percent of the couples (53 parents) returned the questionnaire. Their babies ranged in age from three to 18 weeks, with a mean age of 9.8 weeks. Crisis scores were reported for both men and women, as well as for the couple. The mean crisis score for fathers was 6.3 (out of a possible 46), significantly different from the mean score for mothers, which was 9.1.

In contrast to the earlier studies, none of the couples scored in the "extensive" or "severe" categories. Rather, approximately 87 percent of the parents fell into the "slight" category. Hobbs (1968) replicated this research using a random sample of 27 couples in Florida, finding similar results (85 percent in the "slight" category). Again in 1976, Hobbs and Cole replicated the research on a sample of 65 North Carolina couples and found similar mean difficulty ratings. Over 97 percent of the respondents had difficulty scores which were "moderate" or lower, and the modal category was "slight."

Other authors have utilized the Hobbs checklist and reached similar conclusions. Russell (1974) reported data from a random sample of 271 Minneapolis couples indicating 95.2 percent of the fathers and 96.9 percent of the mothers experienced no more than moderate difficulty in adjusting to their first child.

Uhlenberg (cited in Hobbs and Cole, 1976) used a modification of the checklist in studying 53 Ohio State University couples, and found "some" difficulty characterized 98 percent of the males and 92.5 percent of the females; 1.9 and 7.5 percent of the fathers and mothers respectively reported "much" difficulty.

Beauchamp (cited in Jacoby, 1969) studied a sample of 37 married student couples in North Dakota, using a semi-structured interview with both parents for one half of the sample, and a structured questionnaire for the other half. The interview method classified 76.8 percent of the new parents as experiencing moderate or less difficulty, and 22.2 percent as experiencing extensive or severe crisis. The questionnaire method yielded comparable results--78.9 percent moderate or less, 21.2 percent extensive or severe.

A critical analysis

Social class. How are these divergent findings to be reconciled? Jacoby (1969) suggests the different samples employed may explain the inconsistency. Studies limited to middle-class respondents (LeMasters, Dyer, Beauchamp) find more parents reporting extensive or severe difficulty, whereas Hobb's more representative samples (made up in large part of working-class parents) contained no cases of extensive or severe crisis. Grossman et al. (1980) used a primarily middle-class sample and concluded that for primiparous women and their husbands, pregnancy and early parenthood are definitely a crisis of considerable proportions. Leifer (1977) reports that her sample of middle-class women underwent moderate to high degrees of stress and experienced the early phases of parenthood as a crisis exceeding that of pregnancy.

Some of the reasons Jacoby (1969) presents to explain why middle-class parents experience more crisis include: middle-class standards may be higher, parenthood is more likely to interfere with career aspirations for middle-class mothers, working-class women place greater intrinsic value on having children, the principal sources of gratification for working-class women are located within the family rather than outside, middle-class women are less experienced in the care of children, and the middle-class husband-wife relationship is more strongly established as affectively positive at the time of the birth. The possibility that mobile middle-class parents may have less of a support network is an additional explanatory factor. Countervailing arguments include the common sense observation that additional financial resources would make new parenthood less of a burden. Also, the more prevalent use of birth control in the middle class should lead to fewer unwanted children

(Jacoby, 1969). Grossman et al. (1980) report that women's conscious motivation for a child predicted to a remarkable degree how things were going at two and twelve months postpartum. Dyer (1963) also found a significant negative relationship between the planning of a baby and the degree of crisis experienced, while LeMasters (1957) and Hobbs (1965) found no relationship between these variables. Given these discrepant findings, the present research explored the relationship between income and degree of crisis experienced. Based on the literature on the relationship of perceived control to reduced stress (Averill, 1973) it was predicted that planned pregnancy would lead to a lower degree of crisis.

Methodological weaknesses. A more potent explanation of the divergent findings lies in scrutiny of methodology. The common denominator among studies reporting "slight" difficulty has been use of the Hobbs (1965) checklist. Hobbs himself (1968) states that while the checklist has been shown to be a fairly reliable instrument, research to date reveals little or nothing of its validity. The scoring categories are arbitrary--indeed, a person who is "somewhat" bothered by fully all areas of his or her life is classified by Hobbs as experiencing only "slight" crisis. An individual may subjectively feel he or she has experienced "extensive" crisis, yet emerge from the objective checklist responses in the "slight" category. Analysis of the checklist items reveals many which deal with interruptions in physical routine, or with feelings of exclusion by one or more members of the new triad. Items reflecting the personal crises so richly described in the Grossman et al. (1980) account, and the marital changes reported by Feldman (1971) are absent. A sample of additional items which might capture more

of the essence of changes new parents undergo would include the following: feeling I am stagnating as a person; concerned about slipping behind in my career; feeling out of touch with old friends even when we do get together; concerned about increased arguments with my spouse; and feeling tied down or burdened. Rather than quibble over the extent to which parenthood constitutes a crisis, research is needed which examines what factors explain the variability in difficulty scores, thus placing the experience of crisis in its social ecological context. The present research added several items tapping the personal crisis aspect of motherhood, and attempted to assess the validity of the scale by correlating difficulty scores arrived at using the checklist with each woman's answer to a question about the overall degree of adjustment and difficulty she felt she had experienced. It seems evident that establishment of the validity of the Hobbs checklist is a necessary precursor to its continued use.

Variables relating to the baby. A second criticism of past research involves the use of samples where there is a great range in age among the babies. Hobbs (1965; 1968; 1976) variously reports mean ages of 9.8 weeks, 23.8 weeks and 25.9 weeks, with a range from six to 52 weeks. Russell's (1974) sample ranged in age from six to 56 weeks. It seems apparent that the degree of crisis experienced by new parents would change as their baby grows older. In fact, Grossman et al. (1980) report that for most couples, by one year postpartum the crisis is essentially over--families have settled into fairly stable patterns, the period of major upheaval has passed, and their new child has been integrated into the family system. Use of samples where babies range in age from newborn to over one year of age has masked any effects that

are in existence. In the present research all infants were of a comparable age at the time their mothers were interviewed in order to control for any effects due to the age of the child. As well, the longitudinal design allowed for a comparison of changes experienced at two points in time.

Other variables relating to the baby need further attention. Fein (1976) found that parents of colicky babies reported feelings of guilt, rage, desperation and exhaustion. It may be that the type of baby one is "blessed" with, as suggested by Dyer (1963), plays an important role in the crisis experience. Russell (1974) found that fathers with an infant they rated as "active" (crying, "on the move", noisy, a feeding problem, sleeping less than most babies his or her age, having been seriously ill) were more likely to experience a high degree of crisis than men who checked fewer "active" items. For mothers, the relationship was in the same direction, but not statistically significant. Both men and women who rated their babies as "quiet" (eats well, easily adapts to routine, sleeps through the night, healthy) were less likely to experience crisis than average. Hobbs and Cole (1976) found that healthiness of the baby differentiated between fathers who experienced greater difficulty and those who did not; this relationship was not significant in the earlier Hobbs (1965) study. The present study examined the relationship between degree of difficulty experienced and the existence of a colicky infant, predicting a positive association.

Gratifications. There has been a conspicuous lack of attention to positive consequences stemming from new parenthood. In view of this, Russell (1974) developed a "gratification checklist" to examine rewards associated with the birth of a first child. She found that the

gratifications checked were more likely to be personal ones, rather than benefits to the husband-wife relationship or to relationships outside the marriage (with parents, relatives, neighbours). Results also indicated that more highly educated respondents tended to report fewer gratification items, and Russell suggests the instrument may measure sophistication as much as gratification. The present research examined gratifications among the sample of new mothers at two points in time, and tested for a relationship between education and number of rewards reported.

Summary

The primary purpose of the present investigation was to utilize network analysis in developing a social psychological understanding of the transition to motherhood. A longitudinal design was employed in order to assess network shifts accompanying this life transition, and to overcome limitations of previous studies where findings have been colored by retrospective designs and varying ages of the baby. Both causal relationships and descriptive network characteristics were investigated. A multi-faceted conceptualization of social support was utilized to examine the importance of networks in moderating the degree of difficulty experienced. Specifically, it was predicted that:

- (1) size of network would be inversely correlated with degree of difficulty;
- (2) content of network (number of female friends, other parenting adults in the network) would be inversely correlated with degree of difficulty;
- (3) satisfaction with help received from network would be inversely correlated with degree of difficulty;

- (4) the degree of disruption experienced in social ties would be positively associated with degree of difficulty; and
- (5) quantity of infant care provided by spouse would be inversely related to degree of difficulty.

The longitudinal design allowed for a test of the ability of network dimensions at one point in time to predict future distress.

Turning to the descriptive aspect of the research, predictions relating to changes over time were as follows:

- (1) it was predicted that total network size would significantly decrease from pregnancy to the one year followup;
- (2) the "professional" sector of the network was expected to increase over time;
- (3) a decrease in marital adjustment scores over time was hypothesized;
- (4) an increase in commitment to the marital relationship was hypothesized, and a larger increase for women with traditional attitudes expected;
- (5) scores on the femininity sub-scale of the Bem Sex Role Inventory (Bem, 1974) were expected to increase over time; and
- (6) division of labor was predicted to become increasingly specialized along traditional lines over time, more so for women who remained in the home as compared with those employed outside the home.

Several minor hypotheses were made regarding maternal employment, sex role orientation, and rewards experienced during the transition to motherhood. These were as follows:

- (7) it was predicted that women who were employed after the arrival of their child would perceive attitudes of significant others within their network as more favorable to employment than women who remained home full time;
- (8) women classified as androgynous on the Bem Sex Role Inventory (Bem, 1974) were expected to have lower scores on the difficulty checklist than women classified as feminine, masculine, or

undifferentiated, and

- (9) an inverse relationship between number of gratifications experienced and level of education was predicted.

CHAPTER TWO

METHOD

Subjects

Participants were selected on a volunteer basis from prepared childbirth groups throughout the City of Winnipeg. Instructors were asked to provide names of couples who had signed up for "early bird" sessions and were less than five months pregnant. Only primiparous women, married or living with a mate, were contacted. These couples were sent a letter describing the study and asking for their participation (see Appendix A). A followup phone call was made to see if the woman wished to be interviewed, and if so, a convenient time was arranged. All interviews were done in the respondent's homes, by trained psychology and social work students.

This investigation was confined to women's experience of new parenthood for several reasons. First, prior research on the female experience of motherhood has tended to rely on psychoanalytic theory, and used small, often clinical samples. Other studies have considered both husband and wife, in some instances averaging their scores, thus losing information on the unique experience of each partner. Normative data on psychosocial adjustments encountered by women is lacking. Second, as discussed previously in the literature review, prior research suggests women may feel the impact of parenthood most acutely, thus their network changes were of particular interest. Finally, feasibility was a factor in limiting the interviews to mothers only.

The Manitoba government Department of Health states that 74% of primiparous women attend prenatal classes they offer (personal communication, August 11, 1983). They do not have statistics on the number of women attending the numerous other classes offered by hospitals and private groups. The Winnipeg Childbirth Education Association estimates that over 80% of first-time mothers giving birth at a local hospital for which they provide prenatal education attend classes (personal communication, August 11, 1983). Thus, while the present research did not provide information which would generalize to the group of first-time mothers not attending prenatal classes, it did obtain a sampling of subjects from 7 different groups throughout the city. The response rate was very high, with over 90% of those contacted agreeing to participate. Fifty-five pregnant women were interviewed, 45 mothers re-contacted shortly after birth, and 39 of these women followed up one year later. Attrition was due to 13 moves, two refusals to continue, and one still-birth.

The three interview times were chosen to provide information on supports and adjustments at key points in this life transition. By the fifth month of pregnancy the fetus is a moving, tangible reality. The two month postpartum contact point was chosen to gain information at a time when the demands of the new role would be very salient, and the one year followup was chosen to provide a picture of network shifts and adjustments after some degree of equilibrium had been established.

Measurement of variables

The research involved collection of data through both an interview and completion of several questionnaires. At Time 1, demographic

information was gathered, and measures of the social network, marital adjustment, division of labor, androgyny, self-esteem and loneliness obtained. At Time 2, information regarding the birth, and difficulties and rewards experienced since the baby's arrival was collected in addition to social support and personality measures. This pattern was repeated at Time 3. The measures of each major variable will be briefly discussed, with interview measures presented before the questionnaires.

Social network assessment

Following questions regarding basic background information, such as age, education, income and length of time married, each respondent was asked several questions regarding her social network. Using the technique developed by McCallister and Fischer (1978), each respondent's "core" network was tapped--the part that is felt to most influence attitudes, behavior and well-being. This approach defines the core network as the set of people who are most likely to be the sources of a variety of rewarding interactions, such as discussing a personal problem, borrowing money, or socializing. The method is based on the exchange theory of relations (Thibaut and Kelley, 1959) and implies people who are sources of rewarding interactions will be particularly important in shaping attitudes and behavior. The questions which elicit the core network can be found in Appendix B. A master list of names was drawn up, and the respondent asked if each member of her network was a friend, relative, or other role relation (such as minister), whether he or she had children, and how many lived within a ten minute drive. Questions regarding the number of close women friends who are also mothers, the number of network members who are recent additions, the frequency of contact with kin and friends, and the existence of a "professional" network were also included.

Satisfaction with help received from husband, friends, family and in-laws was measured on seven-point Likert-type scales, with one representing complete satisfaction and seven "not at all satisfied." These were summed to form a composite measure of satisfaction with help received from the network with high scores indicating dissatisfaction.

Each woman was asked about her babysitting contacts, and whether she felt a need to get together more with other new parents in either a formal or informal way.

Disruption in network relationships. Disruption in network relationships was assessed by the following item, administered at Times 2 and 3:

To what extent did having a baby lead to a disruption in your pattern of social relationships?

Responses were indicated on a seven-point Likert-type scale, with one representing "not at all" and seven "caused a major change in social relationships."

Division of labor

The Blood and Wolfe (1960) method of assessing marital division of labor was employed. This involves eight questions regarding household tasks, which are rated on a five-point scale as follows:

Who keeps track of the money and bills?

1	2	3	4	5
husband	husband more than wife	H and W exactly the same	wife more than husband	wife always

Division of labor can be specialized along traditional sex lines, or can take a more egalitarian form. The scale ranges from 8 to 40, with a score of 40 indicating segregation of labor along traditional lines,

and a score of 8 reflecting a sex-role reversed division of labor. A score of 24 indicates a pattern where both husband and wife share equally in various tasks.

Husband's participation in child care

The husband's participation in child care tasks was assessed by recording the frequency with which he bathed and fed the child, changed diapers, and spent time with the infant while the mother was away from home. The items relating to bathing, changing diapers and serving as primary caretaker were summed to form a composite measure of quantity of child care assistance provided by the husband. The item pertaining to feeding the baby was excluded because of the high proportion of mothers breastfeeding. High scores on the composite measure indicate infrequent participation by the husband.

Maternal employment

The women were asked whether they planned to remain at home, work full-time, or work part-time, both when their child is a preschooler and when he or she is in school.

Each woman was asked to rate on a four-point scale ranging from "most favorable" to "most unfavorable" what she perceived the attitude of her husband, parents and in-laws to be toward her working while her child is a preschooler. Similar questions regarding attitudes towards employment when the child is in school were also administered. The six questions relating to network support for maternal employment can be found in Appendix D. These were summed into two composite indicators of network support for maternal employment, one reflecting attitudes pertaining to the preschool situation and one pertaining to

employment when the child would be of school age. High scores on the composite measures indicate unfavorable attitudes.

Pregnancy, delivery and transition to motherhood measures

Questions relating to the pregnancy and baby included attendance at various forms of classes, type of delivery, whether or not husband was present, method of feeding, and the existence of medical problems. Colic was assessed dichotomously (presence/absence). The women were asked to rate the degree of postpartum depression they experienced on a five-point Likert-type scale. Other Likert-type scales dealt with the degree of adjustment they felt they had made following arrival of their child, the amount of difficulty they experienced in making these adjustments, and the extent to which becoming a parent had been a "turning point" in their lives. The final interview measure was open-ended, asking each mother to give one piece of advice to other new parents. The entire interview schedule can be found in Appendix B.

At several points in the interview each respondent was asked to complete a paper-and-pencil measure. A discussion of each in the order they were given follows:

Marital adjustment

Eleven items from the Spanier Dyadic Adjustment Scale (1976) were administered. Four items were from the dyadic satisfaction subscale, including a question dealing with commitment to the relationship. There were two items each from the dyadic consensus and dyadic cohesion subscales, and the remaining three were from the affectional expression subscale. This measure can be found in Appendix C. The items chosen

all load highly on the factor from which they were selected (factor loadings range from .48 to .82), with the exception of an item dealing with agreement on amount of time spent together, which loads .34 on the consensus factor. This item was included because agreement on time spent together would seem to be especially important after the couple become parents and begin the process of reorganizing their schedules to share the responsibilities of raising a child. The Spanier scale has high scale reliability (total scale reliability is $r=.96$) and good content, criterion-related, and construct validity (Spanier, 1976). The scale was scored such that high scores reflect poor marital adjustment.

Gender role modernity

Scanzoni (1976) developed several scales to assess gender role modernity (or egalitarianism) as opposed to role traditionalism. He used those measures to predict influences on birth intentions. The present research utilized several relevant questions from each of his scales--Traditional Wife Role, Wife Self-Actualization, Traditional Husband Role, Institutionalized Equality, and Traditional Mother Role. Each respondent was asked whether she strongly agreed, agreed, disagreed, or strongly disagreed with thirteen items. Sample items follow:

Traditional Wife Role: A married woman's most important task in life should be taking care of her husband and children.

Self-Actualization: A woman should be able to make long range plans for her occupation in the same way that her husband does for his.

There should be more day care centers and nursery schools so that more young mothers could work.

Traditional Husband Role: A married man's chief responsibilities should be his job.

Traditional Mother Role: A working mother can establish just as warm and secure relationship with her children as a mother who does not work.

Institutionalized Equality: If a woman works, her husband should share equally in household chores such as cooking, cleaning and washing.

The entire scale can be found in Appendix D. Scores on this attitude scale range from 13 to 52, with high scores indicating role traditionalism.

Loneliness

The four-item, short form of the UCLA Loneliness Scale (Russell, Peplau and Cutrona, 1981) was included (see Appendix D). The concept of loneliness seemed relevant and important in assessing network changes following a role shift such as new parenthood. The scale was selected from several available measures of loneliness because of its shortness. The items are an optimal subset of the longer UCLA scale which has a high alpha coefficient (.90+), and encouraging known-group, discriminant and construct validity (Russell, Peplau and Cutrona, 1981).

Self-esteem

A ten-item scale developed by Rosenberg was administered (Robinson and Shaver, 1973). This is a self-report measure of the self-acceptance aspect of self-esteem. Test-retest reliability over a two-week period is reported as $r = .85$, and mean concurrent validity with other self-esteem measures approximates .60. The measure was scored such that high scores reflect a positive self-concept.

Bem Sex Role Inventory

The Bem Sex Role Inventory (1974) assesses the extent to which an

individual's self-perception is stereotypically masculine or feminine. Masculinity and femininity are conceptualized as two independent dimensions, making it possible, for example, for an individual to be characterized as both assertive and yielding, rather than either one or the other. Sixty stereotypically masculine, feminine and neuter adjectives are rated on a seven-point scale according to how true the individual feels each characteristic is of himself or herself. Each individual receives a Masculinity score and a femininity score with high scores on each scale reflecting greater perceived amounts of those characteristics. The Androgyny score is defined as Student's t ratio for the difference between a person's masculinity and femininity scores. The complete inventory is in Appendix E.

Hobbs difficulty checklist

A checklist of difficulties other new parents have experienced was presented to respondents and each asked to indicate the degree to which she had been "bothered" by each--not at all, somewhat, or very much (scored 0, 1 and 2 respectively). Thus, the scale measures reactions to events often experienced by new parents, rather than the existence of these events. The checklist was developed by Hobbs (1965), and Hobbs and Cole (1976) report the ten most and the ten least discriminating items. Scoring categories developed by Hobbs are as follows: 0 - 11.5 (slight), 12 - 22.5 (moderate), 23 - 33.5 (extensive), and 34 - 46 (severe). Five items designed to tap the personal crisis aspects of new parenthood were added for the present research, and are the last five questions on the scale in Appendix F. No reliability or validity data are reported in previous research.

Parenthood gratifications

The gratification checklist developed by Russell (1974) was

administered to the women (see Appendix G). The new mothers were asked to rate whether they had experienced various rewards associated with new parenthood very much, somewhat or not at all. Sample items include a sense of pride in the baby's development, increased appreciation of one's own parents, a purpose for living, and feelings of "fulfillment." High scores on this measure indicate the presence of many gratifications.

RESULTS

All results presented refer to the group of 39 women who were present at all three measurement times. A comparison of this sample with data from the 16 women who were unable to complete all phases of the study revealed no significant differences between the two groups on age, number of years married, or size of network at Time 1. One may speculate, however, that the women who moved experienced greater shifts in their networks which may have compounded their adjustment to motherhood.

Description of the sample

The mean age of the women in the sample was 25.2 years, with a range from 20 to 31 years. The mean age of their husbands was 27.1 years, with a range from 21 to 32 years. The couples had been living together or married an average of three years. During pregnancy nearly all of the women (94%) were working full-time, part-time, or attending classes. The women represented a variety of occupations, from clerical workers to professionals. With regard to joint income, approximately 60% of the sample earned more than \$25,000 per year. By the one year followup, income had decreased slightly, with 50% reporting incomes above \$25,000, and 50% below. Income within the sample ranged from "less than \$5,000 per year" (2.7%) to "more than \$35,000" (27%), with a standard deviation of 1.8 on the eight-category scale.

Three-quarters of the women in the sample indicated that their pregnancy was planned. All of these new parents, both male and female, had attended some form of childbirth preparation class. All of the

males were present during labor, and 90% also attended at birth.

An interesting finding related to complications during labor and/or delivery. Forty-four percent of the women reported experiencing some form of complications (e.g., anoxia, cord around the neck), and 10% had cesarean deliveries. These data are consistent with the 55 percent complication rate reported by Grossman et al. (1980), who conclude that some degree of difficulty in the process of childbirth is normal. These authors point out that an unfortunate aspect of today's mythology of childbirth is that most women expect a problem-free delivery, whereas approximately one in two have at least some complications.

The mean age of the babies at the time of the first interview was 1.9 months, and the mean age at the time of the followup interview was 13.7 months. There were 20 girls born to women in the study, and 19 boys. Approximately one third of the babies (28%) were described by their mothers as being colicky.

Results of predictions

Changes over time

Networks. In order to explore the changes in network dimensions which occurred during pregnancy and the first year of motherhood, several repeated measures analyses of variance were performed, with no between factors and time serving as the sole within factor. As numerous analyses were performed, the Bonferroni procedure for dividing alpha (Hays, 1981, p. 435) was utilized, resulting in a level of .01 being used to test significance. Total size of network, the number of kin members, the number of network members with children, the proportion of

network members with children, and the size of professional network were used as dependent variables.

With regard to total network size, significant changes were found over time ($F(2,74) = 5.63, p = .005$). The mean network size decreased from 16.6 (s.d.=6.5) during pregnancy, to 14.6 (s.d.=5.7) shortly after birth, to 13.5 (s.d.=4.8) at the one year followup.

With regard to the number of kin within the network, results also indicated a significant decrease over time ($F(2,74) = 12.1, p = .000$). During pregnancy the women's networks had an average number of 8.5 kin members (s.d.=4.8), at the two months postpartum interview the mean number was 6.9 (s.d.=3.3), and one year later an average number of 5.0 (s.d.=3.7) kin relationships were reported.

The majority of the women in the sample (58% at Time 2; 53% at Time 3) felt that frequency of contact with their kin had increased since arrival of the baby. This trend was not as marked with regard to contact with in-laws; at Time 2, 51% reported an increase and at Time 3 48% reported an increase. A small percentage of women at both times reported a decrease in contact with kin and in-laws following the birth of their child (own kin, 4% and 7% at Time 2 and 3; in-laws, 2% and 8%). With regard to contact with friends, at Time 1 26% of the sample reported an increase, 33% a decrease, and 41% perceived contact to have remained the same. The corresponding figures at Time 3 were as follows: increase in contact (31%); decrease in contact (31%); remained the same (38%).

The repeated measures analysis of variance for number of network members with children showed no significant changes over time. However, the means were increasing in the expected direction; the pregnant women

reported an average of 3.8 network members with children, (s.d.=2.7), this increased to a mean of 4 members (s.d.=2.4) shortly after birth, and further increased to an average of 4.7 members (s.d.=2.3) at the one year followup. As well, the proportion of other parenting adults within the network (ratio of parents to total network size) significantly increased over time, from 24% at Time 1 to 28% after birth to 36% at Time 3 ($F(2,72) = 11.70, p = .000$).

The hypothesis regarding development of a professional network during the transition to motherhood was also tested using a repeated measures analysis of variance. Results were nonsignificant ($F(2,76) = 3.30, p = .04$), although the means indicated a trend in the expected direction, with mothers of one year olds reporting larger professional networks than during pregnancy ($\bar{X}=7.8$, low scores representing presence of more professionals).

As the empirical data relating to characteristics of networks for different populations is sparse, several descriptive parameters found in this investigation of first-time mothers will be presented. The mean size for each network can be found in Table 1. It can be seen

Insert Table 1 about here

that while total network size decreased by an average of three members, the number of people performing each function remained comparable across the three time points. This suggests that the demands made on existing members were greater at Time 3 than at Time 1.

Marital adjustment. A repeated measures analysis of variance with no between factors and time serving as the sole within factor was done

Table 1

Network Characteristics: Mean Number of Members Providing VariousFunctions

	Time 1	Time 2	Time 3
<u>Total size*</u>	16.6	14.6	13.5
<u>\bar{X} providing each function:</u>			
help with household tasks	1.6	1.8	1.5
socializing	10.2	8.8	11.0
discuss personal worries	4.8	3.8	4.6
advice in important decisions	1.6	1.6	2.3
could lend money	3.3	3.3	3.7

*Note: These figures do not include spouse.

in order to test for changes in marital adjustment. Results indicated significant differences in mean marital adjustment scores at the three points in time, ($F(2,64) = 32.7, p = .000$). The mean scores on a short form of the Spanier Dyadic Adjustment Scale were as follows: during pregnancy 19.4 (s.d.=3.3); shortly after birth, 20.9 (s.d.=3.3); and one year later, 22.3 (s.d.=4.7). On this scale higher scores indicate a lower quality of marital adjustment. Thus, these results indicate that a decrease in marital adjustment accompanied the transition to motherhood for the women in the sample.

All information relating to the various one way repeated measures analyses of variance performed (to test descriptive changes over time) can be found in a summary table in Appendix H.

The hypothesis that women with traditional attitudes would experience a larger increase in commitment to marriage than women with less traditional attitudes was tested using a repeated measures analysis of variance, with one within factor (time) and one between factor (attitude score). A median split was used to divide the sample into those with high scores on the Scanzoni Role Modernity Scale (reflecting traditional attitudes) and those with low scores on the scale. Neither the main effect or the interaction was significant. There were no significant changes in commitment to marriage over time, and women with traditional as opposed to non-traditional attitudes did not differ in scores on this variable. This anova is summarized in a table in Appendix I.

Femininity. Contrary to prediction, the repeated measures analysis of variance using the Bem Femininity sub-scale as the dependent variable showed no significant changes over time, ($F(2,74) = 1.73, p = .18$).

The mean scores at the three interview times were very stable: 5.1 (s.d.=.6), 4.9 (s.d.=.6), and 5.0 (s.d.=.7) for Times 1, 2 and 3 respectively.

Division of labor. Changes in division of labor were examined using a repeated measures analysis of variance, with no significant changes over time found ($F(2,70) = 2.00, p = .06$). The hypothesis that women in the home would adopt a more specialized division of labor than those who continued with outside employment was tested using a one way analysis of variance. Results were non-significant at Time 2, ($F(1,35) = 1.3, p = .32$); however at the one year followup significant differences in division of labor were found between women who remained at home and those who were involved in outside employment $F(1,35)=4.24, p=.05$. Women employed outside the home reported a more egalitarian division of labor ($\bar{X}=26.7$) than women who were full-time homemakers ($\bar{X}=30.0$).

Loneliness. Changes in loneliness over time were explored using a repeated measures analysis of variance. There were no significant differences in the mean score over time ($F(2,74) = .09, p = .91$). The mean scores on the short form of the UCLA Loneliness Scale were very stable over time, with 7.1 (s.d.=1.5), 7.2 (s.d.=1.8) and 7.2 (s.d.=1.6) reported at Times 1, 2 and 3 respectively. In a Los Angeles study involving 250 people between the ages of 18 and 40, the mean score was 8.2 (Russell, Peplau, and Cutrona, 1980), suggesting that the mothers in the current study were not experiencing loneliness to any degree greater than that experienced in the general population.

Self-esteem. Changes in self-esteem over time were explored using a repeated measures analysis of variance. Results were nonsignificant, indicating that, for the women in the sample, self-esteem did not fluctuate significantly during this life transition ($F(2,74) = 2.97, p = .06$). Means and standard deviations were as follows: Time 1, $\bar{X} = 34.1, s.d. = 3.6$; Time 2, $\bar{X} = 32.9, s.d. = 3.6$; and Time 3, $\bar{X} = 33.4, s.d. = 3.9$.

Difficulty experienced in adjusting to motherhood

Relationship of network variables to difficulty

In examining the impact of various network dimensions on difficulty experienced in adjusting to motherhood, a stepwise multiple regression approach was used. This approach is designed to yield the maximum R^2 with the minimum number of independent variables for the sample at hand (Cohen and Cohen, 1975, p. 103). In testing hypotheses relating to difficulty experienced in the transition to motherhood, the criterion variable was score on the modified Hobbs difficulty checklist. The correlation between this 27-item checklist and a subjective question asking the women to rate the degree of difficulty they had experienced was .4, $p < .05$, at both interview times, suggesting that the scale has a moderate degree of validity. Item to scale correlations for the measure are shown in Table 2. Cronbach alpha was found to be .76 at Time 2 and .57 at Time 3.

Insert Table 2 about here

In the following section Times 1, 2 and 3 refer to measurement times during pregnancy, shortly after birth, and one year later. Zero-order correlations describing the relationships among the dependent and independent variables can be found in Appendix J.

Predicting Time 2 difficulty from Time 2 network variables. Stepwise multiple regression was performed using network variables at Time 2 as predictors of Time 2 difficulty. Size of network, content of network, satisfaction with network, help received from husband, and degree of disruption felt in network relationships were entered as predictors. The satisfaction variable consisted of a composite of four items referring to satisfaction with help received from family, in-laws, friends and husband. Content of network was examined by entering total

Table 2

Item to scale correlations, revised Hobbs Difficulty Checklist

<u>Item</u>	<u>Correlation with total scale</u>	
	Time 2	Time 3
1. money problems	.09	.60
2. feeling edgy	.43	.42
3. additional work	.57	.15
4. physical tiredness	.32	.45
5. change plans	.18	.47
6. interruption of routine	.57	.44
7. housekeeping not neat	.48	.57
8. decreased contact with friends	.44	.35
9. decreased sexual responsiveness	.41	.46
10. in-laws interference	.20	.30
11. decreased contact with work friends	.23	.05
12. worry re: appearance	.50	.45
13. worry re: figure	.39	.27
14. doubts about parenting worth	.50	.41
15. distant from husband	.35	.12
16. off schedule meals	.41	.35
17. reduced privacy	.28	.50
18. disturbed about feelings re: baby	.60	.50
19. husband showing too much attention to baby	.19	.16
20. husband showing too little attention to baby	.42	.31
21. husband showing too little attention to me, too much to baby	.18	.16
22. unable to sleep	.45	.40
23. stagnating as person	.34	.56
24. slipping behind in career	.27	.04
25. out of touch with old friends	.42	.41
26. feeling tied down	.52	.24
27. increased arguments with spouse	.26	.40

number of network members who were also parents, and the number of close female friends with whom the subject discussed child-rearing concerns. The "help from husband" variable consisted of a composite of three items regarding husband's involvement in diaper changing, bathing the baby, and time spent as primary caretaker.

Results indicated a significant overall multiple r of .54, $p < .01$, as shown in Table 3. Of the six variables entered, three were chosen

Insert Table 3 about here

and together accounted for approximately one third of the variance in difficulty scores at Time 2. Degree of disruption experienced in social relationships entered first, accounting for 14% of the variance. Number of other parents in one's network added an increase of 9% to the equation, and satisfaction with help received from network members added a further 7% of explained variance. Amount of help received from husband, number of female friends, and total size of network did not enter the equation, as they did not result in a significant increase in R^2 . Thus, shortly after arrival of a child, the sense of disruption in ties, the number of other parents in one's social circle (content) and satisfaction with help received (quality) were significant components in relation to difficulty experienced, as predicted.

In order to examine the impact of the quality of marital adjustment on difficulty experienced, scores on the Spanier Dyadic Adjustment Scale were added to the regression equation. Results are shown in Table 4.

Insert Table 4 about here

Table 3

Stepwise Multiple Regression of Time 2 Network Variables to Time 2Difficulty Scores

	Full Equation Multiple <u>r</u>	<u>r</u> ²	<u>F</u>
	.54	.30	4.76*
Variable	Beta	95% Confidence Interval	
DISRUPTION	.29	(-.01, .59)	
TOTAL NUMBER PARENTS	-.29	(-.59, .01)	
SATISFACTION	.26	(-.04, .56)	

* $p < .01$

Table 4

Stepwise Multiple Regression of Time 2 Network Variables, Including
Marital Adjustment, to Time 2 Difficulty

	Full Equation Multiple <u>r</u>	<u>r</u> ²	<u>F</u>
	.61	.38	4.65*
Variable	Beta	95% Confidence Interval	
TOTAL NUMBER PARENTS	-.31	(-.59, -.03)	
SPANIER	.30	(.02, .58)	
DISRUPTION	.27	(-.01, .56)	
SATISFACTION	.19	(-.07, .45)	

p < .01

With marital adjustment included, the multiple r increased to .61, $p < .01$. The marital relationship can be considered to constitute a "content" within one's network. Thus, when the above mentioned network variables are entered into a multiple regression equation on difficulty scores, nearly 40% of the variance is accounted for. Knowledge of marital adjustment leads to a significant increase in overall R^2 . High scores on the marital adjustment measure (indicating poorer quality of marital adjustment) were associated with high scores on the difficulty checklist.

Predicting Time 3 difficulty from Time 3 network variables. Stepwise multiple regression paralleling that done to examine Time 2 relationships was done using Time 3 variables. Results are shown in Table 5. It can be seen that at this period as well a large proportion of the

Insert Table 5 about here

variance could be accounted for given knowledge of particular network dimensions (multiple $r = .57$, $p < .025$). While the overall pattern is similar to that found at Time 2 (content, satisfaction and disruption variables entered), there are several noteworthy differences. At this point in time satisfaction with one's network is entered into the equation first, alone accounting for 50% of the explained variance. Women who were dissatisfied with the amount of help they were receiving from network sources tended to report high difficulty scores. A second difference is the inclusion of number of female friends, as opposed to total number of parents. An unexpected finding was the existence of a positive coefficient for this relationship, suggesting that women with more female friends with whom they discussed child rearing concerns tended to report higher difficulty scores. At neither Time 2 or 3 did variables relating

Table 5

Stepwise Multiple Regression of Time 3 Network Variables to Time 3Difficulty Scores

	Full Equation Multiple <u>r</u>	<u>r</u> ²	<u>F</u>
	.57	.32	4.41*
Variable	Beta	95% Confidence Interval	
SATISFACTION	.40	(.12, .68)	
DISRUPTION	.32	(.04, .60)	
FEMALE FRIENDS	.26	(.00, .52)	

*p < .025

to actual quantity of help received from husband, or total network size enter into the equation.

To examine the impact of quality of marital adjustment on difficulty experienced at Time 3, scores on the Spanier were added to the regression equation. Results indicated that at Time 3, knowledge of marital adjustment did not lead to a significant increase in overall R^2 .

Further examination of network satisfaction. As satisfaction with network proved to be an important predictor of difficulty scores at both time points, further regression analyses were performed to explore which sources were influential in accounting for its impact. Satisfaction with help scores from husband, family, in-laws and friends were regressed on difficulty scores at Time 2 and Time 3. Results indicated that at Time 2, satisfaction with help received from husband was the most important predictor, accounting for 13% of the variance ($r = .36$, $p < .05$). Once it was entered in the equation, no other satisfaction variables added a significant increase in overall R^2 . However, at Time 3 the picture had changed (see Table 6). A significant overall multiple r

 Insert Table 6 about here

of $.49$, $p < .025$ was found. Satisfaction with help received from family and from in-laws was entered into the equation, together accounting for 24% of the variance in difficulty scores. Thus, it appeared that in the early stages of adjusting to new motherhood, satisfaction with help received from husband was important, while one year later satisfaction with help provided by family and in-laws became a more salient factor.

Table 6

Stepwise Multiple Regression of Network Satisfaction on DifficultyScores, Time 3

	Full Equation Multiple \underline{r}	\underline{r}^2	\underline{F}
	.49	.24	4.63*
Variable	Beta	95% Confidence Interval	
FAMILY HELP	.36	(.06, .66)	
IN-LAW HELP	.29	(.00, .58)	

* $p < .025$

The relationship between the network variables investigated in this research and difficulty experienced in adjusting to motherhood is summarized in Figure 1. Differences in the pattern found at Time 2 and Time 3, and in the components of satisfaction which were found to be significant, are illustrated in the figure.

 Insert Figure 1 about here

Do network variables at one point in time predict future difficulty?

In order to assess whether network dimensions at one point in time predict future difficulty, stepwise multiple regression of six Time 2 network variables (size, satisfaction, number of parents in network, female friends, amount of help received from husband, and disruption in ties) was performed on Time 3 difficulty scores. Results were nonsignificant (multiple $r = .39$, $F(3,29) = 1.82$, $p > .05$) as was a similar analysis regressing Time 1 network variables on Time 2 difficulty scores.

Demographic and infant-related correlates

The impact of a variety of demographic and baby-related variables on difficulty was examined by entering income, age of mother, age of father, education of mother, presence of colic, and planning of pregnancy into a regression analysis. At Time 2, an overall multiple r of .48, $p < .025$ was found (see Table 7). Two variables emerged as significant;

 Insert Table 7 about here

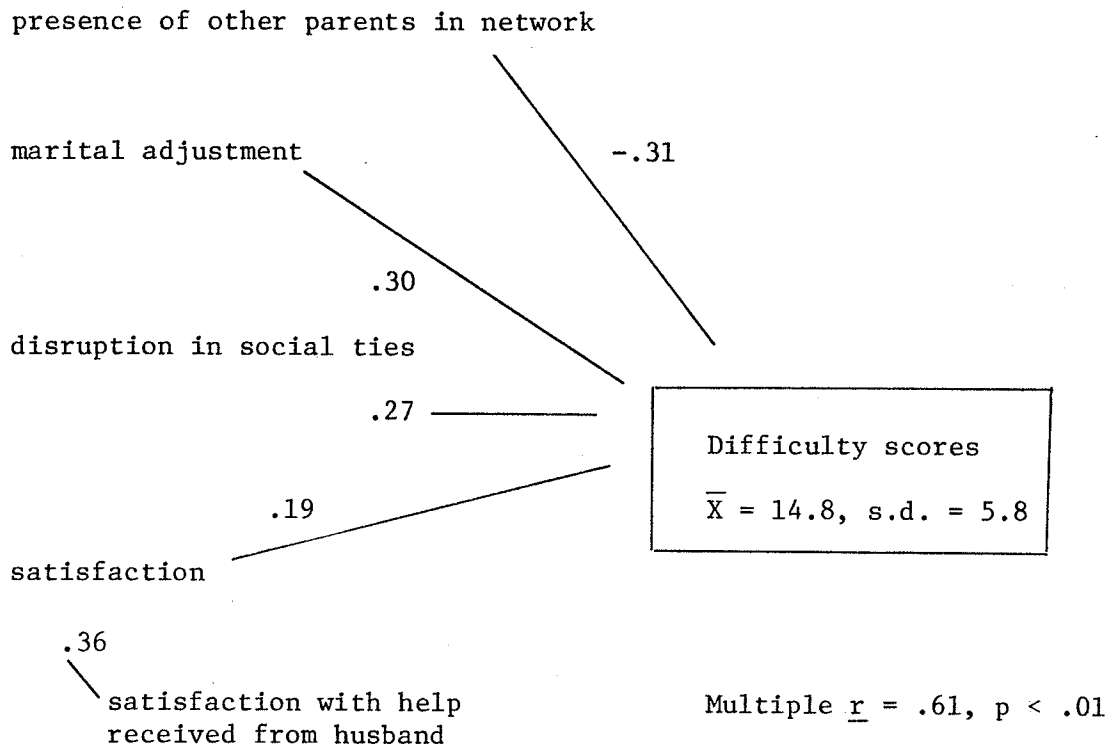
health of baby and age of husband. Women who rated their baby as colicky

Figure Caption

Figure 1. Summary of the relationship of network variables to degree of difficulty experienced in the transition to first-time motherhood:
Concurrent correlates*

*The standard regression coefficient (beta) is used to indicate the strength of each variable in the overall regression equation.

Two months postpartum



Fourteen months postpartum

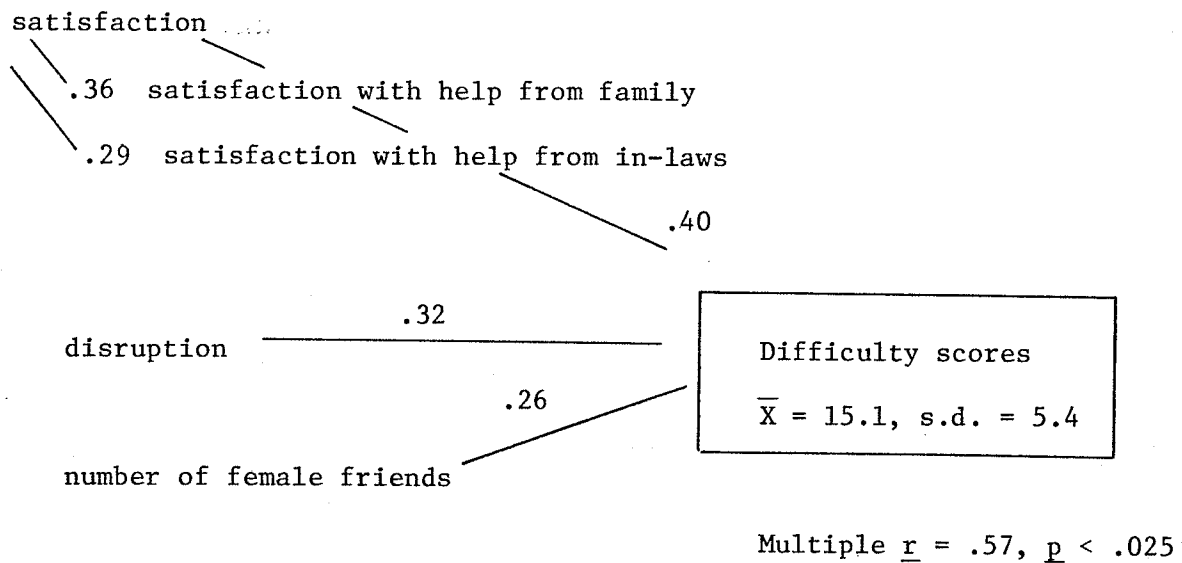


Table 7

Multiple Regression of Demographic Variables to Difficulty ScoresTime 2

	Full Equation Multiple \underline{r}	\underline{r}^2	\underline{F}
	.48	.17	4.98*
Variable	Beta	95% Confidence Interval	
COLIC	.40	(.08, .72)	
AGE OF HUSBAND	-.23	(-.53, .07)	

* $p < .025$

tended to report more difficulty, as did those with younger husbands.

At Time 3 a similar analysis yielded a highly significant overall multiple r of .63, $p < .005$ (see Table 8). Knowledge of income, health

 Insert Table 8 about here

of the baby and age of the mother allowed prediction of 40% of the variance in difficulty scores. The coefficient for age was positive, indicating that older mothers tended to report more difficulty. The negative coefficient for income indicates that those with higher incomes tended to report less difficulty.

Maternal employment and difficulty

The impact of maternal employment status on difficulty experienced was examined using a one-way analysis of variance. The sample was divided into two groups; those who were in the home full-time, and those who were involved outside the home, on either a part-time or full-time basis. As no prior research exists on the relationship of first-time mothers' employment status to difficulty experienced, and the present investigation was exploratory, an alpha rate of .10 was selected.

At Time 2 there were no significant differences between the two groups on difficulty scores. The means found were as follows: in the home, $\bar{X} = 15.9$, s.d. = 6.1; outside the home, $\bar{X} = 13.1$, s.d. = 5.1. However, at Time 3 a significant difference was found (see Table 9). Mothers

 Insert Table 9 about here

who were at home full-time reported a mean difficulty score of 17.6

Table 8

Multiple Regression of Demographic Variables to Difficulty Scores,Time 3

	Full Equation Multiple <u>r</u>	<u>r</u> ²	<u>F</u>
	.63	.40	6.49*
Variable	Beta	95% Confidence Interval	
INCOME	-.49	(-.79, -.19)	
COLIC	.48	(.18, .78)	
AGE OF MOTHER	.31	(.03, .59)	

*p < .005

Table 9

Analysis of Variance Summary TableRelationship of Employment Status to Difficulty Scores, Time 3

Source	<u>df</u>	<u>Mean Square</u>	<u>F</u>	<u>p</u>
Employment status	1	81.38	2.97	.09
Residual	32	27.36		

(s.d. = 5.7), while those involved outside the home reported a mean difficulty score of 14.2 (s.d. = 5.0). Thus, at both time points the trend indicated that women at home experienced greater difficulty; this difference was statistically significant at Time 3 only.

Androgyny and difficulty

The prediction that androgynous women would experience less difficulty than their sex-typed counterparts was tested using a one-way analysis of variance. The sample was divided into two groups on the basis of scores on the Bem Sex Role Inventory (Bem, 1976); those classified as "non-androgynous" (feminine, masculine, and undifferentiated) and those classified as "androgynous". Score on the difficulty checklist served as the dependent variable. Results were non-significant. The mean scores for the two groups on the difficulty checklist were as follows: non-androgynous, $\bar{X} = 16.1$ (s.d. = 4.7); androgynous, $\bar{X} = 13.5$ (s.d. = 6.3).

Postpartum depression and difficulty

In the single measure of postpartum depressive affect included in this study, women were asked to indicate on a five-point scale the degree of depression they had experienced following arrival of their child. Results (displayed in Table 10) are consistent with those

 Insert Table 10 about here

reported by Cutrona (1981) who found that 60 percent of the women in her sample reported symptoms of tearfulness and anxiety.

As expected, the relationship between depression and difficulty

Table 10

Frequency of Postpartum Depression

To what degree did you experience postpartum depression?

	Time 1	Time 3
1 = not at all	28.2	27.5%
2 = a few "blue" days	46.2	40.0%
3	10.2	12.5%
4	10.3	2.5%
5 = felt quite depressed	5.1	17.5%
	<hr/>	<hr/>
TOTAL	100.0%	100.0%

experienced was positive, and was of a strength that supported the hypothesis (Time 2, $r = .47$, $p < .05$; Time 3, $r = .37$, $p < .05$).

Other Hypotheses

Employment status and network attitudes

In order to test the hypothesis regarding attitudes within the network toward maternal employment, and actual employment, two one-way analyses of variance were performed. The sample was divided into two groups; those who were in the home full-time, and those who were involved outside the home. Scores on the "attitudes to work" scale were compared for each group. This scale consisted of a composite of three items rating the attitude of husband, family and in-laws towards maternal employment while the child was a preschooler. Scores ranged from 3 (most favorable) to 12 (most unfavorable). An ANOVA was done for scores at Time 2 and Time 3. Results were significant at both time points (see Tables 11 and 12). Women who were in the home reported a mean

 Insert Tables 11 and 12 about here

score of 8.5 (s.d. = 2.8) at Time 2 and 9.3 (s.d. = 3.0) at Time 3. These means were significantly different from the means reported by women employed outside the home; Time 2, $\bar{X} = 6.5$ (s.d. = 1.9), and Time 3, $\bar{X} = 6.4$ (s.d. = 1.6). These results indicate that women in the home perceived the attitudes of important others in their network to be significantly less favorable towards employment than women who were working outside the home.

Table 11

Analysis of Variance Summary TableRelationship of Employment Status to Network Attitudes to MaternalEmployment, Time 2

Source	<u>df</u>	Mean Square	<u>F</u>	<u>p</u>
Employment status	1	32.7	5.2	.02
Residual	34	6.3		

Table 12

Analysis of Variance Summary TableRelationship of Employment Status to Network Attitudes to MaternalEmployment, Time 3

Source	<u>df</u>	<u>Mean Square</u>	<u>F</u>	<u>p</u>
Employment status	1	60.5	14.2	.001
Residual	37	4.3		

Gratifications

The mean scores on the rewards scale at Times 2 and 3 were 16.7 (s.d. = 3.9) and 17.5 (s.d. = 3.1) respectively. This scale ranges from a minimum of 12 to a maximum of 36. The frequency with which each item was endorsed can be found in Appendix K.

As predicted, a correlation of $-.45$, $p < .05$ was found between education and scores on this checklist at Time 2, indicating that women with higher educations tended to report fewer rewards. At Time 3 the correlation of $-.2$ between these two variables was non-significant.

Summary of results

At the conclusion of the literature review the hypotheses in the present investigation were summarized (see pp. 24-26). Using the same framework, a summary of results obtained is presented below:

- (1) Size of network was significantly inversely correlated with degree of difficulty, as predicted, at the one month follow-up only. When several network variables were entered into a regression equation on difficulty scores at Times 2 and 3, size did not add significantly to the equation.
- (2) As predicted, content of network, measured by the presence of other parenting adults in the network, was significantly inversely related to difficulty scores at Time 2. This relationship was not significant at the one year followup.

The expected inverse relationship between difficulty and number of female friends with whom one discusses child-rearing concerns was not found. Rather, in the multiple regression equation of network variables on difficulty scores

at Time 3, a positive coefficient for number of female friends was found, indicating that women with more female friends tended to report higher difficulty scores.

- (3) As predicted, at both time points satisfaction with help received from the network was inversely correlated with degree of difficulty experienced.
- (4) As predicted, at both time points following the baby's arrival degree of disruption experienced in social ties was positively associated with degree of difficulty.
- (5) Contrary to prediction, the expected significant relationship between quantity of infant care provided by spouse and degree of difficulty experienced was not found.

Given the multidimensional assessment of networks utilized, multiple regression was employed to yield the maximum R^2 with the minimum number of network variables. At Time 2, four variables accounted for a significant proportion of the variance in difficulty scores: presence of other parents in the network, marital adjustment, disruption in social ties, and satisfaction with help received from network sources. At Time 3, three variables constituted the best predictor equation: satisfaction with help received, disruption in ties, and number of female friends.

With regard to descriptive changes over time, the following results were obtained:

- (1) As predicted total network size significantly decreased from pregnancy to the one year followup.
- (2) The "professional" sector of the network did not significantly increase over time, although a trend in the expected direction

was observed.

- (3) As predicted, marital adjustment scores significantly decreased over time.
- (4) The hypothesis regarding an increase in commitment to the marital relationship over time with women holding traditional attitudes expected to experience a larger increase, was not substantiated.
- (5) Contrary to prediction, scores on the femininity sub-scale of the Bem Sex Role Inventory did not increase over time.
- (6) As predicted, women remaining in the home were found to have a more traditional division of labor than women employed outside the home. This was true at the one year followup only.

With regard to the minor hypotheses, results indicated that:

- (7) As predicted, women in the home perceived the network to be significantly less favorable towards employment than women who were working outside the home.
- (8) Contrary to prediction, androgynous women were not found to experience less difficulty in adjusting to motherhood than their sex-typed counterparts.
- (9) The hypothesis regarding an inverse relationship between level of education and number of gratifications reported was substantiated.

DISCUSSION

Prior to discussing the results, the methodological weaknesses of the present investigation will be commented on. The design employed was essentially a one group pre-test/post-test, and as Cook and Campbell (1979) note, such designs are subject to threats to internal validity due to history, maturation, and/or testing effects. Future research which replicates the findings, or cross-sectional studies which find parallel relationships between network variables and difficulty experienced, would strengthen the results which emerged in this study. An ideal design would start with a very large sample size, and measure subsets of the sample at each time point. Inclusion of a control group of married childless women would help to rule out the possibility that the network changes observed were not attributable to childbearing. It must be noted, however, that in regard to the threat posed by history, no major event occurred during the time span of the study which could plausibly be seen to account for the findings. As well, the empirical findings of this research are largely consistent with conclusions drawn from anecdotal case reports.

The size of the sample employed places limits on the generalizability of the findings, particularly with regard to the multiple regression analyses. The n to k ratio in the initial multiple regression was approximately seven subjects per variable. A ratio of ten subjects per variable would be more acceptable. As Cohen and Cohen (1975) note, the smaller the sample size, and the more independent variables used, the more opportunity for the sample R^2 to be larger than the true population R^2 . Two steps were taken to minimize this danger. First, the adjusted, or "shrunk" R^2 (Cohen & Cohen, 1975, p. 106), which is smaller than the sample R^2 but thought to provide a more realistic estimate, was reported. Second, histograms were examined

to ensure there were no bimodal distributions, or extreme outliers.

The type of sample employed also places limits on the findings. Whether or not the results are generalizable to other populations, for example, those from different socioeconomic backgrounds, teen mothers, or women who do not have the support of a trained partner during childbirth, remains a question to be answered by future research. While it seems plausible to speculate that the results would generalize to upper income groups, the patterns of support in lower income groups may be more varied and worthy of separate investigation. With these caveats in mind, the theoretical consequences of the research will be discussed, and practical implications of the findings outlined.

Changes over time

The finding that network size does, as predicted, decrease over the span of this life transition provides empirical support for a phenomenon previously speculated about by family theorists. The fact that network size decreased by an average of three members, did not, however, result in smaller sectors of people providing various functions. This is noteworthy in that it implies that the remaining network members were "used" more extensively by the new mothers. This suggests that network members may have experienced more demands, and the possibility for overload and tension in relations may increase.

The increase over time found in the proportion of network members with children suggests that the shifts in commitments and priorities brought about by becoming a mother were mirrored in the composition of the social circle. The finding that contact with kin tends to increase was replicated. It is interesting to note, however, that for a small proportion

of women in the sample kin contact decreased. This suggests that for some, arrival of a child triggers conflicts with the family of origin, leading to distance and perhaps alienation from the generation above.

The present study did not find a significant increase in the professional network accompanying transition to motherhood, although a trend in the expected direction was present. The most plausible explanation of this is that the predominantly middle-class sample had already established a fairly extensive professional network at the time of the first interview.

With regard to marital adjustment, a significant decrease over time was found. Scores on the marital adjustment measure reached their highest level at the one-year point, indicating that arrival of a child was accompanied by a consistent decline in satisfaction with the marriage. Certainly from a systems theory standpoint, one would anticipate that adding a new member would create disequilibrium and add complexity to the existing dyad. This finding will be evaluated more fully in a later discussion of the impact of marital adjustment on overall difficulty experienced.

The expected increase in commitment to marriage was not found. It may be that an increase in commitment to the relationship occurs prior to the decision to have a child. Alternatively, it may be that commitment to parenting increases after arrival of a child, rather than an increased commitment to the spousal bond itself.

Several individual characteristics, including self-esteem, femininity and loneliness, were measured over time, with no significant changes found. In the present study, it appeared that individual characteristics remained relatively stable throughout the transition to motherhood, while interactional (marital) and social processes (network) evidenced greater change.

Demographic and infant-related correlates

The importance of collecting information about the baby was strongly indicated in this study. At both points following arrival of the child the presence of colic was associated with a greater degree of difficulty. Infant-related stress is often overlooked in discussions of postnatal adjustment, but clearly contributes significantly to the experience of motherhood.

At the one year follow-up, a negative association was found between income and degree of difficulty. Perhaps the financial stresses added by a new member become more apparent as the child develops. As one would expect, women with greater economic resources reported less difficulty.

No differences were found between women who reported that their pregnancies were planned and those whose pregnancies were not planned. The majority of women in this study (75%) reported planned pregnancies, resulting in little variability on this measure.

Network variables and difficulty experienced

At both measurement times following arrival of the baby network dimensions proved to be potent predictors of difficulty experienced. However, the pattern found at each time point differed slightly, illustrating the value of a longitudinal design.

In the first postpartum contact, degree of disruption felt in social ties, quality of marital adjustment, the presence of other parents in the network, and satisfaction with help received from husband were the most significant contributors. All relationships were in the predicted direction. Conceptually, it appeared that content (other parents), disruption, and

quality (satisfaction) were the most relevant network dimensions. The value of being part of a circle of other parenting adults, with whom concerns and anxieties regarding the new role may be shared, is confirmed by these results. Actual quantity of help received from spouse was not as significant as the reported satisfaction with that help. Also, the prediction that size of network (quantity would relate) inversely to difficulty was not confirmed when tested in the multiple regression equation. This may be explained by the restricted range of network size found in the sample; none of the women had particularly small networks. Also, the correlation between number of other parents known and overall size was $.46, p < .05$, suggesting that while presence of peers is a more important predictor, size is indirectly related to this as well.

When the women were contacted one year later, network variables continued to play an important role. At Time 3, satisfaction with help received from family and in-laws, degree of disruption felt, and number of female friends available to discuss child-rearing concerns were the best predictors of difficulty. A major change from Time 2 was the absence of any variables pertaining particularly to the husband; neither marital adjustment or satisfaction with help from husband added significantly to the equation. In the present study it appeared that satisfaction with provisions from family and in-laws took precedence over satisfaction with that provided by spouse, at one year postpartum. The finding that satisfaction with help received was the best sole predictor at Time 3 suggests that increased child-rearing demands may be felt by mothers of one year olds, thus increasing the importance of perceived quality of assistance.

Mueller's (1980) assertion that disruption in ties may be a key factor in the stressfulness of life cycle events received empirical support in

this investigation of the transition to first-time motherhood. Future research examining the relevance of disruption in other life cycle transitions is needed.

An unexpected finding was the positive association between number of female friends and degree of difficulty. It was expected that contact with other women would provide reassurance and thus ease the transition. However, it may be that when the child reaches one year of age, and discipline issues emerge, the existence of many points of view adds confusion and doubt. A related explanation is that having many female friends with whom to discuss child-rearing concerns leads to a sense of competition. This notion received support in the open-ended responses of the mothers at one year, a common theme being "don't compare your child with others".

Concurrent versus predictive relationships

While the present study found evidence of concurrent links between social support and difficulty experienced in adjusting to first-time motherhood, network variables at one point in time were not found to be significantly related to difficulty at a future point. At first glance this discrepancy may seem surprising, however, from a systems theory standpoint such a finding is plausible. For example, one would not necessarily expect satisfaction with help provided by network sources at two months postpartum to lessen parenting stress at the one year follow-up. Satisfaction with the current level of assistance provided would seem to be a stronger influence. The predictive power of network variables needs to be more closely scrutinized in future studies of life cycle transitions which utilize prospective designs.

Maternal employment

The present study found tentative evidence that mothers involved outside the home at one year postpartum experience less difficulty than those who remain at home on a full-time basis. It may be that the rewards experienced through gainful employment offset the difficulties associated with parenting. A selection factor may also be operating, such that women with difficult babies choose to stay home. Another possibility relates to the time factor involved; women who are at work are not exposed to the child care stress as extensively, and thus may rate difficulties lower. This area needs to be more closely examined in future research.

The importance of perceived attitudes towards maternal employment was demonstrated in the present investigation. Women who were working tended to perceive the attitudes of their husband, family and in-laws as more favorable towards employment while their child was a pre-schooler than women who were in the home. This is an illustration of the power of our networks in shaping beliefs and actions.

The impact outside employment can have on division of labor within the household was also illustrated in the research. As one would expect, women in the home report a more segregated, traditional pattern than their employed counterparts. This suggests that women who remain at home full-time tend to assume primary responsibility for domestic chores in addition to their work as primary caretaker.

Androgyny and difficulty

The expected relationship between androgyny and difficulty was not found; no differences in difficulty scores were found among women with

different sex role orientations. Again, it appeared that social/environment variables were more powerful predictors of difficulty in this study than individual characteristics.

Directions for future research

Several directions for future research have been mentioned in the discussion. These include the need for cross-sectional replication and the use of various sample populations. A third area worthy of further investigation relates to the modified Hobbs difficulty checklist. More detailed research on the psychometric properties of the scale is clearly needed. With a large sample size, a factor analysis of the checklist items could be performed, perhaps yielding various dimensions of difficulty in the transition to parenthood. Researchers could then examine whether various independent variables impact differentially on the identified dimensions. Such a line of inquiry would be useful in providing a more detailed description of the transition to motherhood.

Implications

Several practical implications are suggested by the results of this study. First, pre-natal education classes need to incorporate information on the social and marital changes accompanying new parenthood, as well as providing information on physiological changes. Second, there is a need in the community for parent education and support groups. One half of the women in this sample indicated a desire to associate more with other new parents in a formal, structured way. At present, most parent education programs (e.g., Parent Effectiveness Training) are aimed at parents of school-age children, yet the need for information and support

during the preschool years is also present. A continuation of pre-natal classes throughout the first year of infant development would seem to be a logical extension and present an opportunity to build family strengths. Third, a network orientation to understanding this transition helps to identify people who may be at "high-risk"--women who may be more vulnerable to isolation than others. Teenage parents and those who undergo the transition to motherhood later in life are unlikely to have peers experiencing a similar life event, and may be even more susceptible to a "shrinking" social network at this time of increased need. A fourth implication pertains to clinicians working with a woman experiencing difficulty at this point in her life cycle. It may be more fruitful to examine the context of her life, her support system, and to intervene in these areas, rather than delving into personality dynamics alone. Indeed, the feminist interpretation of postpartum depression as "on the job stress" (Rosenberg, 1981) takes into consideration the assistance a woman is receiving as a very important part of her "working conditions".

Summary

Overall, the results provide clear evidence for the importance of network variables in understanding the transition to first-time motherhood. Arrival of the first child is a time fraught with ambiguity and joy, a time when attitudes toward the task of parenting are developing. It is a very important life event, during which a maternal identity is incorporated into one's self-concept. Network variables play a central part in mediating these processes.

The findings of the present study illustrate the necessity of utilizing a multi-dimensional assessment of the social network. Quality, quantity, and content are each important aspects of the network, yet each

may play a different role in relation to adjustment. The present study illustrated that this association may further change throughout the course of a transition. Thus, future research using a networks framework must not rely on a single measure of social support. As well, the use of a prospective design is valuable in allowing exploration of shifts occurring during the transition. Given that the present study found more changes in social and interactional processes over time than in individual characteristics, it appears that the network framework could be fruitfully applied to study of other life transitions. The contextual understanding it yields fits well within a community psychology paradigm (see Rappaport, 1977). Clearly, the resources available within our "personal communities" (Hirsch, 1981), and the support provided for incorporating a new identity, are powerful factors in the transition to motherhood.

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APPENDICES



THE UNIVERSITY OF MANITOBA

DEPARTMENT OF PSYCHOLOGY

Winnipeg, Manitoba
Canada R3T 2N2

Appendix A

Recruitment Letter

June 17, 1981

Dear

I received your name from your Lamaze instructors, and understand you are expecting your first baby. Congratulations!

My name is Kathryn Saulnier, and I am a doctoral student in clinical psychology. I became a parent for the first time eight months ago, and found that becoming a mother had a powerful impact on my life. I am interested in studying how other new parents feel, and with the support of the University of Manitoba and the Health Promotion Directorate of the federal government am doing research on the stresses and satisfactions new parents experience. I am particularly interested in the experiences of new mothers, and in the types of social support they have available to help them out. I would like to interview expectant women as well, because I believe the changes resulting from arrival of the first child begin during pregnancy.

The project should provide valuable information about the transition to parenthood, and assist in developing ways to help new parents cope with their concerns. Participation is voluntary, of course, and the information would be entirely confidential. Parents who agree to be interviewed will receive a summary of the results when the research is completed. I am asking people to give approximately 45 minutes of their time to answer some questions. We will make arrangements to meet you in your home, or any other convenient place.

In a few days I will telephone you to see whether you would like to help out and participate. If you have any questions about the study, please feel free to call me at home at 261-0549.

Your help would be greatly appreciated!

Sincerely,

Kathryn Saulnier, B.S. W., M.A.

Appendix B

Demographic information, Network assessment, Interview schedule

Date of interview: _____

BACKGROUND INFORMATION

1. In what year were you born? _____
2. And your husband? _____
3. Baby's name _____
4. Baby's sex
 - 1 = male 2 = female
5. Baby's date of birth _____ Months _____
6. Date of marriage _____
7. Religion:
 1. Protestant
 2. Roman Catholic
 3. Jewish
 4. Other _____ (please specify)
 5. No religious preference
8. About how often do you attend church services? Would you say you attend:
 1. more than once a week?
 2. once a week?
 3. two or three times a motnh?
 4. once a month?
 5. less than once a month? OR
 6. not at all?
9. Education: Self
 1. grades 1-8
 2. some high school
 3. high school graduate

4. technical training (i.e., community college)
5. some university
6. university degree
7. graduate school

10. Education: Husband

1. grades 1-8
2. some high school
3. high school graduate
4. technical training
5. some university
6. university degree
7. graduate school

11. Occupation: Self _____

12. Husband _____

13. Are you currently employed outside the home?

1 = Yes, full-time

2 = Yes, part-time

3 = No

If yes, at what?

_____ (please specify)

Before the baby was born, were you:

1 = full-time

2 = part-time

3 = home

14. Joint income: (annual, before tax deductions)

1. less than \$5,000
2. between \$5,000 and \$10,000
3. between \$10,000 and \$15,000
4. between \$15,000 and \$20,000
5. between \$20,000 and \$25,000
6. between \$25,000 and \$30,000
7. between \$30,000 and \$35,000
8. over \$35,000

15. Did you attend Lamaze classes during pregnancy?

1 = Yes

2 = No

16. Did your husband attend also?

1 = Yes

2 = No

17. Did you attend prenatal classes during pregnancy?

1 = Yes

2 = No

La Leche league meetings?

1 = Yes

2 = No

18. Did your husband attend also?

1 = Yes

2 = No

19. Was your husband present during labor?

1 = Yes

2 = No

20. Was your husband present during delivery?

1 = Yes

2 = No

21. Caesarean birth?

1 = Yes

2 = No

22. Complications during labor or delivery?

1 = Yes (specify) _____

2 = No

23. Would you say this was a planned pregnancy?

1 = Yes

2 = No

We'd like to start by asking you some questions about your social circle.

Would you name as many people, using just the first name, as you wish in

response to each of these questions:

- 24. Who, if anyone, has helped with household tasks in the last three months? (excluding your husband)

Name or initials

_____	_____	_____
_____	_____	_____
_____	_____	_____

- 25. With whom do you engage in social activities (like inviting home for dinner, or going to a movie?)

Name or initials

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 26. With whom do you talk about personal worries?

Name or initials

_____	_____	_____
_____	_____	_____
_____	_____	_____

- 27. Whose advice do you consider in making important decisions?

Name or initials

_____	_____	_____
_____	_____	_____
_____	_____	_____

28. From whom would or could you borrow a large sum of money?

_____	_____	_____
_____	_____	_____
_____	_____	_____

29. Does anybody, besides your husband, yourself, and your baby, live in your household?

- 1 = Yes If so, who? _____
- 2 = No

MAKE UP A MASTER LIST OF ALL NAMES. USE THE ATTACHED SHEET.

- * Let's have a look at the list we've made. Are there any redundancies; have we got the same person on here twice?
- * Are there any people who are important to you who don't show up on this list?
- * NOTE WHEN CLASSIFYING AS FRIEND: Naturally, the word friendship can be defined in many ways. By a "good friend" we mean someone you like, someone with whom you enjoy doing things, and/or someone with whom you feel comfortable discussing personal matters.

LOOKING AT THE LIST ...

30. Of the people listed above, which have young children?

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number: _____

31. Of the people listed above, how many live within a ten minute drive?

32. Of the people listed above, how many live more than an hour's drive away? _____

33. Of the people listed above, how many are also full-time homemakers?

MASTER LIST

CHILDREN?

1 = male
2 = female

*1 = friend
2 = relative

3 = role relation (i.e., pastor)
4 = role relation AND friend

NAME OR INITIALS

SEX

FREQUENCY OF CONTACT

ROLE* RELATION

TASKS

SOCIAL WORRIES
1 = yes 2 = no

DECIS.

MONEY

SUPPL.

1 = friend

2 = relative

3 = role relation (i.e., pastor)

4 = role relation AND friend

CHILDREN

NAME OR INITIALS

SEX

FREQUENCY
OF CONTACT

ROLE*
RELATION

TASKS

SOCIAL

WORRIES

DECIS.

MONEY

SUPPL.

1 = M

2 = F

<u>NAME OR INITIALS</u>	<u>SEX</u>	<u>FREQUENCY OF CONTACT</u>	<u>ROLE* RELATION</u>	<u>TASKS</u>	<u>SOCIAL</u>	<u>WORRIES</u>	<u>DECIS.</u>	<u>MONEY</u>	<u>SUPPL.</u>
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

34. For those on 6-months maternity leave and for those employed outside the home: Of the people listed above, how many are in the same line of work? _____
35. How many, if any, close women friends who are also mothers do you have with whom you can discuss child rearing concerns?

36. How many of the people in this master list have you become friendly with in the recent past, say the last six months? _____
37. When you socialize with friends, do you:
- 1 = get together in your homes?
2 = meet in public places (restaurants, bars, at movies)? OR
3 = do each about equally?
38. Since the arrival of your baby, have you felt "out of touch" with old friends?
- | | | | | | | |
|------------|---|----------|---|---|-------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| not at all | | somewhat | | | quite a bit | |
39. To what extent did having a baby lead to a disruption in your pattern of social relationships?
- | | | | | | | |
|------------|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| not at all | | | | | caused a major
change in social
relationships | |
40. During the past six months, has your frequency of contact with friends:
- 1 = increased
2 = decreased OR
3 = remained the same
41. Overall, how satisfied are you with the quality of your relations with your good friends? (Circle the number that best indicates your feelings)
- | | | | | | | |
|-------------------------|---|---|---|---|-------------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| completely
satisfied | | | | | not at all
satisfied | |

42. How frequently do you get together with your parents?

(a) face-to-face contact

1	2	3	4	5	6
daily	two to three times weekly	weekly	a few times a month	once a month	less than once a month

(b) How frequently do you contact your parents via phone or mail?

1	2	3	4	5	6
---	---	---	---	---	---

43. How frequently do you get together with your husband's parents?

(a) face-to-face contact

1	2	3	4	5	6
daily	two to three times weekly	weekly	a few times a month	once a month	less than once a month

(b) How frequently do you contact your husband's parents via phone or mail?

1	2	3	4	5	6
---	---	---	---	---	---

44. Since the arrival of your baby, do you feel contact with your kin has:

1 = increased

2 = decreased OR

3 = stayed about the same?

45. By your in-laws, we mean your brothers and sisters-in-law as well as your parents-in-law. Since the arrival of your baby, do you feel contact with your in-laws has:

1 = increased

2 = decreased OR

3 = stayed about the same?

46. By extended family, we mean your parents, in-laws, and brothers and/or sisters. Overall, how satisfied are you with your current extended family relationships?

1	2	3	4	5	6
completely satisfied					not at all satisfied

47. Neighbours known: About how many of your neighbours do you know well enough to visit or call on? Would you say you have:

- 4 = many
 3 = several
 2 = a few, OR
 1 = none?

48. How frequently do you visit with any of your neighbours, either at their home or your own?

1	2	3	4	5	6
daily	two to three times weekly	weekly	a few times a month	once a month	less than once a month

Now I'd like to ask you about professionals you are in contact with.
 Do you have a:

	<u>Yes</u>	<u>No</u>
49. lawyer	1	2
50. minister	1	2
51. insurance agent	1	2
52. banker	1	2
53. doctor	1	2
54. dentist	1	2

Now I'd like to ask you some questions about your marriage, starting with questions about household tasks.

Who repairs things around the house?

1	2	3	4	5
husband always	husband more than wife	H and W exactly the same	wife more than husband	wife always

Who mows the lawn?

1	2	3	4	5
---	---	---	---	---

Who shovels the sidewalk?

1	2	3	4	5
---	---	---	---	---

Who keeps track of the money and the bills?

1 2 3 4 5

Who does the grocery shopping?

1 2 3 4 5

Who gets the husband's breakfast on work days?

1 2 3 4 5

Who straightens up the living room when company is coming?

1 2 3 4 5

Who does the evening dishes?

1 2 3 4 5

PLEASE COMPLETE THESE NEXT QUESTIONS ON YOUR OWN. HANDOUT #1.

Now I'd like to ask you about your husband's participation in child care tasks.

How often does your husband bathe the baby?

1	2	3	4	5	6	7
daily	every other day	a few times a week	once a week	a few times a month	rarely	never

How often does your husband change diapers?

1	2	3	4	5	6	7
daily	every other day	a few times a week	once a week	a few times a month	rarely	never

How often does your husband spend time with the baby while you are away from home?

1 2 3 4 5 6 7

Do you
 1 = breastfeed only
 2 = bottle feed only OR
 3 = both

How often does your husband feed the baby?

1 2 3 4 5 6 7

How satisfied are you with the help you receive from your husband? (with regard to the baby)

1	2	3	4	5	6	7
completely						not at all
satisfied						satisfied

How satisfied are you with the help you receive from your husband in other areas of your life?

1	2	3	4	5	6	7
completely						not at all
satisfied						satisfied

How satisfied are you with the help you receive from your family?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

How satisfied are you with the help you receive from your in-laws?

1	2	3	4	5	6	7
---	---	---	---	---	---	---

How satisfied are you with the help you receive from your friends?

1	2	3	4	5	6	7
completely						not at all
satisfied						satisfied

When you first came home from the hospital, did someone come to stay with you and help out?

1 = Yes If yes, who _____

2 = No

How many available babysitters do you have? _____

Do you feel this is: 1 = enough OR

2 = not enough?

Would you like to get together more with other new parents?

1 = Yes

2 = No

Would you like to get together with other new parents in a formal, structured way--for example, have your Lamaze class meet after the birth of your baby as well, or attend a parenting group?

1 = Yes

2 = No

Now I'd like to talk about work. What are your plans for the pre-school years?

1 = home

2 = work part-time

specify type of work:

3 = work full-time

4 = student

What are your plans for after your child is in school?

1 = home

2 = work part-time

specify type of work:

3 = work full-time

4 = student

WOULD YOU PLEASE READ THESE STATEMENTS AND GIVE YOUR OPINION ABOUT THEM.
GIVE HANDOUT #2.

Following is a list of personality characteristics. Please indicate on a scale from 1 to 7 how true of you these characteristics are. GIVE HANDOUT #3.

Now I'd like to ask you about your experience of parenting.

Has your baby been colicky? 1 = Yes 2 = No

What, if any, medical problems has your baby had?

Would you say these problems are: 1 = serious 2 = somewhat serious

3 = not at all serious

4 = no problems

WOULD YOU LOOK AT THIS LIST OF DIFFICULTIES OTHER NEW PARENTS HAVE EXPERIENCED AND CHECK OFF HOW MUCH YOU HAVE BEEN BOTHERED BY EACH ITEM.

GIVE HANDOUT #4.

Overall, rate the degree of adjustment you feel you have had to make in your life following the arrival of your child.

1	2	3	4	5	6	7
none		slight		moderate		a great deal of adjustment

How difficult was it for you to make these adjustments?

1	2	3	4	5
not at all difficult	slightly difficult	moderately difficult	quite difficult	very difficult

To what degree did you experience postpartum depression?

1	2	3	4	5
not at all	a few "blue" days			felt quite depressed

To what extent has becoming a parent been a "turning point" in your life?

1	2	3	4	5
not per- ceived as a turning point				a definite turning point

WOULD YOU PLEASE COMPLETE THIS GRATIFICATION CHECKLIST--WHICH OF THESE POSITIVE REWARDS HAVE YOU EXPERIENCED?

GIVE HANDOUT #5.

What one piece of advice would you give to other new parents?

THANK YOU VERY MUCH!

Appendix C

Short form of Spanier Dyadic Adjustment Scale

HANDOUT #1

We would like you to complete this part of the survey privately. Please read each question and mark your answer. When you are done, put your completed form in the attached envelope and return it to the interviewer. The interviewer will not see the answers you give.

Most persons have disagreements in their relationships. Please indicate below (with a check mark) the approximate extent of agreement or disagreement between you and your marital partner for each item on the following list.

- | | <u>Always</u>
<u>Agree</u> | <u>Almost</u>
<u>Always</u>
<u>Agree</u> | <u>Occasion-</u>
<u>ally</u>
<u>Disagree</u> | <u>Fre-</u>
<u>quently</u>
<u>Disagree</u> | <u>Almost</u>
<u>Always</u>
<u>Disagree</u> | <u>Always</u>
<u>Disagree</u> |
|--|-------------------------------|--|--|--|---|----------------------------------|
| 1. Demonstrations of affection | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ | 6 _____ |
| 2. Aims, goals and things believed important | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ | 6 _____ |
| 3. Amount of time spent together | 1 _____ | 2 _____ | 3 _____ | 4 _____ | 5 _____ | 6 _____ |
| 4. In general, how often do you think that things between you and your partner are going well? | | | | | | |
| _____ 1) all the time | | | | | | |
| _____ 2) most of the time | | | | | | |
| _____ 3) more often than not | | | | | | |
| _____ 4) occasionally | | | | | | |
| _____ 5) rarely | | | | | | |
| _____ 6) never | | | | | | |
| 5. Do you ever regret that you married? | | | | | | |
| _____ 1) never | | | | | | |
| _____ 2) rarely | | | | | | |
| _____ 3) occasionally | | | | | | |
| _____ 4) more often than not | | | | | | |
| _____ 5) most of the time | | | | | | |
| _____ 6) all the time | | | | | | |

6. The numbers 1 to 7 below represent the degrees of happiness in your relationship. The middle number, 4 = Happy, represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

1	2	3	4	5	6	7
Perfect	Extremely Happy	Very Happy	Happy	A little <u>Unhappy</u>	Fairly <u>Unhappy</u>	Extremely <u>Unhappy</u>

How often would you say the following events occur between you and your mate?

7. Laugh together

1	2	3	4	5	6
more than once a day	once a day	once or twice a week	once or twice a month	less than once a month	never

8. Have a stimulating exchange of ideas:

1	2	3	4	5	6
more than once a day	once a day	once or twice a week	once or twice a month	less than once a month	never

There are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Circle yes or no).

9. Being too tired for sex. 1 = No 2 = Yes
10. Not showing love. 1 = No 2 = Yes
11. Which of the following statements best describes how you feel about the future of your relationship?
- _____ 1) I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
- _____ 2) I want very much for my relationship to succeed, and will do all I can to see that it does.
- _____ 3) I want very much for my relationship to succeed, and will do my fair share to see that it does.
- _____ 4) It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.
- _____ 5) It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
- _____ 6) My relationship can never succeed, and there is no more that I can do to keep the relationship going.

Appendix D

Attitudes toward gender roles, support for employment, and loneliness measure

HANDOUT #2

Please use the following scale in answering these questions:

- | | | | |
|-------------------|-------|----------|----------------------|
| 1 | 2 | 3 | 4 |
| Strongly
Agree | Agree | Disagree | Strongly
Disagree |
1. A married woman's most important task in life should be taking care of her husband and children. _____
 2. A wife should give up her job whenever it inconveniences her husband and children. _____
 3. If a mother of young children works, it should be only while the family needs the money. _____
 4. Raising children is much more a mother's job than a father's. _____
 5. A woman should be able to make long-range plans for her occupation in the same way that her husband does for his. _____
 6. If being a wife and mother isn't satisfying enough, a woman should take a job. _____
 7. There should be more day care centers and nursery schools so that more young mothers could work. _____
 8. A working mother can establish just as warm and secure relationship with her children as a mother who does not work. _____
 9. A marriage is incomplete without children. _____
 10. A pre-schooler is likely to suffer if the mother works. _____
 11. If a woman works, her husband should share equally in household chores such as cooking, cleaning and washing. _____
 12. If a woman works, her husband should share equally in the responsibilities of child care. _____
 13. A married man's chief responsibilities should be his job. _____

My husband's attitude towards my working while the children are pre-schoolers is:

- | | | | |
|----------------|---|---|------------------|
| 1 | 2 | 3 | 4 |
| most favorable | | | most unfavorable |

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Dis-</u> <u>Agree</u>	<u>Strongly</u> <u>disagree</u>
All in all, I am inclined to feel that I am a failure.	1	2	3	4
I am able to do things as well as most other people.	1	2	3	4
I feel I do not have much to be proud of.	1	2	3	4
I take a positive attitude toward myself.	1	2	3	4
On the whole, I am satisfied with myself.	1	2	3	4
I wish I could have more respect for myself.	1	2	3	4
I certainly feel useless at times.	1	2	3	4
At times I think I am no good at all.	1	2	3	4

Appendix E

Bem Sex Role Inventory

Following is a list of personality characteristics. Please indicate on a scale from 1 to 7 how true of you these characteristics are.

- | 1 | 2 | 3 | 4 | 5 | 7 | 7 |
|----------------------------------|---------------------|--|------------------------|-------------------------|-----------------|------------------------------------|
| Never or
Almost Never
True | Usually
Not True | Sometimes
but Infre-
quently
True | Occasion-
ally True | Often
True | Usually
True | Always or
Almost Always
True |
| 1. Self Reliant ___ | | 26. Sensitive to the | | 50. Childlike ___ | | |
| 2. Yielding ___ | | Needs of Others ___ | | 51. Adaptable ___ | | |
| 3. Helpful ___ | | 27. Truthful ___ | | 52. Individualistic ___ | | |
| 4. Defends | | 28. Willing to Take | | 53. Does Not Use | | |
| own Beliefs ___ | | Risks ___ | | Harsh Language ___ | | |
| 5. Cheerful ___ | | 29. Understanding ___ | | 54. Unsystematic ___ | | |
| 6. Moody ___ | | 30. Secretive ___ | | 55. Competitive ___ | | |
| 7. Independant ___ | | 31. Makes Decisions | | 56. Loves Children ___ | | |
| 8. Shy ___ | | Easily ___ | | 57. Tactful ___ | | |
| 9. Conscientious ___ | | 32. Compassionate ___ | | 58. Ambitious ___ | | |
| 10. Athletic ___ | | 33. Sincere ___ | | 59. Gentle ___ | | |
| 11. Affectionate ___ | | 34. Self-Sufficient ___ | | 60. Conventional ___ | | |
| 12. Theatrical ___ | | 35. Eager to Soothe | | | | |
| 13. Assertive ___ | | Hurt Feelings ___ | | | | |
| 14. Flatterable ___ | | 36. Conceited ___ | | | | |
| 15. Happy ___ | | 37. Dominant ___ | | | | |
| 16. Strong | | 38. Soft-Spoken ___ | | | | |
| Personality ___ | | 39. Likable ___ | | | | |
| 17. Loyal ___ | | 40. Masculine ___ | | | | |
| 18. Unpredictable ___ | | 41. Warm ___ | | | | |
| 19. Forceful ___ | | 42. Solem ___ | | | | |
| 20. Feminine ___ | | 43. Willing to Take | | | | |
| 21. Reliable ___ | | a Stand ___ | | | | |
| 22. Analytical ___ | | 44. Tender ___ | | | | |
| 23. Sympathetic ___ | | 45. Friendly ___ | | | | |
| 24. Jealous ___ | | 46. Aggressive ___ | | | | |
| 25. Has Leadership | | 47. Gullible ___ | | | | |
| Abilities ___ | | 48. Inefficient ___ | | | | |

Appendix F

Modified Hobbs Difficulty Checklist

To what degree have you been "bothered" by each of these items?

	<u>not at</u> <u>all</u>	<u>some-</u> <u>what</u>	<u>very</u> <u>much</u>
1. increased money problems	1	2	3
2. feeling "edgy" or emotionally upset	1	2	3
3. additional amount of work	1	2	3
4. physical tiredness and fatigue	1	2	3
5. having to change plans we had before the baby's birth	1	2	3
6. interruption of routine habits of sleeping, going places, etc.	1	2	3
7. housekeeping not as neat as it should be	1	2	3
8. decreased contact with friends	1	2	3
9. decreased sexual responsiveness of myself	1	2	3
10. interference from in-laws	1	2	3
11. decreased contact with persons at work	1	2	3
12. worry about personal appearance in general	1	2	3
13. worry about "loss of figure"	1	2	3
14. doubting my worth as a parent	1	2	3
15. feeling more "distant" from my husband	1	2	3
16. meals being off schedule	1	2	3
17. reduced feelings of privacy	1	2	3
18. disturbed about feelings I have towards the baby	1	2	3
19. my husband showing too much attention to the baby	1	2	3
20. my husband showing too little attention to the baby	1	2	3
21. my husband showing too little attention to me and too much to the baby	1	2	3
22. being unable to sleep after going to bed	1	2	3
23. feeling I am stagnating as a person	1	2	3
24. concerned about slipping behind in my career	1	2	3
25. feeling out of touch with old friends even when we do get together	1	2	3
26. feeling tied down or burdened	1	2	3
27. concerned about increased arguments with my husband	1	2	3

Appendix G

Gratification Checklist

Below are listed some things which persons have enjoyed since the birth of their first child. Please indicate the extent to which each one has been true for you.

	<u>Not at all</u>	<u>Somewhat</u>	<u>Very much</u>
1. Pride in my baby's development	1	2	3
2. Fewer periods of boredom	1	2	3
3. Relationship with relatives closer	1	2	3
4. Increased appreciation for family and religious tradition	1	2	3
5. Increased contact with neighbors	1	2	3
6. More things to talk to spouse about	1	2	3
7. Feeling "closer" to spouse	1	2	3
8. Feeling of "fulfillment"	1	2	3
9. New appreciation of my own parents	1	2	3
10. Baby fun to play with	1	2	3
11. A purpose for living	1	2	3
12. Enjoy baby's company	1	2	3

When you were growing up, were there younger brothers and sisters in your home?

1 = Yes 2 = No

As a teenager, did you babysit infants? 1 = Yes 2 = No

Have you read books on infant care? 1 = Yes 2 = No

Appendix H

Summary Table of Significant Oneway Repeated Measures

Analyses of Variance

Total Network Size over Time

<u>Source</u>	<u>df</u>	<u>Mean Square</u>	<u>F</u>	<u>p</u>
Between Subjects	37	70.26		
Time	2	77.8	5.63	.005
Within Subjects	74	13.8		

Kin Members in Network over Time

Between Subjects	37	29.65		
Time	2	111.60	12.10	.000
Within Subjects	74	9.20		

Proportion of Network Members with Children

Between Subjects	36	.05		
Time	2	.13	11.79	.000
Within Subjects	72	.01		

Spanier Marital Adjustment Scores over Time

Between Subjects	32	30.90		
Time	2	208.09	32.70	.000
Within Subjects	64	6.40		

Appendix I

Repeated Measures Analysis of Variance Summary Table
Commitment to marriage over Time x Traditional Attitudes

	<u>df</u>	<u>Mean Square</u>	<u>F</u>	<u>p</u>
Between Subjects	34	1.24		
Time	2	.29	1.04	.36
Time x Tradition	2	.46	1.64	.20
Within Subjects	68	.28		

Appendix J

Zero-order correlations for Social Network and Difficulty Scale Measures,
Time 2, (N=39)

	2	3	4	5	6	7	8
1. Total network size	.47*	-.11	-.19	-.00	-.02	.01	-.30*
2. Members with children		.09	-.18	-.09	-.21	.07	-.37*
3. Female friends			-.13	.07	-.29	.03	-.20
4. Disruption			-.19	.00	.10	.05	.36*
5. Help from Husband					-.11	-.09	-.12
6. Satisfaction with network						.15	.33*
7. Marital Adjustment							.32*
8. Difficulty Scale							

*p <.05

Appendix J (Continued)

Zero-order correlations for Social Network and Difficulty Scale Measures,Time 3, (N=39)

	2	3	4	5	6	7	8
1. Total network size	.50*	.36*	-.21	-.14	.20	-.14	.21
2. Members with children		.61*	-.21	-.33*	-.09	-.05	.10
3. Female friends			-.19	-.23	-.18	-.02	.13
4. Disruption				.36*	.22	.23	.36*
5. Help from husband					.23	.04	.11
6. Satisfaction with network						.55*	.42*
7. Marital Adjustment							.26
8. Difficulty Scale							

* $p < .05$

Appendix K

Frequency of rewards reported by first-time mothersRussell's (1974) Gratifications Checklist

ITEM	FREQUENCY*	
	TIME 2	TIME 3
1. Pride in my baby's development.	100%	100%
2. Fewer periods of boredom.	76%	86.8%
3. Relationship with relatives closer.	92.1%	86.9%
4. Increased appreciation for family and religious tradition.	79.4%	87.2%
5. Increased contact with neighbors.	48.7%	53.8%
6. More things to talk to spouse about.	84.6%	82.1%
7. Feeling "closer" to spouse.	94.9%	87.2%
8. Feeling of "fulfillment".	92.3%	100%
9. New appreciation of my own parents.	92.3%	94.9%
10. Baby fun to play with.	100%	100%
11. A purpose for living.	87.2%	87.2%
12. Enjoy baby's company.	100%	100%

*Frequency represents the percent of the sample who reported experiencing each item "somewhat" or "very much."