The Relationships Between Marital Adjustment, Family Functioning, Task Management and Family Relationship Concerns in Couples Incorporating a Second Child

Amy DiGuisepppe Bade

Western Michigan University

Follow this and additional works at: https://scholarworks.wmich.edu/dissertations

Part of the Counseling Commons, and the Marriage and Family Therapy and Counseling Commons

Recommended Citation

https://scholarworks.wmich.edu/dissertations/2031

This Dissertation-Open Access is brought to you for free and open access by the Graduate College at ScholarWorks at WMU. It has been accepted for inclusion in Dissertations by an authorized administrator of ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.
THE RELATIONSHIPS BETWEEN MARITAL ADJUSTMENT, FAMILY FUNCTIONING, TASK MANAGEMENT AND FAMILY RELATIONSHIP CONCERNS IN COUPLES INCORPORATING A SECOND CHILD

by

Amy DiGuiseppi Bade

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Education
Department of Counselor Education and Counseling Psychology

Western Michigan University
Kalamazoo, Michigan
December 1991
THE RELATIONSHIPS BETWEEN MARITAL ADJUSTMENT, FAMILY FUNCTIONING, TASK MANAGEMENT AND FAMILY RELATIONSHIP CONCERNS IN COUPLES INCORPORATING A SECOND CHILD

Amy DiGuisepppe Bade, Ed.D.
Western Michigan University, 1991

The purpose of this study was to examine the relationships among variables identified as potentially significant during the transition to second time parenthood. The theoretical framework for this study was based on the Circumplex Model of family systems (Olson, Sprenkle & Russell, 1979; Olson, Russell & Sprenkle, 1983), and a five domain structural model of marital and family adaptation (Cowan & Cowan, 1988).

The convenience sample consisted of 49 Caucasian middle class couples all expecting their second child. This was a one group pretest-posttest design with the birth of the second child functioning as the independent variable. The dependent variables examined in a longitudinal and cross-sectional fashion were the perceptions of second time mothers and fathers in regards to marital adjustment, family functioning (cohesion, adaptability, distance from center score) task management and family relationship concerns.

The Dyadic Adjustment Scale (DAS) (Spanier, 1976) and the Family Adaptation and Cohesion Evaluation Scale (FACES III) (Olson, Portner & Lavee, 1985) were the established tools used to measure marital adjustment and
family functioning. A tool was constructed to measure task management and the Family Relationships Concerns Questionnaire (FRQ) (Sammons, 1985) was revised so that it would be applicable to second time fathers.

Second time mothers and fathers demonstrated high levels of marital adjustment and a moderate level of family relationship concerns. These variables maintained consistency over time. For second time mothers in the prenatal and postpartum period, a linear relationship existed between cohesion and the distance from center score, the consensus, satisfaction, and cohesion subscales of the DAS and the total DAS score. For second time fathers, in the postpartum period the cohesion scale was correlated with the distance from center score and the consensus subscale of the DAS.

Second time fathers reported more marital consensus in the postpartum period. Second time mothers reported that they were doing more child care and total task management in the postpartum period.
INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
The relationships between marital adjustment, family functioning, task management and family relationship concerns in couples incorporating a second child

Bade, Amy DiGuisepppe, Ed.D.
Western Michigan University, 1991

Copyright ©1991 by Bade, Amy DiGuisepppe. All rights reserved.
ACKNOWLEDGEMENTS

I express sincere gratitude to all of the second time parents who unselfishly gave of their limited free time to participate in this project. I also wish to thank the health care providers, physicians, nurses, and childbirth educators who were involved and extremely helpful with subject identification.

A special mention to Ms. Julie Scott of Academic Computing Services whose patience and advice in regards to the data analysis helped me to understand statistics in a way that was not achievable in the classroom.

To my committee chairperson, Dr. John Geisler, I extend a heartfelt thanks for the flexibility and encouragement of my creativity not only during the dissertation process, but for my entire academic experience at Western Michigan University, Kalamazoo.

And to my spouse, Craig Bade, nothing is worthwhile unless it is shared. I thank you for providing the listening and love which sustained me to the completion of this goal.

Amy DiGuisepppe Bade
TABLE OF CONTENTS

ACKNOWLEDGEMENTS ................................................................. ii
LIST OF TABLES ......................................................................... vii
LIST OF FIGURES ......................................................................... ix

CHAPTER
I. THE STUDY PROBLEM ....................................................... 1
    Problem Statement ................................................................. 5
    Significance of the Study ......................................................... 6

II. THEORETICAL FRAMEWORK AND
    LITERATURE REVIEW .......................................................... 8
    Family Development ............................................................... 8
    Five Domain Structural Model of Marital
    and Family Adaptation .......................................................... 10
    The Circumplex Model and Family Type ............................... 12
    The Marital Relationship ......................................................... 18
    Division of Labor ................................................................. 21
    Family Relationship Concerns .............................................. 23
    Studies Concerning Second Time Parenthood ......................... 26
    Conclusions ........................................................................... 30

III. METHODOLOGY ................................................................. 32
    Research Design ................................................................... 32
Table of Contents—Continued

CHAPTER

| Subject Recruitment                        | 32 |
| Sample Characteristics                    | 35 |
| Data Collection                           | 36 |
| Demographic Sheet                         | 36 |
| Dyadic Adjustment Scale                   | 37 |
| Family Adaptation and Cohesion Scales     | 38 |
| Family Relationships Questionnaire        | 41 |
| Task Management                           | 42 |
| Research Hypotheses                       | 43 |

IV. RESULTS                                                     45

| Characteristics of the Sample                | 45 |
| Obstetrical Characteristics                 | 48 |
| Marital Adjustment                         | 50 |
| Family Functioning                          | 53 |
| Task Management                             | 61 |
| Family Relationship Concerns               | 66 |
| Associations Between Dependent Variables   | 68 |
| Associations Between Dependent and Independent Variables | 75 |
Table of Contents—Continued

CHAPTER

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional Analyses</td>
<td>75</td>
</tr>
<tr>
<td>Hypothesis Testing</td>
<td>78</td>
</tr>
<tr>
<td>Summary</td>
<td>80</td>
</tr>
</tbody>
</table>

V. DISCUSSION ........................................ 86

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Adjustment</td>
<td>86</td>
</tr>
<tr>
<td>Family Functioning</td>
<td>90</td>
</tr>
<tr>
<td>Task Management</td>
<td>93</td>
</tr>
<tr>
<td>Family Relationship Concerns</td>
<td>95</td>
</tr>
<tr>
<td>Relationships Between Dependent and</td>
<td>96</td>
</tr>
<tr>
<td>Independent Variables</td>
<td></td>
</tr>
<tr>
<td>Five Domain Structural Model</td>
<td>98</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>100</td>
</tr>
<tr>
<td>Recommendations for Further Research</td>
<td>102</td>
</tr>
<tr>
<td>Implications for Counseling and</td>
<td>104</td>
</tr>
<tr>
<td>Health Care Professionals</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td>105</td>
</tr>
</tbody>
</table>

APPENDICES ............................................. 107

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Prenatal Demographic Data Sheet</td>
<td>108</td>
</tr>
<tr>
<td>B. Task Management Questionnaire (Prenatal)</td>
<td>111</td>
</tr>
<tr>
<td>C. Labor, Birth and Infant Data Sheet</td>
<td>113</td>
</tr>
</tbody>
</table>
### Table of Contents—Continued

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Task Management Questionnaire (Postpartum)</td>
<td>115</td>
</tr>
<tr>
<td>E. Recruitment Card</td>
<td>117</td>
</tr>
<tr>
<td>F. Consent Form</td>
<td>119</td>
</tr>
<tr>
<td>G. Postpartum Letter to Participants</td>
<td>122</td>
</tr>
<tr>
<td>H. Recruitment Letter to Physicians</td>
<td>124</td>
</tr>
<tr>
<td>I. Thank You Letter to Physicians</td>
<td>126</td>
</tr>
<tr>
<td>J. Follow-up Letter to Physicians</td>
<td>128</td>
</tr>
<tr>
<td>K. Reminder Letter to Parents</td>
<td>130</td>
</tr>
<tr>
<td>L. Occupational Categories of Second Time Parents</td>
<td>132</td>
</tr>
<tr>
<td>M. Approval Letter: Dyadic Adjustment Scale</td>
<td>135</td>
</tr>
<tr>
<td>N. Approval Letter: FACES III</td>
<td>137</td>
</tr>
<tr>
<td>O. Approval Letter: Family Relationships Questionnaire</td>
<td>139</td>
</tr>
<tr>
<td>P. Approval Letter: David Olson, Ph.D.</td>
<td>141</td>
</tr>
<tr>
<td>Q. Approval Letter From the Human Subjects Institutional Review Board</td>
<td>143</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>145</td>
</tr>
</tbody>
</table>
# LIST OF TABLES

1. Obstetrical Characteristics of the Study Sample ........................................ 48

2. Dyadic Adjustment Scale, Mean Differences and Associated t Tests for Mothers and Fathers, Prenatal and Postpartum Period .................................................. 51

3. FACES III Cohesion, Adaptability and DFC Scores, Mean Differences and Associated t Tests for Mothers and Fathers, Prenatal and Postpartum Period ............................................. 55

4. Task Management, Mean Differences and Associated t Tests for Mothers and Fathers, Prenatal Period .......................................................... 62

5. Task Management, Mean Differences and Associated t Tests for Mothers and Fathers, Postpartum Period .......................................................... 63

6. Family Relationship Concerns, Mean Differences and Associated t Tests for Mothers and Fathers, Prenatal and Postpartum Period ............................................. 67

7. Second Time Mothers Correlation Matrix for Dependent Variables, Prenatal Period .......................................................... 69

8. Second Time Fathers Correlation Matrix for Dependent Variables, Prenatal Period .......................................................... 71

9. Second Time Mothers Correlation Matrix for Dependent Variables, Postpartum Period .......................................................... 72

10. Second Time Fathers Correlation Matrix for Dependent Variables, Postpartum Period .................................................. 73

11. Prenatal and Postpartum Dependent Variables for Mothers and Fathers Correlation Analysis .................................................. 74
# List of Tables—Continued

12. Second Time Mothers, Prenatal and Postpartum, Dependent vs. Independent Variable Correlations ........................................... 76

13. Second Time Fathers, Prenatal and Postpartum Dependent vs. Independent Variable Correlations ........................................... 77

14. Summary of Study Findings ................................................................. 83
LIST OF FIGURES

1. Circumplex Model of Marital and Family Systems ......................... 15
2. Family System Types ................................................................. 39
3. Second Time Mothers and Fathers Circumplex Placement
   by Quadrant and Type, Prenatal Period ........................................ 56
4. Second Time Mothers and Fathers Circumplex Placement
   by Quadrant and Type, Postpartum Period .................................... 58
CHAPTER I

THE STUDY PROBLEM

The popularity of first time parenthood as a focus of investigation contrasts markedly with the paucity of research pertaining to families incorporating the second child. Weiss (1981) reports that a two child family is the most popular family size with 58% of women with one child stating that they expected to have more children. Despite this fact, the transition to parenthood literature has focused predominantly on first time parents as opposed to enlarging pre-existing families (Goldberg & Michaels, 1988). Lamb (1979) points out that it is erroneous to assume that second and subsequent pregnancies impact the family in the same fashion as the first parenthood experience. He suggests that second time parents may experience a more complex yet less dramatic effect on marital and parent-child relationships.

According to Goldberg and Michaels (1988), second time parents, while experienced in some respects to parenting, are faced with different challenges from their first time parent counterparts. As Daniels and Weingarten (1982) have stated, "First children are born to couples, second children are born to families" (p. 222). Grossman, Eichler, and Winickoff (1980) suggest that in the context of second time parenthood, the establishment of family relationships is
generated; the parents of one child now become the parents of two, and an only
child becomes a sibling. In this context, second time parenthood results in a
reorganization which impacts all family members.

A recent compilation of research on the transition to parenthood concludes
with a call for more investigation of families incorporating additional children
(Goldberg & Michaels, 1988). In order to build on the existing foundation of
transition to parenthood research, variables which have emerged as essential
components to first time parenthood need to be tested for their saliency in the
second parenthood transition and for their relationship to variables reported to
be unique to second time parenthood. Based on the literature, several
dimensions of the second parental experience emerge as warranting further
investigation.

The quality of the marital dyad has been found to be one of the critical
determinants to maternal and paternal adaptation to first time parenthood
Marital quality, also called marital satisfaction or adjustment during the
parenthood transition has been the subject of ongoing controversy. Researchers
have documented a decline in marital satisfaction with the addition of children
(Belsky, Lang, & Rovine, 1985; Belsky, Spanier, & Rovine, 1983; Feldman, 1971;
Luckey & Bain, 1970; Rossi, 1968; Russell, 1974). However, the reported
decline in marital satisfaction has been minimal. While there have been some
declines in marital satisfaction when average scores are considered, couples
tended to maintain their relative position or rank in regards to marital satisfaction over the transition to parenthood (Belsky et al., 1985; Cowan & Cowan, 1988). Additional investigation of marital quality would demonstrate either stability or decline across the transition to second time parenthood as well as relationships between other variables.

A relationship is purported to exist between: (a) the ways in which household tasks and child care responsibilities are distributed between husband and wife and (b) marital adjustment (Cowan & Cowan, 1988). It has been suggested that how household and child care tasks are divided is even more critical during the second parental transition (Freedman, 1981; Kreppner, Paulsen, & Schuetze, 1982). According to Kreppner et al. (1982), the father plays an important and pivotal role during this time. They state "it depends very much upon him whether the partition of childcare really relieves the mother from being forced to 'double' her existence for each child" (p. 383). How tasks are distributed, whether these distributions change with the arrival of the new baby and whether a relationship exists with other variables, remains to be investigated.

Goldberg and Michaels (1988) suggest that the second parental transition is characterized by the "added complexity of relationships" (p. 346) as the family is transformed from a triad to a tetrad. They recommend that the focus of investigation for researchers examining the transition to second time parenthood include assessment of the family constellation, drawing from measures which
have emerged from family theory and therapy research. Furthermore, in this context, Goldberg and Michaels (1988) recommend that the focus of analysis, in future transition research, include the father and the family network as a whole.

A distinguishing feature of the second parental transition is the shift to concerns about family relationships (Grossman et al., 1980; Sammons, 1985). According to Kreppner et al. (1982) family relationships change with the arrival of the second child, because parental involvement must be re-apportioned to include the new baby. Researchers acknowledge that second time parents express concerns about their own resources and capabilities to establish additional relationships within the enlarging family. A preliminary study of second time mothers suggests that higher levels of family relationship concerns are related to lower levels of marital adjustment (Sammons, 1985). This finding needs further validation to support purported relationships between these two variables.

Marital adjustment and task distribution have been documented to be important factors for the successful adaption of first time parents. Family measures have been recommended for use in research with enlarging families along with measures of marital functioning. Concerns about the family relationships emerge as a unique characteristic of second time parent's issues. All of these variables converge to formulate important questions about the nature of the second time parenthood experience. It remains to be determined
how these variables are related to each other in the context of the second parental transition. This is the focus of the investigation.

Problem Statement

The purpose of this study is to examine both parents' perceptions of marital adjustment, family functioning, task management and family relationship concerns to determine how these variables relate to each other, in the prenatal and postpartum period of second time parenthood.

The following research objectives were investigated in this study:

1. To study the relationships between marital adjustment, family functioning, task management and family relationship concerns to determine whether a correlation exists between these variables in the prenatal and postpartum period.

2. To determine whether prenatal measures of marital adjustment, family functioning, task management, and family relationship concerns differ from postpartum measures.

3. To determine whether mothers and fathers differ in their perceptions of marital adjustment, family functioning, task management and family relationship concerns.

4. To determine the relationships between marital adjustment, family functioning, task management, family relationship concerns and selected demographic variables.
Significance of the Study

More data are needed about families incorporating a second child. In comparison to first time parents, this group is largely ignored or assumed to "know the ropes" (Lynch, 1982) in regards to pregnancy and parenting. Such information is helpful for clinicians who are working with young families, to be appraised of the issues and stress sources, and to understand relationships between variables so that interventions can be implemented. Professionals working on a preventative level with these families can assist in developing new strategies for coping with the enlarged system.

This study will serve to contribute to theory development and make needed connections between related fields. According to Goldberg and Michaels (1988) research on the second parental transition must begin to clarify how family theory and transition to parenthood conceptualizations interface. In the past, the transition to parenthood literature has been criticized for an atheoretical focus. Investigating such a transition, within an overriding theory of family functioning enriches the understanding of these family events and makes them more amenable to focused research.

Measures of family functioning have been previously used to study clinical families. A study of normal families experiencing a normative and almost ubiquitous family event will provide important data about variables which contribute to healthy family functioning.
In 1957, LeMasters suggested that parenthood created a crisis for couples. Since that controversial study, the transition to first time parenthood has been a popular research focus. It is now relevant to further explore the next stage of family development, the incorporation of the second child. This investigation will build upon the findings of previous studies to understand further the relationships between variables believed to be instrumental in determining the climate of the second parental transition.

Marital adjustment, task management, family functioning and family relationship concerns have been identified as variables warranting investigation against the backdrop of the second parental transition.
CHAPTER II

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

The literature review will report current findings related to the identified variables. This review will clarify purported relationships between variables as well as describe them in the context of the second parental transition. The theoretical framework with its various components will be reviewed first, followed by review of each of the proposed variables.

Family Development

The family development framework is an integration of structural functionalism, social psychology and social systems theory which views people both as individuals and family members (Rowe, 1981). In this perspective, the family unit changes in response to reciprocal interaction patterns developed in response to the call of the individual and family fluctuating desire and needs (Sammons, 1985). The idea of familial developmental tasks characterizes this framework. Individual task attainment is combined with family task attainment in this perspective. Some examples of family tasks are the maintenance of physical needs, socialization, reproduction and negotiation with society (Duvall,
In addition to these ongoing tasks, developmental tasks are presented at different stages of the life cycle.

According to Solomon (1973), family life cycle changes are demarcated at the introduction of marriage, childbirth, family member individuation and separation as well as loss. Mastery of family developmental tasks provides satisfaction and may insure success with later tasks. Failure may set the stage for unhappiness and future difficulties.

According to Russell (1974) the very nature of family is characterized by the integration of structures and roles, necessitating the system to be reorganized by the addition or removal of family members. In the family development conceptualization, the birth of the first child is viewed as a major developmental step (Duvall, 1977). Additional births are subsumed under this life cycle category. While the first occurrence may provide the most transformation, particularly for women (Hobbs & Cole, 1976; Rossi, 1968; Russell, 1974) more data are needed regarding family members' tasks during late parental transitions. It has been suggested by Grossman (1987) and Stewart (1990) that the second parental transition may exert more influence on men rather than their spouses.

Family life cycle conceptualization has been supported by Barnhill and Long (1978), who view the interaction and crises of families as explained in part by their particular life cycle stage. Although family life cycle and developmental tasks have not been empirically validated (Nock, 1979; Spanier, Sauer, & Larzelare, 1979), these concepts continue to be used as descriptive tools.
A comprehensive view of how couples change in the process of becoming parents complements the family life cycle schema which explains critical tasks afforded families at different stages of development. A model developed by Cowan and Cowan (1988) serves to conceptualize the different forces impacting and influencing a couple's ability to make the necessary changes required to meet the challenge of parenthood.

A five domain structural model, which emerged from the call for a multidimensional view of the family, was initially proposed by Bronfenbrenner in 1979. Belsky (1984) proposed a three domain model of the determinants of parenting. This model described parenting as influenced by parental personal resources, child characteristics and sources of stress. Parke and Tinsley's (1984) research on high risk infants describes the different family relationships and increased social network of grandparents, etc., which are all instrumental in determining the status of the child. The Cowans' model depicts a structurally connected multidimensional representation of the components believed to affect a couple's experience in adapting during the transition to parenthood.

Cowan and Cowan (1988) depict this model in terms of interaction domains. These domains are listed below:

1. The characteristics of each individual in the family, with special emphasis on self-concept and self-esteem.
2. The husband-wife relationship with special emphasis on their division of labor and patterns of communication.

3. The relationship between each parent and child.

4. The connection between patterns in the new family and the two families of origin.

5. The balance between parents' external sources of stress and support, with special emphasis on social networks and jobs or careers (pp. 122-123).

The Cowan and Cowan (1988) model suggests that what occurs in each domain combines to influence satisfaction and adaptation for the individual, the marriage and the family. In addition, according to the authors of this model, each domain depicts a particular type of system organization. This level of organization ranges from the individual, to include the marital dyad, the marital child triad, other generations in the family of origin and finally the family system in relation to the greater world of work. While this model may adequately describe the influential variables in parents and first time parenthood, it would need to be expanded to depict families incorporating additional children.

This investigation will explore the two domains of husband-wife relationship, and parent-child relationship. Cowan and Cowan (1988) describe the marital domain to include aspects of communication and sharing of labor. For this model to be salient for second time parenthood, the parent-child relationship domain needs to be expanded to include sibling relationships, and a tetradic configuration is necessary to signify the two child family.
Family characteristics are described as an additional domain. Research on the family demonstrates that there are many variations in family life and investigators are developing measures to identify different core dimensions from which family life unfolds. How parents perceive their nuclear family life is an area of increasing interest and of certain value in the study of enlarging families. This investigation through the analysis on interrelationships seeks to validate the Cowans' hypothesis that only a multidimensional structural model can explain the nature of how variables interrelate in the context of second time parenthood.

The Circumplex Model and Family Type

Reuben Hill (1949; 1958) first developed a theory of families which has generated concepts describing marital and family systems with respect to stress. According to Olson, Sprenkle, and Russell (1979) two separate variables emerge as underlying components of assorted theories and hypotheses pertinent to certain families' abilities to withstand and recover from stress as opposed to other families' unresolvable stress-related struggles. For these theorists and researchers, the concepts of cohesion and adaptability emerge as two critical and independent variables.

The variables of cohesion and adaptability are organized into the Circumplex Model which facilitates the identification of 16 types of marital and family systems (Olson et al., 1979; Olson, Russell, & Sprenkle, 1983). The Circumplex Model simplifies and incorporates family concepts,
distinguishes between different types of families and offers information about optimal family functioning. Research using the Circumplex Model has supported the model's differentiating capability in identifying clinical versus non-clinical families (Carnes, 1989); other work has utilized the model in describing normal or "non-clinical" families (Olson, McCubbin, Barnes, Larsen, Muxen, & Wilson, 1983). The concept of cohesion is defined by Olson et al. (1983) as the "emotional bonding that family members have toward one another" (p. 48). Specific concepts which measure family cohesion are independence, boundaries, emotional bonding, coalitions, time, space, friends, decision-making and interests (Olson et al., 1983). Within the Circumplex Model, there are four different levels of cohesion ranging from (1) extremely low or disengaged to (2) moderately low or separated to (3) moderately high or connected to (4) extremely high or enmeshed. Olson et al. (1983) hypothesize that balanced levels of moderately low to moderately high cohesion are optimal for family functioning.

Family adaptability is the other dimension and is defined by Olson et al. (1983) as "the ability of a marital or family system to change its power structure, role relationships and relationship rules in response to situational and developmental stress" (p. 48). Concepts related to the measure of the adaptability dimension are family assertiveness, control and discipline, role relationships, type of feedback and negotiation styles (Olson et al., 1983). Levels of adaptability range from (1) rigid (extremely low) to (2) structured (low to
moderate) to (3) flexible (moderate to high) to (4) chaotic (extremely high). Olson et al. (1983) hypothesize that central levels of adaptability are more conducive to marital and family functioning.

The cohesion and adaptability dimensions separately and together are believed to be related to optimal family functioning in a curvilinear fashion. Families who are characterized by moderate as opposed to high or low levels of cohesion and adaptability are considered to function optimally. Moderate levels are classified as balanced. Balance also means that the system can experience the extremes on either dimensions when appropriate, however the system will not typically function for long periods of time at these extremes (Olson et al., 1983).

Figure 1 illustrates the Circumplex Model with its four levels of cohesion and four levels of adaptability forming a matrix of the sixteen different types. The 16 types can be then categorized into three subsets of balanced, midrange and extreme. These three subsets occupy a specific area of the Circumplex Model. The four most central types are balanced types. The eight midrange types lie concentrically outside of the balanced circle. The four extremes lie in the respective four corners of the matrix.

The Family Adaptation and Cohesion Evaluation Scales (FACES) (Olson, Portner & Bell, 1982; Olson, Portner, & Lavee, 1985) has undergone revision since it was first introduced. FACES III (Olson et al., 1985) is the current tool which measures the cohesion and adaptability dimensions. This scale has been used widely in both clinical practice and family research. Research investigating
In plotting the couple or family into the Circumplex Model, mark the specific location that most accurately reflects the actual scores.

---

Family Social Science
290 McNeal Hall, University of Minnesota St. Paul, MN 55108

Figure 1. Circumplex Model of Marital and Family Systems (Olson et al., 1982, 1985).

the curvilinear hypothesis of the Circumplex Model to this date has been inconsistent. Studies which have differentiated problem from non-problem families lend support to the curvilinear hypothesis. Problematic families in all of these studies concerning families of juvenile delinquents (Roderick, Henggler, & Hanson, 1986) and sex offenders (Carnes, 1989) reported a higher distribution of the problem families in the extreme categories when compared to normal families.

Other studies utilizing FACES III reported a linear as opposed to curvilinear relationship between the cohesion and adaptability dimensions and other measures of family functioning. Omar (1989), in her study of biological and step families expecting their first child, suggested a linear model for the cohesion scale in relation to family functioning in reference to her findings. A larger scale study (N=2400) of the Virginia National Guard members undertaken by Green, Harris, Forte, and Robinson (1991a, 1991b) first of men, then of their spouses, refutes the curvilinear hypothesis set forth by Olson et al. (1983). Green et al. (1991a, 1991b) report that the cohesion subscale is a linear measure with higher scores suggestive of better family functioning than lower scores. With respect to the adaptability subscale, Green et al. (1991a, 1991b) could not make the same claim. Instead they questioned the function of the adaptability scale as a curvilinear or linear measure. Since this study was conducted, Olson (1991) has revised the curvilinear hypothesis. In a commentary to the Green et al. (1991a, 1991b) studies, Olson (1991) stated,
"future studies with FACES III should assume that it is a linear measure with high scores representing balanced types and low scores representing extreme types" (p. 75).

Green et al. (1991b) next replicated the National Guard study which consisted of male respondents to include the wives of these individuals in order to find support for their individual findings. Green et al. (1991b) used the Kansas Marital Satisfaction Scale (KMSS) (Schumm, Paff-Bergen, Hatch, Obiorah, Copeland, Meens, & Bugaighis, 1986) as one of the criterion measures to determine if a correlation existed with the cohesion and adaptability subscales. A significant correlation was reported for the husbands' cohesion scale and the KMSS ($r=-.36$) and the wives' scores on the cohesion scale ($r=-.53$). Higher scores on the KMSS are indicative of greater marital dissatisfaction; a negative relationship was found to exist between the cohesion and the KMSS scores. Green et al. (1991a, 1991b) did not report any significant findings for both the husbands and wives groups in regards to the adaptability scale.

The Circumplex Model has emerged as a useful tool in identifying characteristics of dysfunctional from functional families. In regards to a non-clinical population, this model can provide descriptive information about families at different family life cycle stages. It has been suggested that different levels of cohesion and adaptability are demanded at different stages of family life. The importance of the marital relationship is also reinforced as a critical contributor to family functioning; how the appraisal of the marital relationship relates to the measures of family functioning needs further investigation.
The next step in the understanding of families across the life cycle with respect to the Circumplex Model is to investigate a subset of the families with children as categorized by Olson et al. (1983) in the national survey. Specifically, the Circumplex Model is used to describe family types and characteristics of optimal family functioning for couples experiencing the transition to second-time parenthood. Furthermore, it is necessary to continue to clarify the nature of the relationships between cohesion and adaptability and other variables considered important to healthy family functioning. An integration of life cycle theory, family type theory and a model of parenthood adaptation can converge to form a description of young families, the nature of their relationships and their place in development as they encounter the second parental transition.

The Marital Relationship

The marital relationship has repeatedly been found to be a significant determinant for maternal and paternal adaptation in first pregnancy (Feldman & Aschenbrenner, 1983; Lederman et al., 1981). According to Grossman et al. (1980), the role of marital relationship in second time parenthood is not as critical. However, such findings have not been substantiated, due to the paucity of information available about the marital relationship in second time pregnancy and parenthood.

Marital quality has been reported to decline with the addition of a new baby (Belsky et al., 1983, 1985; Feldman, 1971; Luckey & Bain, 1970; Rossi,
According to Cowan and Cowan (1988), whereas a decline in marital satisfaction is reported in practically every study of new parents, this decline is of a minor magnitude. More recent studies have tested the marital decline hypothesis over the transition to parenthood and report that while average scores of marital adjustment might decline, couples do maintain their relative rank order to each other over time (Belsky et al., 1983; Feldman & Nash, 1984; Grossman et al., 1980; Heinicke, 1984). According to Cowan and Cowan (1988), "babies do not create severe marital distress, where it was not present before" (p. 121). Thus, if couples are happy with their marriage prior to childbearing and rearing, they are likely to experience similar levels of marital satisfaction after becoming a family. While this has been supported in relation to first time births, it remains to be determined how the marital relationship is influenced in the context of the second parental transition.

Studies of first time, second time, and non-parents revealed differences in levels of marital satisfaction. Belsky et al., (1983), using the Dyadic Adjustment Scale (Spanier, 1976) measuring marital adjustment, reported significantly lower total scores and subscale scores for cohesion and affectional expression in second time parents as compared to first time parents. In addition, the second time mothers in this study scored higher on the DAS subscale of cohesion on the prenatal assessment and demonstrated a more significant decline than second time fathers on this measure. The primiparous couples scored higher on all the scales administered with the exception of consensus, as compared with
multiparous couples. Primiparous couples described their marriage as more romance than partnership based. Multiparous couples viewed their marriages as more of a partnership as opposed to romance. Despite group differences between first time and repeat parents, spouses and individuals did maintain their relative ranking over time. A study of 180 married couples with no children or with children ages 5 through 13 demonstrated an inverse relationship between increasing parity and marital adjustment (Rankin, 1981).

Such research concurs with other findings that marital satisfaction forms a curvilinear relationship over time. According to these findings, marital satisfaction will decline during the early stages of marriage, level off, then increase during the later stages (Burr, 1973; Rollins & Galligan, 1978).

While increasing parity has been sighted as a possible reason for the decline in marital adjustment, other investigators have suggested that the perception of the marital relationship changes over time. Different explanations have been proposed for the diminished perception of importance attached to the marital relationship in second time parenthood. Walz and Rich (1983) reported that second time mothers perceived the relationship between themselves and their first child to be in jeopardy, while the marital relationship was regarded as stable and enduring. Grossman et al. (1981) described second time parents as relying less on their emotional constitution and marital quality to promote a successful outcome to their transition.
It is suggested that the marital relationship for women is perceived to be less central to the second parental transition as compared to the first time parenthood. These premises are hypothetical at best and demand ongoing inquiry. While marital quality will most likely be an important determinant of adaptation to second time parenthood, it may have to "take its place" among other variables which characterize the second parental transition. The relationships between these variables remains to be investigated.

Division of Labor

Cowan and Cowan (1988) report that the division of household and childcare tasks is central to men's and women's feelings about their relationship as a couple. What appears to be a fairly common phenomenon is the shift from the egalitarian to a more traditional sharing of tasks beginning in pregnancy. According to Cowan and Cowan (1988), this shift occurs regardless of where the couple places themselves on the egalitarian to traditional continuum. Additionally, women consistently take more responsibility than their spouses. Once the couple became parents, tasks were less likely to be shared and more likely to be gender stereotypically allocated.

Role arrangements after pregnancy change with men taking on more traditional male responsibilities such as caring for the exterior of the home with the wife taking on the majority of household and childcare tasks such as washing dishes, doing laundry and changing diapers (LaRossa & LaRossa, 1981). The
fact that the wives will take on to a greater extent the typical female household responsibilities regardless of their employment status and education level has been documented (Hoffman, 1978). A longitudinal study of first time parents indicated that satisfaction with household and child care tasks was correlated with marital satisfaction (Cowan & Cowan, 1988). Each partner's feelings about how tasks were divided between them appear to be an influence on perceived satisfaction with the marriage. However, the correlation between marital satisfaction and household task division was dependent upon when these variables were assessed. In the Cowan and Cowan investigation (1988), there was no correlation between household task distribution and marital satisfaction for either women or men in late pregnancy. Only at six months postpartum, was the husband's involvement in household work beginning to be related to the wife's marital satisfaction; however, this relationship is weak ($r = .03$). Not until 18 months after the birth of the baby did men's involvement in household tasks become positively correlated with their own marital satisfaction ($r = .21$) as well as their spouse's ($r = .40$).

In a comparison study of couples with one or two children, Freedman (1981) described group differences in relation to division of labor. Freedman's (1981) research indicated that second time parents were more focused on the division of labor as compared to their first time parent counterparts. A major factor in the second time parents' adjustment was the husband's availability at home. For these parents, the tasks involved in running a household and caring
for another child appeared to multiply considerably. As Kreppner et al. (1982) suggest in their observational study of couples incorporating a second child, the father's availability is considered critical to the success of the new structuring of family home management demanded by the arrival of the second child. For the second time father, a responsibility for the first born escalates as the mother assumes care of the newborn (Grossman, 1987).

It appears that the division of labor emerges as an important variable to investigate during the transition to second time parenthood. As tasks increase, and parental involvement with children is doubled, how responsibilities are divided will impact the second time parents. Furthermore, because division of labor has been linked with marital satisfaction, the existence of such a relationship will be examined in this study of the transition to second time parenthood.

**Family Relationship Concerns**

Grossman et al. (1980) report that in subsequent pregnancies, the establishment of family relationships becomes a primary focus. According to Kreppner et al. (1982), many changes occur in the network of family relationships; the parents must redistribute and reallocate their involvement with their first child and with each other to include a new infant. According to Goldberg and Michaels (1988), the arrival of the second child also involves the establishment of a sibling relationship. The first child's adaptation to this
process impacts this transition on family members (Freedman, 1981; Stewart, 1990).

Difficulties associated with incorporating another child have been described in the literature. Brazelton (1981) describes the "desertion" of the first child as a difficult task for the second time parent. Several studies describe second time mothers as dominated by concerns about family relationships. Gruis (1977) reports that the first time mother is concerned about the newborn, while the second time mother is preoccupied with the strain placed on the rest of the family by the newborn. Moss (1981) discovered that in a survey of 56 multiparae, concern about how siblings would act towards the baby was a frequently cited issue. Stewart (1990) reported that second time mothers reported low levels of stress associated with the infant domain and more stress surrounding the firstborn's responses to the second child. Lynch (1982) reported that the diminishing resource of time was a constant stressor for mothers of two children. Olin (1983) documented mothers reporting concerns about finding enough time to give to each child.

Father and first-born interactions have been reported to increase as a result of the arrival of the second child (Belsky, Gilstrap, & Rovine, 1984; Grossman, 1987; Stewart, Mobley, VanTuyl, & Salvador, 1987). The increasing paternal role serves to ease the increased child care demands in the enlarging family (Freedman, 1981; Kreppner et al., 1982; LaRossa & LaRossa, 1981). Lay publications by the following authors, Bryant, Cordaro, Grace, and Meier (1979)
state that second time fathers discover a new closeness with their first born offspring. Stewart (1990) observed that by the eighth through the twelfth month of the postpartum period, the first born child discovers that the father can serve as a "mother substitute" (p. 211) and interactions between father and first born become more reciprocal at this time.

Sibling relationships surrounding the second child's arrival have been depicted in the literature. According to Kreppner et al. (1982), the first child does have an adjustment to make, as the first born is often placed in an ambiguous role, with some differences and yet the same needs and wants of the newborn. Stewart et al. (1987) report that the first born's original responses to the newborn second child are confrontation with the infant and mother as well as imitation of the infant. Stewart et al. (1987) also discovered that mothers reported more problematic behavior when they had same sex sibling dyads. Age effects were identified by Nadelman and Begun (1982) in relation to the birth of a sibling. They report that younger children, particularly boys, demonstrated greater overall stress levels at one month postpartum than older children. Stress manifestations in younger children were described to be increased bedwetting at night and accidents during the day as well as increased pacifier use. Older children demonstrated difficulties in being left alone with babysitters, disturbed play with other children and more attempts to maintain close proximity to their mothers. Both Freedman (1981) and Stewart (1990) observed that the oldest
sibling's adjustment was an important part of the overall family adjustment to the enlarging system.

The second parental transition exerts a significant impact on all family members. In this vein, the change that a family sustains in moving from a triadic to a tetradic system involves a significant increase in the possibility of interactional constellations in the family (Kreppner et al., 1982). Thus, family relationships do undergo a restructuring during this time, hence the preoccupation with concerns about this process as reported by investigation of second time mothers (Sammons, 1985). It has been suggested by Stewart (1990) that second time fathers shift experientially from concern exclusively about providing support to the family to a new dimension of concern reflecting a wish to balance career and family life. Family relationship concerns appear to warrant more investigation of how men and women feel about changes in these important relationships and what level of concern if any they identify. Furthermore, how family relationship concerns relate to other family variables such as marital adjustment, family type and task management remains to be determined.

Studies Concerning Second Time Parenthood

As was previously indicated, there is a paucity of research available concerning the transition to second time parenthood. Studies that have had second time parents in their samples have not kept them exclusive to this group.
Instead, comparisons have been made between first time parents and experienced parents which could mean parents expecting the second, third or fourth child (Belsky et al., 1983, 1984, 1985; Grossman et al., 1980). As more studies about second time parenthood are initiated, a more accurate description of family life process is created.

Kreppner et al. (1982), in an observational longitudinal study over a period of two years, did investigate the integration of the second child. According to Kreppner et al. (1982), the process of incorporating the second child into the family constellation involves three phases: the normalization phase, which lasts approximately eight months and is characterized by the mother’s gradual diminished preoccupation with the newborn; followed by a period of increased involvement on the part of the father and the first born; and finally, there occurs a settling down for the next eight months where new family patterns of interaction become established.

How the parents serve to maintain family functioning during the transition to second time parenthood has also been described by Kreppner et al. (1982). Kreppner observed that parents will employ one of the three strategies of role adjustment in response to the increasing responsibilities and demands: (1) the parents interchange tasks and their respective activities appear doubled; (2) as the mother takes care of the newborn, the father assumes responsibility for the first born child; and (3) the mother assumes the care of both children, and the
father assumes more household responsibility. How the parents assess and perceive their family needs determines the adopted strategy.

Freedman (1981) conducted a study which compared first and second time parents and childless couples. In this investigation, differences between first and second time parent groups were reported. First time parents sought to maintain the perceived loss of intimacy in making the shift from dyad to triad. Second time parents were more focused on division of labor issues and attempting to work together as a team.

A longitudinal study of 41 families by Stewart (1990) investigated certain aspects of familial stress during the transition to second time parenthood with respect to a selected model of family crisis and adjustment. More specifically, Stewart examined parental stress, the nature of the family's support network, parental redefinition of roles and the adjustment of the firstborn child. Stewart's findings from the 15 month project demonstrate a complex and rich interweaving of variables which comprise the fluid and dynamic processes of the family and its individual members as they move through the transition of second time parenthood. Stewart reports that the transition to second time parenthood is "an event demanding further role transition, not only by the parents but by the firstborn child as well" (p. 206). In particular, fathers were reported to redefine both their parental and marital roles with many fathers assuming more child care responsibilities than ever before. Second time mothers perceived the birth of the second child as their last experience of caring for an infant, as many couples
sought to complete their family size with two members. Only if both siblings were of the same sex, did second time parents consider having a third child (Stewart, 1990). Firstborn children also experienced their respective share of adjustment as they adapted to changes in their parents' interactions with each other and themselves.

The research of Stewart (1990) contributes to the emerging picture of the transition to second time parenthood as descriptively different from the first parental transition. As described in the literature, first time fathers often shift to a supportive career oriented focus, putting their energy into being a provider. Infant care is for the most part the wives' domain, as tasks become more traditionally allocated. It has been suggested that the first birth might have a more profound effect on women with their immediate involvement in labor and delivery and child care responsibilities (Russell, 1978; Stewart, 1990). This immediate demand on the woman has been described as the "parental imperative" by Guttman (1975). While maternal involvement with the first born is a necessity, paternal participation can be considered optional. However, paternal participation with first children gradually starts to increase after the first year of birth (Easterbrooks & Goldberg, 1984). In Stewart's study (1990) of second time parents, both mothers and fathers related that the birth of the second child was "somehow instrumental in the husband's assumption of a more active and involved role as father" (p. 220). Thus, during the second parental transition a new "parental imperative" is created for the father (Stewart, 1990).
This imperative becomes immediately apparent when the woman enters the hospital to deliver and father takes over primary care of the firstborn. As the second time mother devotes herself to the care of the newborn, her inability to concomitantly manage the previous interactional intensity with the firstborn summons the second time father to a higher level of family involvement.

Conclusions

Based on the review of the literature and analysis of applicable theory and models pertinent to the second parental transition, several factors emerge as warranting investigation. Marital adjustment has been described as significant in maternal and paternal adaptation to first time parenthood. The role of marital adjustment in relation to other variables during the second parental transition demands further inquiry. Measures of family functioning comprise an additional dimension of investigation. Cohesion and adaptability are intrafamilial system resources which prove to contribute to a family's adaptive power in times of stress and change (Lavee, McCubbin, & Olson, 1987). Measures of cohesion and adaptability have been proven to be primary components of family dynamics, with differing combinations of these variables serving to discriminate healthy from dysfunctional families. Measures of cohesion and adaptability must now be applied in the study of normal groups experiencing life change to investigate whether certain family types relate to other aspects of family life, such as marital adjustment and division of labor.
Division of labor has been related to men's and women's reports of marital satisfaction, yet again only preliminary evidence is available pertinent to division of labor during the second parental transition. A unique characteristic of the second parental transition is the shift to family relationship concerns as opposed to marital concerns during the first child transition. Finally, what is beginning to emerge in the literature is that the second parenting experience may be qualitatively different for men and women, with men quite possibly needing to divert some of their energy from the workplace to the enlarging family with its increased demands. As suggested by Cowan and Cowan (1988), a structural model of marital and family adaptation can begin to explain the essential components and their interconnections which impact enlarging families. This investigation will describe interconnections between variables reported to be critical issues for second-time parents.

The relationships between these designated variables is the thrust of this investigation. Furthermore, paternal accounts during the second parental transition have been neglected for the most part, necessitating a couple focus for the described study.
CHAPTER III

METHODOLOGY

The research design, sample characteristics and criteria for selection will be reviewed in this chapter. Research hypotheses and statistical methods will also be described.

Research Design

This is a one group pretest-posttest design with the birth of the second child functioning as the independent variable. The dependent variables examined were the perceptions of the mothers and fathers in the eighth through the ninth month of the prenatal period and the second to the third month of the postpartum period regarding marital adjustment, family functioning, task management, and family relationship concerns. Mailed questionnaires were used to collect data on demographics and the dependent variables at both collection points.

Subject Recruitment

Childbirth educators, family physicians, obstetrical physicians and certified nurse midwives in the West Michigan area were contacted to assist in subject recruitment.
Childbirth educators or institutions offering refresher courses for childbirth preparation were approached by the principal investigator. The investigator explained the purpose of the study and requested that she be allowed to recruit subjects from the prenatal refresher classes. The investigator requested that she present a short summary of the research to potential subjects and invite them to participate. Interested subjects would then fill out an information card indicating that they would be interested in receiving a questionnaire packet in the mail. The information card would have their expected date of delivery, so that the questionnaire packets would be mailed approximately four weeks before the anticipated delivery date.

The prenatal questionnaire packets consisted of two questionnaires (labeled husband and wife), a prenatal demographic information sheet, two copies of the consent form (one for the investigator, the other for the subjects), and a stamped manila envelope addressed to the investigator, in which the participants returned the completed questionnaires.

Both the questionnaires and the subject's address information were coded so that part I and part II could be matched. Subjects were assured of their confidentiality, and their right to withdraw from the study at any time. Address cards and identifying information were stored separately from the completed questionnaires.

Family physicians, obstetrical physicians and certified nurse midwives were also approached to assist in subject recruitment. Practitioners were sent a letter
from the principal investigator explaining the study and requesting their assistance with subject recruitment. The principal investigator then contacted each health care provider and asked if they would display the information card explaining the second time parenthood study in a prominent place in their office. The information cards had a tear-off post card which potential subjects could send to the investigator if they wanted more information regarding the project (see Appendix K). Some practitioners chose to display the information about the study where their patients pay their bills and make appointments, others placed them in the examining rooms. When the principal investigator received a card in the mail indicating interest, the name, address, and due date were recorded, and the couple was assigned a subject number. The couple was then sent the prenatal packet of questionnaires.

Approximately 6 to 8 weeks after the delivery of the child, couples received part II packets. According to Lobo (1982), at 6 weeks the family and infant have developed a routine with mothers regaining much of their physical health. In addition, it was thought that this would be a point at which couples would be more amenable to a second set of questionnaires than earlier in the postpartum period. Part II contained an information sheet pertaining to the second child’s birth, as well as the same instruments as in the prenatal packet. Again, a stamped, addressed manila envelope was enclosed. Couples were also asked at this point if they were interested in the results of the study upon completion of
the project. All participating couples indicated that they were interested in receiving a summary of the study results.

Sample Characteristics

Couples who met the inclusion criteria were placed in the prenatal group at the time of their consent to participate. This group was again surveyed approximately 6 to 8 weeks following the delivery of their child. The inclusion criteria for female subjects were:

1. Pregnant with second child.
2. History of one previous term pregnancy with the first child living at home.
3. The present pregnancy was deemed normal with the absence of risk criteria such as insulin dependent diabetes mellitus, severe hypertension, multiple gestation, serious cardiac, renal, collagen, vascular, or hematologic disease, maternal seizure, confirmed fetal defect or genetic disease.
4. The female subject was living with or married to the father of both children.
5. The female subject was able to read and comprehend English.
6. The female subject was planning on staying in the same geographic area.

The inclusion criteria for male subjects were:

1. The subject was the father of both the first born and expected child.
2. The subject was married to or living with the mother, first born and expected second child.

3. The subject was able to read and comprehend English.

4. The subject was planning on staying in the geographic area.

If the second born child at the second data collection point were identified as having a congenital birth defect, Downs Syndrome, or a debilitating physical illness, the data were not included in the investigation.

Data Collection

Each subject couple received individual yet identical questionnaire packets, which contained (a) a cover letter, (b) consent forms, (c) a demographic sheet, and (d) instruments. The instruments were self-administered paper and pencil measures.

Demographic Sheet

Demographic data were requested at both data collection points. The prenatal demographic sheet requested information pertaining to age, educational status, length of marriage, employment status, income, race, religion, circumstances of present pregnancy, age and sex of first child and second child's due date. Postpartum data collection used a questionnaire adapted from Cronewett (1983) which focused on labor, type of birth, gender of child, maternal and infant complications and type of feeding.
Dyadic Adjustment Scale

Marital adjustment was measured by the Dyadic Adjustment Scale (DAS) (Spanier, 1976). The DAS is a measure used for the assessment of the quality of marriage and other similar dyads such as living together but not married. The DAS is a 32-item scale which results in an overall adjustment score as well as subscale scores. Spanier's original research resulted in a factor analysis of four empirically verified components of marital adjustment: (1) dyadic consensus—the level of agreement related to cohabitation; (2) dyadic cohesion—the ability to share interests and ideas, the motivation to stay together; (3) dyadic satisfaction—the couple's ability to fulfill each others' wishes, needs, expectations and desires; and (4) dyadic expression—the demonstration of love through sexual relations and affection.

The DAS is an ordinal scale with a response score range of 0 to 151. Higher scores indicate greater marital adjustment. Spanier (1976) reports that the DAS has been demonstrated to have criterion related validity. Each of the 32 scale items demonstrated a significant correlation with the external criterion of marital status (Spanier, 1976). The DAS was correlated with the Locke-Wallace Marital Adjustment Scale (Locke & Wallace, 1959) to determine construct validity. The correlation between scales was determined to be .86 (Spanier, 1976). Cronbach's coefficient was used to determine the reliability estimates of the instrument. The reliabilities were as follows: dyadic consensus
subscale = .90, dyadic satisfaction subscale = .94, dyadic cohesion subscale = .86, affectional expression subscale = .73, total scale reliability = .96 (Spanier, 1976).

Family Adaptation and Cohesion Scales

The two dimensions of the Circumplex Model (cohesion and adaptability) were measured by the Family Adaptation and Cohesion Evaluation Scales (FACES III) (Olson et al., 1982, 1985). FACES III is the most recent refinement of measures by Olson et al. (1982, 1985) to assess family interaction. Family cohesion and adaptability have been identified as primary characteristics and empirical indicators of family interaction. FACES III is the instrument which measures these two dimensions through a 20 item scale which is comprised of 10 adaptability and 10 cohesion items. Adaptability is evaluated through the factors of leadership, control and discipline. Cohesion is comprised of the factors of emotional bonding, supportiveness, family boundaries, time and friends and interest in recreation.

FACES III was designed to be administered to members of families across the life cycle. Scoring procedures are available in family inventories manual (Olson et al., 1982, 1985) to determine individual, couple and family scores on the adaptability and cohesion dimension. Cutting points which are available in the manual enable the researcher or clinician to categorize families into 16 specific types, 3 broader types—balanced, midrange and extreme, and four quadrants. Figure 2 shows the different ways of categorizing families.
A. Sixteen Family Types

<table>
<thead>
<tr>
<th>COHESION</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAPTABILITY</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
</tbody>
</table>

B. Balanced, Mid-Range, & Extreme

<table>
<thead>
<tr>
<th>COHESION</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAPTABILITY</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
</tbody>
</table>

C. Four Quadrants

D. Balanced & Quadrants


Figure 2. Family System Types (Olson et al., 1982, 1985).

Used with permission of David H. Olson, Ph.D.
A linear score for use in correlational analysis is called the Distance From Center of Circumplex (DFC). This score indicates the distance of the individual's cohesion and adaptability score from the center of the model. The DFC can also be used for couples. The formula for the DFC is:

\[
\text{Individual DFC score} = \sqrt{(\text{Ind. Coh} - 39.8)^2 + (\text{Ind. Adapt} - 24.1)^2} \quad (\text{Olson et al., 1982, 1985, p. 32}).
\]

Construct validity tests show the correlation between cohesion and adaptability has been reduced to \( r = .03 \), demonstrating two independent dimensions (Olson et al., 1982, 1985). Reliability tests for internal consistency are Cohesion \( (r = .77) \), Adaptability \( (r = .62) \) with total reliability \( (r = .68) \). Furthermore, the 10 cohesion items correlate highly with the total cohesion score and the 10 adaptability scores correlate highly with the total adaptability score (Olson et al., 1982, 1985).

Olson et al. (1979) originally proposed that a curvilinear relationship existed between these two dimensions of family functioning. This hypothesis has come under considerable scrutiny and investigation. Recently, Olson (1991) corrected his original hypotheses and proposed that FACES III is a linear as opposed to curvilinear measure. Originally high and low scores were believed to be indicative of family dysfunction. At the present time, high scores may be indicative of healthy families and low scores may not characterize families with dysfunction (Green et al., 1991).
Family Relationships Questionnaire

The Family Relationships Questionnaire (FRQ) (Sammons, 1985) was designed to measure concerns about different dyadic relationships; father-infant, infant-sibling, mother-infant and mother-sibling. This is a new instrument that was originally designed to measure maternal concerns about dyadic relationships in a family experiencing a second pregnancy.

For the purpose of this investigation, which utilized a pretest-posttest design, only prenatal items which were repeated in the postpartum questionnaire were extrapolated. Verbiage was changed for certain items to correct them to the proper tense. For example, the prenatal questionnaire item, "My husband will be relaxed enough with a new baby this time" was changed to "My husband is relaxed enough with a new baby this time to reflect the postpartum status.

In this study, the husbands were also asked to respond to the FRQ. Items were changed when appropriate, for example: "I wish my husband were more excited about the new baby" was changed to "I wish my wife were more excited about the new baby."

The Prenatal and Postpartum Family Relationship Questionnaires both contain 18 statements. Scoring is done by summing the scores indicated by 1 through 5: 1=strongly agree, 2=somewhat agree, 3=mildly agree or disagree, 4=somewhat disagree, 5=strongly disagree. In Sammons’ (1985) original instrument, some statements were presented in a concern present or concern
absent format. Sammons (1985) identifies which items require point reversal before tabulation. For the purpose of this study, items were deleted totally or changed to reflect the subject’s gender, thus the items which were reversed in the original study also apply here. However, the item numbers are different. Items requiring point reversal for the purposes of this study were 2, 6, 7, 9, 10, 14, 16, 18.

Task Management

Task management was assessed by asking both parents to report their perceptions of who does what in relation to household and child care tasks. Nine household tasks as described by Carlson (1984), were used to depict the division of labor regarding household chores: dishwashing, cooking, laundry, cleaning, paying bills, buying groceries, taking out garbage, small household repairs and yard maintenance. A five point Likert scale ranging from 1=always husband, 2=usually husband, 3=husband and wife equally, 4=usually wife, 5=always wife, was utilized for responses. For the purpose of this investigation, task management was expanded to include childcare and infant care activities. A list of childcare activities pertinent to the first born was derived from Baruch and Barnett (1986) and modified for the purposes of this study. The childcare tasks were listed as follows: supervising morning routine, cleaning up room, spending special time at bedtime, taking to doctor/dentist, taking on outing, supervising personal hygiene, and staying home or making arrangements when
child is sick. A Likert scale was used with the same characteristics as the prenatal form.

The postpartum task management questionnaire contained items pertinent to care of the newborn. Again couples were asked to report who was responsible for infant care activities, such as feeding, changing, middle of night feedings, and rocking. The Likert scale with the same format was included.

Research Hypotheses

The following null hypotheses related to the research objectives were tested in this investigation. The significance level for all hypotheses was set at $p \leq .025$ for a two tailed test.

Ho1: There will be no correlation between measures of marital adjustment, family functioning, task management and family relationship concerns.

Ho2: There will be no difference between prenatal measures of marital adjustment family functioning, task management, and family relationship concerns and postpartum measures of the same.

Ho3: There will be no difference between second time mothers and fathers perceptions of marital adjustment, family functioning, task management and family relationship concerns.

Ho4: There will be no correlation between selected demographic variables and the four dependent variables in the prenatal and postpartum period.
These four general null hypotheses will result in numerous comparisons and correlations since they will be tested for all possible combinations (i.e., fathers vs. mothers and prenatal vs. postpartum) across all instruments and their associated subscales.
CHAPTER IV

RESULTS

The data for this investigation were obtained from the responses to questionnaires administered to couples prior to and after the birth of their second child. Forty-nine couples who returned the questionnaires met the research criteria. One hundred thirteen couples returned postcards to the principal investigator, indicating their interest in the study. Of this group, 71 couples completed and returned the prenatal questionnaires. Fifty-three couples completed the postpartum questionnaire. Data collection was initiated in February 1991 and completed in November 1991.

One couple self eliminated due to language difficulties with the questionnaire. Four couples were eliminated because of problems with the pregnancy which put them in a category of high risk. Two couples reported marital strife and separation and did not want to participate after initial consent. Forty-nine couples who met the research criteria and who completed both sets of questionnaires comprised the sample for this study.

Characteristics of the Sample

The study sample was drawn from the tri-county area of Allegan, Ottawa and Kent situated on the western side of Michigan. Kent is the largest, with a
population of 497,000 (Kent County Directory, 1991); Ottawa has a population of 187,768 (Ottawa County Directory, 1991), and Allegan, a predominantly rural county, has a population of 90,509 (State of Michigan, Bureau of the Census, 1990). The area has a stable economic base supported by a diversity of business and industry.

The mean age of the second time mothers participating in the study was 28.6, with a range of 18-44. The mean age of the fathers was 30.2. Their ages ranged from 22 to 45. All of the second time mothers and fathers were Caucasian.

Twenty-five second time mothers reported that they worked outside of the home during the prenatal period. Twenty-one mothers stayed at home. Thirty-one mothers were at home during the postpartum assessment at 6-10 weeks. Seventeen were back in the workforce, and four mothers indicated that they planned to return to work in the near future.

Paired $t$ tests were computed to determine if hours worked outside the home were significantly different for second time mothers and fathers from the prenatal to postpartum period. Twenty-two second time mothers provided data for a pre and post analysis. For the second time mothers, a significant mean difference, $\bar{X}_{\text{diff}} = 16.22$, existed for hours worked per week between the prenatal and postpartum period, $t(22) = 5.67, p = .001$. Mothers worked fewer hours outside the home after the baby was born. No significant difference was found for second time fathers in the hours worked outside the home from the prenatal period.
to postpartum period, $\bar{X}_{\text{diff}}=2.93$, $t(29)=1.26$, $p=.217$. Twenty-nine second time fathers provided data for this analysis.

Second time mothers' accumulated years of education ranged from 9 to 21 years with a mean of 14.83 years. Second time fathers' accumulated years of education ranged from 9 to 21 years with a mean of 15.22 years.

The Hollingshead Four Factor Index of Social Status (1975) was used to assign a socioeconomic score. Values were assigned to the years of schooling and the occupations of both the mother and father. The occupations were coded according to categories of 1 (menial service workers) through 9 (major professionals and proprietors of large businesses). For this group, occupational information was available for 46 of the 49 couples and is listed in Appendix R. Three couples did not complete the occupational data sheet.

The calculation of the Hollingshead (1975) status score was accomplished through determination of marital status, occupation, and education of those parents who were employed. Hollingshead did not scale the homemaker role in his index. According to Hollingshead (1975) status scores can range from 8 to 66. The range of scores for the study sample was 27 to 66 with a mean of 47.90. The average family in this study sample represents the medium business, minor professional, technical social strata.

Second time mothers and fathers were each asked to report their combined income. Forty-five couples responded to this question, out of the 49 couples. Some couples responded differently in their estimates of combined income. If
this was the case, the median income was calculated. The mean income of the study sample was $44,835.00 with a range of $12,900 to $145,000.

Obstetrical Characteristics

Obstetrical characteristics of the study sample, based on the mothers' responses, are described in Table 1. Four women had to be dropped due to serious medical complications. Other complications were deemed not serious to warrant discharge from the study.

Table 1

Obstetrical Characteristics of the Study Sample

<table>
<thead>
<tr>
<th></th>
<th>frequency</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=49</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second pregnancy to term</th>
<th>frequency</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>40</td>
<td>81.6</td>
</tr>
<tr>
<td>No</td>
<td>9</td>
<td>18.4</td>
</tr>
<tr>
<td>Previous abortion</td>
<td>1</td>
<td>2.0</td>
</tr>
<tr>
<td>Previous miscarriage</td>
<td>9</td>
<td>18.4</td>
</tr>
<tr>
<td>Gave previous child up</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Decision re second pregnancy</th>
<th>frequency</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definite decision</td>
<td>30</td>
<td>61.2</td>
</tr>
<tr>
<td>No contraception/could happen</td>
<td>8</td>
<td>16.3</td>
</tr>
<tr>
<td>Contraception/surprise pregnancy</td>
<td>4</td>
<td>8.2</td>
</tr>
<tr>
<td>No contraception/surprise pregnancy</td>
<td>6</td>
<td>12.2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First child</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>26</td>
<td>53.1</td>
</tr>
<tr>
<td>Females</td>
<td>23</td>
<td>46.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second child</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>19</td>
<td>38.8</td>
</tr>
<tr>
<td>Females</td>
<td>30</td>
<td>61.2</td>
</tr>
</tbody>
</table>
Table 1—Continued

<table>
<thead>
<tr>
<th></th>
<th>frequency</th>
<th>percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prenatal refresher classes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>21</td>
<td>42.9</td>
</tr>
<tr>
<td>No</td>
<td>28</td>
<td>57.1</td>
</tr>
<tr>
<td>First born sibling class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>11</td>
<td>22.4</td>
</tr>
<tr>
<td>No</td>
<td>38</td>
<td>77.6</td>
</tr>
<tr>
<td>Delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On time</td>
<td>42</td>
<td>85.7</td>
</tr>
<tr>
<td>Late</td>
<td>2</td>
<td>4.1</td>
</tr>
<tr>
<td>Early</td>
<td>5</td>
<td>10.2</td>
</tr>
<tr>
<td>C-section</td>
<td>8</td>
<td>16.3</td>
</tr>
<tr>
<td>Vaginal</td>
<td>41</td>
<td>83.7</td>
</tr>
<tr>
<td>Mother/complications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy</td>
<td>5</td>
<td>10.2</td>
</tr>
<tr>
<td>Labor and delivery</td>
<td>5</td>
<td>10.2</td>
</tr>
<tr>
<td>Post-partum</td>
<td>3</td>
<td>6.1</td>
</tr>
<tr>
<td>Newborn complications</td>
<td>4</td>
<td>8.2</td>
</tr>
<tr>
<td>Feeding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bottle</td>
<td>20</td>
<td>40.8</td>
</tr>
<tr>
<td>Breast</td>
<td>12</td>
<td>24.5</td>
</tr>
<tr>
<td>Combination</td>
<td>15</td>
<td>30.6</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>4.1</td>
</tr>
</tbody>
</table>

The study sample of the second time parents can be described as white middle class couples in their late twenties and early thirties. The second time mothers typically had 2-1/2 years of education post high school. The fathers had 3 years of schooling after high school. The mean combined income was $44,000.
The mean age of the first born child was 2-1/2 years of age. There were 26 first born boys and 23 first born girls. At the time of the postpartum evaluation, 19 infant boys and 30 infant girls were born to the participating parents.

Marital Adjustment

The Dyadic Adjustment Scale (DAS) (Spanier, 1976) was used to measure marital adjustment. According to Spanier (1976), the theoretical range of scores for the DAS is 0 through 151. The prenatal DAS mean score for couples in this study was 113.08 with a range of 99-128. The postpartum couple mean score was 115.23 with a range of 98-133. Belsky’s et al. (1983) investigation of marital functioning had second time parents in their sample who completed the DAS. The overall mean score for multiparous couples in the Belsky et al. (1983) sample was 97.2.

Second time mothers and fathers demonstrated a high degree of similarity in their subscale and total scale ratings. Smith (1986) reported similar findings in his investigation of first time parents using the DAS. A series of \( t \) tests was computed to confirm the observation of similarity. These results are represented in Table 2. No significant differences were found.

To determine if DAS subscale and total scale differed from the prenatal to postpartum period, within the second time mothers and fathers, paired \( t \) tests were computed. For second time mothers, prenatal and postpartum difference scores did not significantly differ for Consensus \( \bar{X}_{\text{diff}} = -1.63, t(49) = -1.56, p = .12, \)
Expression $\bar{X}_{\text{diff}}=.34$, $t(49)=-1.15$, $p=.25$, Satisfaction $\bar{X}_{\text{diff}}=.57$, $t(49)=-1.39$, $p=.16$, Cohesion $\bar{X}_{\text{diff}}=-.16$, $t(49)=-.42$, $p=.67$, and the total DAS $\bar{X}_{\text{diff}}=-.87$, $t(49)=-.60$, $p=.55$.

Table 2

Dyadic Adjustment Scale, Mean Differences and Associated $t$ Tests for Mothers and Fathers, Prenatal and Postpartum Period

<table>
<thead>
<tr>
<th></th>
<th>N=49 couples</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prenatal</td>
<td>Postpartum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>two tailed</td>
<td>two tailed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M    S.D.</td>
<td>M    S.D.</td>
<td></td>
</tr>
<tr>
<td>Consensus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>47.91 9.6</td>
<td>49.55 6.3</td>
<td></td>
</tr>
<tr>
<td>Fathers</td>
<td>47.87 5.01</td>
<td>50.02 4.6</td>
<td>-.41 .67</td>
</tr>
<tr>
<td>Difference</td>
<td>.04</td>
<td>-.47</td>
<td></td>
</tr>
<tr>
<td>Cohesion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>15.16 4.45</td>
<td>15.32 3.59</td>
<td></td>
</tr>
<tr>
<td>Fathers</td>
<td>16.02 3.25</td>
<td>15.97 3.92</td>
<td>-.85 .39</td>
</tr>
<tr>
<td>Difference</td>
<td>-.86</td>
<td>-.65</td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>40.67 4.93</td>
<td>40.10 5.88</td>
<td></td>
</tr>
<tr>
<td>Fathers</td>
<td>40.65 3.56</td>
<td>40.59 3.51</td>
<td>-.50 .61</td>
</tr>
<tr>
<td>Difference</td>
<td>.02</td>
<td>-.49</td>
<td></td>
</tr>
<tr>
<td>Expression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>8.46 2.31</td>
<td>8.12 2.12</td>
<td></td>
</tr>
<tr>
<td>Fathers</td>
<td>8.53 1.74</td>
<td>8.77 1.48</td>
<td>-.17 .08</td>
</tr>
<tr>
<td>Difference</td>
<td>-.07</td>
<td>-.65</td>
<td></td>
</tr>
<tr>
<td>Total DAS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>112.22 18.62</td>
<td>113.10 15.04</td>
<td></td>
</tr>
<tr>
<td>Fathers</td>
<td>113.08 9.70</td>
<td>115.36 10.25</td>
<td>-.87 .38</td>
</tr>
<tr>
<td>Difference</td>
<td>-.86</td>
<td>2.26</td>
<td></td>
</tr>
</tbody>
</table>

$p \leq .025$
A significant difference was found for second time fathers on the DAS subscale, Consensus $\bar{X}_{diff}=-2.14$, $t(49)=-3.03$, $p=.00$. Prenatal and postpartum difference scores did not differ significantly for Expression $\bar{X}_{diff}=-.24$, $t(49)=-1.01$, $p=.31$, Satisfaction $\bar{X}_{diff}=0.06$, $t(49)=.14$, $p=.88$, Cohesion $\bar{X}_{diff}=0.04$, $t(49)=.07$, $p=.94$ and the total DAS $\bar{X}_{diff}=-2.28$, $t(49)=-1.58$, $p=.12$.

Second time mothers and fathers were compared with each other to determine if each group differed significantly over time. The differences in the mothers' and fathers' prenatal and postpartum scores were compared using a $t$ test.

Second time mothers and fathers as two groups did not differ significantly over time when compared with each other on Consensus $t(84.3)=.40$, $p=.68$, Expression $t(96)=1.53$, $p=.12$, Satisfaction $t(96)=.86$, $p=.38$, Cohesion $t(83.8)=-.29$, $p=.76$ and the total DAS $t(96)=.68$, $p=.49$.

To determine if significant differences existed within couples, a series of $t$ tests was computed. In the prenatal period, no significant differences were found within couples for Consensus $\bar{X}_{diff}=.04$, $t(49)=-.03$, $p=.97$, Expression $\bar{X}_{diff}=.06$, $t(49)=.23$, $p=.81$, Satisfaction $\bar{X}_{diff}=-.02$, $t(49)=-.03$, $p=.96$, Cohesion $\bar{X}_{diff}=.85$, $t(49)=1.22$, $p=.22$ and the total DAS $\bar{X}_{diff}=.85$, $t(49)=.39$, $p=.69$.

In the postpartum period, no significant differences were found within couples for Consensus $\bar{X}_{diff}=.46$, $t(49)=-.64$, $p=.52$, Expression $\bar{X}_{diff}=.65$, $t(49)=2.11$, $p=.52$, Satisfaction $\bar{X}_{diff}=-.48$, $t(49)=-.73$, $p=.46$, Cohesion $\bar{X}_{diff}=.65$, $t(49)=1.03$, $p=.30$ and the total DAS score $\bar{X}_{diff}=.26$, $t(49)=1.28$, $p=.20$. 

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
To test whether an effect existed between subjects, an analysis of variance, repeated measures design using the prenatal and postpartum measures as dependent variables and the mothers or fathers as the independent variable was computed for the total DAS score. The F value was not significant at the .025 level of significance; F(1,96) = .36, p = .55.

For the prenatal (8-9 month) to postpartum period (2-3 month), which included the birth of the second child, marital adjustment as measured by the Dyadic Adjustment Scale appeared to be stable. Furthermore, this study sample perceived themselves to be moderately to very satisfied with their marital relationship at this time. Mothers and fathers as separate groups did not differ significantly in their appraisal of their marriage relationship. Perceptions of the marital relationship within the couples themselves also demonstrated similarity. Second time mothers and fathers did not shift significantly in their perceptions over the course of the assessment period with the exception of the subscale consensus. Second time fathers perceived that they were in more agreement with their wives after the second child was born.

Family Functioning

Family functioning was measured utilizing the Family Adaptation and Cohesion Scales (FACES III) (Olson et al., 1985). Families are categorized in three different ways: (1) 16 family types; (2) by placement in one of the four quadrants; and (3) labeled as balanced, midrange or extreme. A distance from
the center score (DFC) which accounts for cohesion and adaptability con­comitantly, can also be calculated. The DFC score is recommended by Olson et al. (1982, 1985) for use in correlational analysis.

Cohesion and adaptability measure results will be explained separately to begin the description of the findings on the FACES III scale. Several individuals elected to not respond to certain items on this instrument, the most popular being "the children have a say in their discipline." Many respondents wrote in "NA" meaning not applicable and commented that their children were too young. The "NA" responses were coded as a zero for statistical analysis purposes.

Cohesion, adaptability and DFC scores are reported in Table 3. The results of the t-tests comparisons confirmed that there were no significant differences between second time mothers and fathers on the prenatal scales of Cohesion \(X_{\text{diff}}=1.49, t(90.2)=1.48, p=.13\), Adaptability \(X_{\text{diff}}=-.35, t(90)=-.26, p=.78\) and DFC \(X_{\text{diff}}=1.13, t(96)=-.72, p=.46\).

On the postpartum measures no significant differences were found; Cohesion \(X_{\text{diff}}=1.85, t(95.2)=1.96, p=.05\), Adaptability \(X_{\text{diff}}=.59, t(96)=-.44, p=.65\), and DFC \(X_{\text{diff}}=2.44, t(96)=1.4, p=.16\).

The next step in the description of family functioning variable is the plotting of the intersection of the cohesion and adaptability scores on the Circumplex Model. The second time mothers and fathers prenatal placement on the Circumplex is illustrated in Figure 3. While Olson et al. (1985) had originally stated that normal functioning families would cluster in the balanced
region, thus supporting the curvilinear hypothesis, Green, Harris, Forte and Robinson (1991) report that higher functioning families will concentrate on the right hand side of the Circumplex Model.

Table 3

FACES III Cohesion, Adaptability and DFC Scores, Mean Differences and Associated t Tests for Mothers and Fathers, Prenatal and Postpartum Period

<table>
<thead>
<tr>
<th></th>
<th>Prenatal two tailed</th>
<th>Postpartum two tailed</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>S.D.</td>
<td>t</td>
<td>p</td>
</tr>
<tr>
<td>Cohesion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>42.79</td>
<td>5.54</td>
<td>43.44</td>
<td>4.46</td>
</tr>
<tr>
<td>Fathers</td>
<td>41.30</td>
<td>4.27</td>
<td>1.48</td>
<td>.13</td>
</tr>
<tr>
<td>Difference</td>
<td>1.49</td>
<td></td>
<td>1.85</td>
<td></td>
</tr>
<tr>
<td>Adaptability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>22.18</td>
<td>6.12</td>
<td>22.83</td>
<td>6.82</td>
</tr>
<tr>
<td>Fathers</td>
<td>22.53</td>
<td>6.62</td>
<td>-.26</td>
<td>.78</td>
</tr>
<tr>
<td>Difference</td>
<td>-.35</td>
<td></td>
<td>.59</td>
<td></td>
</tr>
<tr>
<td>Distance from center</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>1.07</td>
<td>7.95</td>
<td>2.38</td>
<td>8.04</td>
</tr>
<tr>
<td>Fathers</td>
<td>-.06</td>
<td>7.56</td>
<td>.72</td>
<td>.46</td>
</tr>
<tr>
<td>Difference</td>
<td>1.13</td>
<td></td>
<td>2.44</td>
<td></td>
</tr>
</tbody>
</table>

p ≤ .025

The cohesion and adaptability scores were categorized in two ways: (1) either as balanced, midrange or extreme, (2) by quadrant placement. In the
<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>PERCENT</th>
<th>Disengaged</th>
<th>Separated</th>
<th>Connected</th>
<th>Enmeshed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mothers</td>
<td></td>
<td>1</td>
<td>2.04</td>
<td>5</td>
<td>1.10</td>
</tr>
<tr>
<td>Fathers</td>
<td></td>
<td>1</td>
<td>1.10</td>
<td>2</td>
<td>1.10</td>
</tr>
<tr>
<td>Chaotic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexible</td>
<td></td>
<td>1</td>
<td>1.10</td>
<td>4</td>
<td>1.10</td>
</tr>
<tr>
<td>Structured</td>
<td></td>
<td>1</td>
<td>1.10</td>
<td>7</td>
<td>1.10</td>
</tr>
<tr>
<td>Rigid</td>
<td></td>
<td>0</td>
<td>1.10</td>
<td>5</td>
<td>1.10</td>
</tr>
</tbody>
</table>

**Adaptability**

**COHESION**

**QUADRANTS**

Mother and Father Totals

I = Flexibly Separated N = 11
II = Flexibly Connected N = 22
III = Structurally Separated N = 27
IV = Structurally Connected N = 38

SECOND TIME MOTHERS

- BALANCED N = 19
- MIDRANGE N = 24
- EXTREME N = 6

SECOND TIME FATHERS

- BALANCED N = 19
- MIDRANGE N = 25
- EXTREME N = 5

Figure 3. Second Time Mothers and Fathers Circumples Placement by Quadrant and Type, Prenatal Period.
prenatal period the second time mothers and fathers when combined were categorized as Midrange \((N=49)\), Balanced \((N=38)\) and Extreme \((N=11)\). The second time mothers and fathers in this study cluster by virtue of their scores on the right hand side of the Circumplex. Higher cohesion scores characterize this distribution. Quadrants II (Flexibly-Connected) \((N=22)\), and IV (Structurally-Connected) \((N=38)\), have higher totals when compared with the distribution of Quadrants I (Flexibly-Separated) \((N=11)\) and III (Structurally-Separated) \((N=27)\). When the quadrant totals are taken into consideration, the smallest distribution is in Quadrant I (Flexibly-Separated) \((N=11)\), and the greatest in Quadrant IV (Structurally-Connected \((N=38)\). However, a sizeable portion of second time mothers and fathers were distributed in Quadrant III (Structurally-Separated \((N=27)\). These parents did not perceive themselves to be highly cohesive at this time.

Figure 4 illustrates second time mothers and fathers postpartum placement on the Circumplex Model. Compared to what was observed in the prenatal period, the postpartum measures of cohesion and adaptability demonstrate a similar configuration. The majority of second time mothers and fathers were classified as Midrange \((N=44)\), followed by Balanced \((N=38)\) and Extreme \((N=16)\). Again, twice as many cases appear in Quadrant II (Flexibly Connected) \((N=23)\) and IV (Structurally-Connected) \((N=44)\) when compared to Quadrants I (Flexibly-Separated) \((N=22)\). The distribution majority again fell in Quadrant IV, followed by Quadrants II and III. Second time parents in the postpartum
Figure 4. Second Time Mothers and Fathers Circumplex Placement by Quadrant and Type, Postpartum Period.
period were least likely to perceive their families as Flexibly-Separated (Quadrant I).

Chi square analysis revealed no significant difference between mothers vs. fathers placement in the balanced, midrange and extreme categories for the prenatal period $\chi^2(2, N=98)=.11$, $p=.94$, or the postpartum period $\chi^2(2, N=98)=.0$, $p=1.0$.

To determine if significant differences existed between prenatal and postpartum measures of cohesion, adaptability and the DFC scores within the second time mothers and fathers, a series of $t$ tests was computed. No significant differences were found for the second time mothers on the measures of Cohesion $\bar{X}_{diff}=-.65$, $t(49)=-1.10$, $p=.27$, Adaptability $\bar{X}_{diff}=.28$, $t(49)=.39$, $p=.69$ and the DFC score $\bar{X}_{diff}=0$, $t(49)=0$, $p=1.0$. No significant differences were found for the second time fathers on the measure of Cohesion $\bar{X}_{diff}=-.28$, $t(49)=-.49$, $p=.62$, Adaptability $\bar{X}_{diff}=.28$, $t(49)=.39$, $p=.69$ and the DFC score $\bar{X}_{diff}=0$, $t=0$, $p=1.0$.

The groups of second time mothers and fathers were next compared with each other to determine if there was a significant difference over time for the cohesion, adaptability and DFC score. $t$ tests determined that no significant difference exited for Cohesion $t(96)=-.44$, $p=.65$, Adaptability $t(96)=-.93$, $p=.35$ and the DFC score $t(96)=-.92$, $p=.35$ between second time mothers and fathers.

In examining couples as units, $t$ tests were computed to determine if a significant difference exited within couples on the prenatal and postpartum
family functioning measures. There was no significant mean difference within couples in the prenatal period for Cohesion $X_{\text{diff}}=1.48$, $t(49)=-2.02$, $p=.04$, Adaptability $X_{\text{diff}}=.34$, $t(49)=.38$, $p=.70$ and the DFC score $X_{\text{diff}}=-1.14$, $t(49)=.97$, $p=.33$. In the postpartum period, a significant mean difference was found for Cohesion $X_{\text{diff}}=1.85$, $t(49)=-3.13$, $p=.00$. Within couples, second time mothers reported more cohesion than their spouses. No significant difference within couples was found for Adaptability $X_{\text{diff}}=.59$, $t(49)=.57$, $p=.56$, and the DFC score $X_{\text{diff}}=-2.4$, $t(49)=-1.9$, $p=.06$.

An analysis of variance, repeated measures design designating the prenatal and postpartum measures of cohesion, adaptability and the DFC score as the dependent variables and the mother or father as the independent variable was next computed to determine if there was an effect between subjects. The $F$ value was not significant for Cohesion $F(1,96)=3.61$, $p=.06$, Adaptability $F(1,96)=.01$, $p=.91$, and the DFC score $F(1,96)=1.44$, $p=.23$.

In summary, the majority of second time mothers and fathers could be described as Structurally Connected (Quadrant IV; prenatal 38.7%, postpartum 44.8%), followed by Structurally-Separated (Quadrant III; prenatal 27.5%, postpartum 22.4%), and Flexibly Connected (Quadrant II prenatal 22.4%, postpartum 23.4%). Second time parents were least likely to be Flexibly-Separated (Quadrant I prenatal 11.2%, postpartum 9.18%). The majority of families were also categorically midrange, followed by balanced and then extreme. Again, as in the DAS, mothers and fathers as a group scored very
similarly and these measures were stable over the assessment period. However, within couples, wives reported higher levels of cohesion in the postpartum period than were reported by their husbands.

Task Management

Parents were asked to report their perceptions of who does what in relation to household and childcare tasks on the prenatal questionnaires, and household, childcare and infantcare tasks on the postpartum questionnaires. A five point Likert scale ranging from 1 (mostly husband) through 5 (mostly wife) with 3 being the midpoint (both husband and wife) was constructed to assess distribution of common household and childcare tasks. Two families in the study indicated that they hired outside help to assist with household tasks.

Second time mothers' and fathers' scores on the prenatal measure of task management are reported in Table 4. The scores on this measure can range from 17 indicating that all household and childcare tasks are completed by the husband, to 51 indicating that wives and husbands perceive that they both do all the tasks on the checklist, through 85 indicating that childcare and household tasks are done exclusively by the wife. t tests were computed to determine if significant differences existed between husband and wife scores. No significant differences were found at the .025 level of significance.

Second time mothers and fathers demonstrated a high degree of similarity in their perceptions of how tasks are shared. Furthermore, during the last trimester of their pregnancies, a more egalitarian division of labor was portrayed.
Table 4

Task Management, Mean Differences and Associated t Tests for Mothers and Fathers, Prenatal Period

<table>
<thead>
<tr>
<th></th>
<th>Mothers</th>
<th>Fathers</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household</td>
<td>28.81</td>
<td>-4.25</td>
<td>1.86</td>
</tr>
<tr>
<td>Childcare</td>
<td>27.38</td>
<td>3.99</td>
<td>.49</td>
</tr>
<tr>
<td>Total</td>
<td>56.20</td>
<td>6.43</td>
<td>2.35</td>
</tr>
</tbody>
</table>

N=49 couples

two tailed

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>S.D.</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>28.81</td>
<td>-4.25</td>
<td>2.09</td>
<td>.03</td>
</tr>
<tr>
<td>Fathers</td>
<td>26.95</td>
<td>4.52</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difference</td>
<td>1.86</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childcare</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>27.38</td>
<td>3.99</td>
<td>.71</td>
<td>.47</td>
</tr>
<tr>
<td>Fathers</td>
<td>26.89</td>
<td>2.63</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difference</td>
<td>.49</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>56.20</td>
<td>6.43</td>
<td>1.85</td>
<td>.06</td>
</tr>
</tbody>
</table>

p≤.025

Postpartum scores were expanded to include four items pertinent to the care of the newborn, with the household and childcare components remaining the same. These results are shown in Table 5. t tests were computed to
Table 5
Task Management, Mean Differences and Associated t Tests for Mothers and Fathers, Postpartum Period

<table>
<thead>
<tr>
<th></th>
<th>Mothers</th>
<th>S.D.</th>
<th>Fathers</th>
<th>S.D.</th>
<th>Difference</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mothers</td>
<td>39.83</td>
<td>3.93</td>
<td>27.69</td>
<td>3.48</td>
<td>2.14</td>
<td>2.85*</td>
<td>.00</td>
</tr>
<tr>
<td>Fathers</td>
<td>27.69</td>
<td>3.48</td>
<td>27.48</td>
<td>2.76</td>
<td>1.09</td>
<td>1.67</td>
<td>.09</td>
</tr>
<tr>
<td>Childcare</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>28.57</td>
<td>3.57</td>
<td>27.48</td>
<td>2.76</td>
<td>1.09</td>
<td>1.67</td>
<td>.09</td>
</tr>
<tr>
<td>Father</td>
<td>27.48</td>
<td>2.76</td>
<td>27.48</td>
<td>2.76</td>
<td>.83</td>
<td>.19</td>
<td>.05</td>
</tr>
<tr>
<td>Infant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>15.42</td>
<td>2.01</td>
<td>14.59</td>
<td>2.20</td>
<td>.83</td>
<td>.19</td>
<td>.05</td>
</tr>
<tr>
<td>Father</td>
<td>14.59</td>
<td>2.20</td>
<td>14.59</td>
<td>2.20</td>
<td>.83</td>
<td>.19</td>
<td>.05</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>58.40</td>
<td>6.59</td>
<td>55.18</td>
<td>5.18</td>
<td>3.22</td>
<td>2.68*</td>
<td>.00</td>
</tr>
<tr>
<td>Father</td>
<td>55.18</td>
<td>5.18</td>
<td>55.18</td>
<td>5.18</td>
<td>3.22</td>
<td>2.68*</td>
<td>.00</td>
</tr>
</tbody>
</table>

*Significant; \( p \leq .025 \)
determine if significant differences existed between second time mothers and fathers on the subscale measures of task management; household, childcare and infantcare. Significant differences were found between husbands and wives on the household task subscale and the total task management score with wives reporting more involvement.

$t$ tests were computed to determine if a significant difference existed between the prenatal and postpartum scores on the task management measures within the second time mother and father groups. A significant difference for second time mothers was noted for Childcare $X_{diff}=-.1.18$, $t(49)=-.273$, $p=.00$ and total Task Management $X_{diff}=-.2.20$, $t(49)=-3.04$, $p=.00$. No significant difference was reported for Household $X_{diff}=-1.02$, $t(49)=-2.00$, $p=.05$. Second time fathers did not show a significant difference on Childcare $X_{diff}=-.59$, $t(49)=-1.32$, $p=.19$, Household $X_{diff}=-.73$, $t(49)=-1.71$, $p=.09$, or total Task Management $X_{diff}=-1.32$, $t(49)=-2.14$, $p=.03$.

To compare the second time mothers and fathers as a group to determine if there were significant differences over time, $t$ tests were computed. No significant differences were found between groups for Childcare $t(96.0)=-.95$, $p=.34$, Household $t(96.0)=-.43$, $p=.66$, and total Task Management $t(96.0)=-.95$, $p=.35$.

To determine if differences existed within couples on the task management measures in the prenatal and postpartum periods, $t$ tests were computed. A significant difference was found for prenatal Household $X_{diff}=-1.85$, $t(49)=-4.1$, $p=.00$. 

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
\( p = .00 \) and total Task Management \( \bar{X}_{\text{diff}} = -2.34, t(49) = -2.89, p = .00 \). No significant difference was found for Childcare \( \bar{X}_{\text{diff}} = -0.48, t(49) = -0.9, p = .36 \). In the postpartum period, within couples, a significant difference was found for Household \( \bar{X}_{\text{diff}} = -2.14, t(49) = -5.02, p = .00 \) and total Task Management \( \bar{X}_{\text{diff}} = -3.22, t(49) = -3.97, p = .00 \). No significant difference was found for Childcare \( \bar{X}_{\text{diff}} = -1.08, t = -2.04, p = .04 \).

An analysis of variance repeated measures design was computed next using the prenatal and postpartum scores as the dependent variables and the mothers or fathers as the independent variable. There was a significant time \( F(1,96) = 6.97, p = .00 \) and between subject effect \( F(1,96) = 7.08, p = .00 \) for the distribution of household tasks. The \( F \) value was not significant for Childcare \( F(1,96) = 1.78, p = .18 \) for a between subject effect, but was significant for time effects \( F(1,96) = 8.1, p = .00 \). There was a significant time \( F(1,96) = 1.75, p = .00 \) and between subject \( F(1,96) = 6.02, p = .01 \) effect for the total task management score.

In summary, second time mothers reported an increase in work from the prenatal and postpartum period in regards to the care of the first child as well as the total task management allocation. When the mothers and fathers were considered together, and compared over time, women were doing more housework and total task management after the baby was born than prior to the birth. However, the mean score increase for wives, while statistically significant demonstrated a slight rather than dramatic change. Within couples, in both the
prenatal and postpartum assessment, wives perceived that they are doing slightly more than their respective spouses in regards to household and total task management.

**Family Relationship Concerns**

The prenatal and postpartum Family Relationships Questionnaire (Sammons, 1985) was administered to both second time mothers and fathers before and after their second child was born. The instrument was originally designed to provide a level of concern about the existing and anticipated family relationships surrounding the incorporation of a second child. Higher scores represent a higher level of stated concerns about family relationships.

Scores on the prenatal Family Relationship Questionnaire for second time mothers ranged from 26 to 58 with a mean of 41.04. The theoretical range for this instrument, which was revised for the purposes of this study was 18-90. High scores represent more concerns about family relationships. Second time fathers' prenatal scores ranged from 26 to 58 with a mean of 39.83. Postpartum family relationship concern scores ranged from 27-54 with a mean of 41.02. Second time father scores ranged from 27-54 with a mean of 38.95. No significant differences were found at the .025 level between second time mothers' and fathers' scores on the prenatal and postpartum Family Relationship Concerns Questionnaire. These results are reported in Table 6.
Table 6

Family Relationship Concerns, Mean Differences and Associated t Tests for Mothers and Fathers, Prenatal and Postpartum Period

N=49 couples

<table>
<thead>
<tr>
<th></th>
<th>Prenatal</th>
<th></th>
<th>Postpartum</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>S.D.</td>
<td>t</td>
<td>p</td>
</tr>
<tr>
<td>Mothers</td>
<td>41.04</td>
<td>8.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fathers</td>
<td>39.83</td>
<td>6.5</td>
<td>1.02</td>
<td>.03</td>
</tr>
<tr>
<td>Difference</td>
<td>1.21</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

p ≤ .025

To determine if significant differences existed between prenatal and postpartum measures of family relationship concerns, paired t tests were computed. No significant differences were found between mothers prenatal and postpartum perceptions of Family Relationship Concerns, \( \bar{X}_{\text{diff}} = .38, t(49) = .35, p = .72 \). Second time fathers did not differ significantly in their prenatal and postpartum perceptions of Family Relationship Concerns, \( \bar{X}_{\text{diff}} = .87, t(49) = .75, p = .45 \).

Second time mothers and fathers were considered as two different groups to determine significant difference over time using t tests. No significant difference was found for Family Relationship Concerns \( t(96) = -.30, p = .75 \).
t tests were computed to determine if, within couples, a significant difference existed in the prenatal and postpartum period for family relationship concerns. No significant difference was found in the prenatal period Xdiff=-1.57, t(49)=-1.14, p=.25 or the postpartum period Xdiff=-2.06, t(49)=-1.97, p=.05.

An analysis of variance repeated measures design was employed using the dependent variables of the prenatal and postpartum family relationship concern scores with the independent variable designated as mother or father. The F value was not significant for between subject effects F(1,96)=2.16, p=.14.

Family relationship concerns, as a variable demonstrated consistency between the second time mothers and fathers, within couples and over time. This group of parents demonstrated moderate concern about the status or change in family relationships that incorporating a second child could provoke. Mean scores remained the same for the mothers before and after the second child was born. Mean scores for fathers dropped one point in the postpartum period, a change which was not significant.

Associations Between Dependent Variables

The Pearson product-moment correlation coefficient (r) was computed to determine the relationships between the dependent variables. The correlation matrix for the prenatal second time mothers is presented in Table 7. Cohesion (family functioning) demonstrated a linear relationship with the DFC, r=.64, with Consensus r=.70, with Satisfaction r=.68, with Cohesion (DAS) r=.65, and
Table 7
Second Time Mothers Correlation Matrix
for Dependent Variables,
Prenatal Period

N=49

<table>
<thead>
<tr>
<th></th>
<th>COH</th>
<th>ADAPT</th>
<th>DFC</th>
<th>CON</th>
<th>EXP</th>
<th>SAT</th>
<th>CO</th>
<th>DAS</th>
<th>TMH</th>
<th>TMC</th>
<th>TM</th>
<th>FRQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>COH</td>
<td>0.07</td>
<td>0.64*</td>
<td>.28</td>
<td>.08*</td>
<td>.65*</td>
<td>.74*</td>
<td>.17</td>
<td>-.27</td>
<td>-.05</td>
<td>- .26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADAPT</td>
<td>.71*</td>
<td>-.10</td>
<td>.16</td>
<td>-.41</td>
<td>.09</td>
<td>-.04</td>
<td>-.20</td>
<td>.15</td>
<td>-.03</td>
<td>.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DFC</td>
<td>.41*</td>
<td>.32</td>
<td>.36*</td>
<td>.53*</td>
<td>.47*</td>
<td>-.03</td>
<td>-.07</td>
<td>-.06</td>
<td>-.10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CON</td>
<td>.46</td>
<td>.79*</td>
<td>.70*</td>
<td>.95</td>
<td>.07</td>
<td>-.28</td>
<td>-.12</td>
<td>-.26</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXP</td>
<td>.59</td>
<td>.35</td>
<td>.60*</td>
<td>-.00</td>
<td>.96</td>
<td>.23</td>
<td>.44</td>
<td>.11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAT</td>
<td>.58</td>
<td>.89*</td>
<td>.07</td>
<td>-.36*</td>
<td>-.17</td>
<td>-.11</td>
<td>-.22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO</td>
<td>.81*</td>
<td>.09</td>
<td>-.25</td>
<td>-.09</td>
<td>-.14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAS</td>
<td>.08</td>
<td>-.32</td>
<td>-.14</td>
<td>-.31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMH</td>
<td>.57</td>
<td>.21</td>
<td>.79*</td>
<td>.07</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMC</td>
<td></td>
<td>.13</td>
<td>.00</td>
<td>.61</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TM</td>
<td></td>
<td></td>
<td>.76*</td>
<td>.18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRQ</td>
<td></td>
<td></td>
<td></td>
<td>.05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p≤.025

COH = cohesion  ADAPT = adaptability  DFC = distance from center  CON = consensus  EXP = expression  SAT = satisfaction  CO = cohesion  TMH = household  TMC = childcare  TM = total task management  TM = total task management  FRQ = family relationship concerns

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
the total DAS, $r = .74$. Adaptability was correlated with the DFC $r = .71$. The household task and childcare subscales were correlated with the total Task Management score, $r = .79$, $r = .76$. The correlation matrix for second time fathers in the prenatal period is presented in Table 8. Adaptability was related to the DFC, $r = .82$. Household tasks and childcare were correlated with the total Task Management scale, $r = .91$, $r = .72$.

Next, the postpartum correlations are presented. The results for the second time mothers are presented in Table 9. Cohesion (family functioning) demonstrated a linear relationship with the DFC, $r = .66$, with Consensus $r = .73$, with Satisfaction $r = .66$, with Cohesion (DAS) $r = .50$, and with the total DAS, $r = .74$. Adaptability was correlated with the DFC, $r = .87$. Household tasks and childcare were correlated with the total Task Management scale, $r = .88$, $r = .86$.

The correlation matrix for the second time fathers is presented in Table 10. Cohesion (family functioning) demonstrated a linear relationship with DFC $r = .65$, and Consensus $r = .53$. Adaptability was related to the DFC $r = .80$. Household tasks and childcare were correlated with the total Task Management scale, $r = .86$, $r = .78$.

The next step of the correlational analysis is to determine if a linear correlation exists between prenatal and postpartum measures of the dependent variables. Those variables which had a strong correlation are summarized in Table 11.
Table 8
Second Time Fathers Correlation Matrix
for Dependent Variables,
Prenatal Period

<table>
<thead>
<tr>
<th></th>
<th>COH</th>
<th>ADAPT</th>
<th>DFC</th>
<th>CON</th>
<th>EXP</th>
<th>SAT</th>
<th>CO</th>
<th>DAS</th>
<th>TMH</th>
<th>TMC</th>
<th>TM</th>
<th>FRQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>COH</td>
<td>-.08</td>
<td>.48</td>
<td>.42*</td>
<td>.14</td>
<td>.36*</td>
<td>.35</td>
<td>.49</td>
<td>.09</td>
<td>-.27</td>
<td>.19</td>
<td>-.00</td>
<td></td>
</tr>
<tr>
<td>ADAPT</td>
<td>.55</td>
<td>.00</td>
<td>.32</td>
<td>.01</td>
<td>.00</td>
<td>.00</td>
<td>.51</td>
<td>.05</td>
<td>.18</td>
<td>.80</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DFC</td>
<td>.00</td>
<td>.09</td>
<td>-.16</td>
<td>.19</td>
<td>.06</td>
<td>-.06</td>
<td>.13</td>
<td>-.10</td>
<td>.20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CON</td>
<td>.19</td>
<td>.64*</td>
<td>.28</td>
<td>.88</td>
<td>.21</td>
<td>.26</td>
<td>.28</td>
<td>.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXP</td>
<td>.18</td>
<td>.03</td>
<td>.41</td>
<td>.05</td>
<td>.05</td>
<td>.06</td>
<td>-.18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAT</td>
<td>.10</td>
<td>.79*</td>
<td>.29</td>
<td>.25</td>
<td>.33</td>
<td>.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO</td>
<td>.46</td>
<td>.03</td>
<td>.03</td>
<td>.79</td>
<td>.05</td>
<td>.69</td>
<td>.71</td>
<td>.65</td>
<td>.20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAS</td>
<td>.52*</td>
<td>-.03</td>
<td>-.06</td>
<td>-.05</td>
<td>.19</td>
<td>.01</td>
<td>.84</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMH</td>
<td>-.05</td>
<td>.91*</td>
<td>.04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMC</td>
<td>.68</td>
<td>.00</td>
<td>.75</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TM</td>
<td>.00</td>
<td>.68</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRQ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.95</td>
</tr>
</tbody>
</table>

*p<.025

COH = cohesion  
ADAPT = adaptability  
DFC = distance from center  
CON = consensus  
EXP = expression  
SAT = satisfaction  
CO = cohesion  
DAS = total DAS  
TMH = household  
TMC = childcare  
TM = total task management  
FRQ = family relationship concerns

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Table 9
Second Time Mothers Correlation Matrix
for Dependent Variables,
Postpartum Period

<table>
<thead>
<tr>
<th></th>
<th>COH</th>
<th>ADAPT</th>
<th>DFC</th>
<th>CON</th>
<th>EXP</th>
<th>SAT</th>
<th>CO</th>
<th>DAS</th>
<th>TMH</th>
<th>TMC</th>
<th>TMI</th>
<th>TM</th>
<th>FRQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>COH</td>
<td>.22</td>
<td>.66*</td>
<td>.37*</td>
<td>.66*</td>
<td>.50*</td>
<td>.74*</td>
<td>-.01</td>
<td>.03</td>
<td>-.09</td>
<td>.00</td>
<td>-.41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ADAPT</td>
<td>.12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DFC</td>
<td>.87</td>
<td>.03</td>
<td>.12</td>
<td>.05</td>
<td>.15</td>
<td>-.11</td>
<td>-.11</td>
<td>-.00</td>
<td>.14</td>
<td>.10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CON</td>
<td>.00</td>
<td>.78</td>
<td>.39</td>
<td>.71</td>
<td>.29</td>
<td>.52</td>
<td>.44</td>
<td>.42</td>
<td>.10</td>
<td>.60</td>
<td>.73</td>
<td>.71</td>
<td>.95</td>
</tr>
<tr>
<td>EXP</td>
<td>.39*</td>
<td>.28</td>
<td>.37*</td>
<td>.36</td>
<td>.42*</td>
<td>-.09</td>
<td>-.07</td>
<td>-.04</td>
<td>-.14</td>
<td>.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAT</td>
<td>.00</td>
<td>.04</td>
<td>.00</td>
<td>.00</td>
<td>.00</td>
<td>.50</td>
<td>.61</td>
<td>.73</td>
<td>.31</td>
<td>.95</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO</td>
<td>.53</td>
<td>.45*</td>
<td>.62*</td>
<td>.01</td>
<td>.04</td>
<td>.31</td>
<td>.08</td>
<td>.13</td>
<td>.87</td>
<td>.48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMH</td>
<td>.00</td>
<td>.00</td>
<td>.94</td>
<td>.75</td>
<td>.02</td>
<td>.54</td>
<td>.36</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMC</td>
<td>.73*</td>
<td>-.22</td>
<td>-.21</td>
<td>-.14</td>
<td>-.25</td>
<td>-.08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMI</td>
<td>.00</td>
<td>.11</td>
<td>.14</td>
<td>.33</td>
<td>.08</td>
<td>.54</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TM</td>
<td>-.14</td>
<td>-.04</td>
<td>-.26</td>
<td>-.11</td>
<td>-.22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRQ</td>
<td>.31</td>
<td>.77</td>
<td>.06</td>
<td>.45</td>
<td>.12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.53*</td>
<td>.20</td>
<td>.88*</td>
<td>-.23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.00</td>
<td>.14</td>
<td>.00</td>
<td>.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.06</td>
<td>.86*</td>
<td>-.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.66</td>
<td>.00</td>
<td>.46</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.15</td>
<td>-.09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.27</td>
<td>.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>-.19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>.17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p<.025

COH = cohesion
ADAPT = adaptability
DFC = distance from center
CON = consensus
EXP = expression
SAT = satisfaction
CO = cohesion
DAS = total DAS
TMH = household
TMC = childcare
TMI = infantcare
TM = total task management
FRQ = family relationship concerns

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Table 10
Second Time Fathers Correlation Matrix
for Dependent Variables,
Postpartum Period

<table>
<thead>
<tr>
<th></th>
<th>COH</th>
<th>ADAPT</th>
<th>DFC</th>
<th>CON</th>
<th>EXP</th>
<th>SAT</th>
<th>CO</th>
<th>DAS</th>
<th>TMH</th>
<th>TMC</th>
<th>TMI</th>
<th>TM</th>
<th>FRQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>COH</td>
<td>1.00</td>
<td>.65*</td>
<td>.53*</td>
<td>.05</td>
<td>.43</td>
<td>.53</td>
<td>.60</td>
<td>-.00</td>
<td>-.11</td>
<td>.11</td>
<td>-.06</td>
<td>-.26</td>
<td></td>
</tr>
<tr>
<td>ADAPT</td>
<td>.59</td>
<td>1.00</td>
<td>.00</td>
<td>.71</td>
<td>.00</td>
<td>.00</td>
<td>.44</td>
<td>.65</td>
<td>.06</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DFC</td>
<td>.80*</td>
<td>.12</td>
<td>1.00</td>
<td>.03</td>
<td>.10</td>
<td>.15</td>
<td>-.12</td>
<td>-.11</td>
<td>-.31</td>
<td>-.14</td>
<td>.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CON</td>
<td>.00</td>
<td>.37</td>
<td>.01</td>
<td>1.00</td>
<td>.83</td>
<td>.47</td>
<td>.27</td>
<td>.40</td>
<td>.44</td>
<td>.02</td>
<td>.33</td>
<td>.42</td>
<td></td>
</tr>
<tr>
<td>EXP</td>
<td>.41</td>
<td>.29</td>
<td>.03</td>
<td>.10</td>
<td>1.00</td>
<td>.15</td>
<td>-.12</td>
<td>-.11</td>
<td>-.31</td>
<td>-.14</td>
<td>.06</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAT</td>
<td>.00</td>
<td>.03</td>
<td>.83</td>
<td>.47</td>
<td>.27</td>
<td>1.00</td>
<td>.44</td>
<td>.02</td>
<td>.31</td>
<td>.64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO</td>
<td>.35*</td>
<td>.57*</td>
<td>.34</td>
<td>.83</td>
<td>-.12</td>
<td>-.11</td>
<td>1.00</td>
<td>.07</td>
<td>.02</td>
<td>-.17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DAS</td>
<td>.01</td>
<td>.00</td>
<td>.01</td>
<td>.00</td>
<td>.40</td>
<td>.44</td>
<td>.59</td>
<td>.87</td>
<td>.21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMH</td>
<td>.30</td>
<td>.28</td>
<td>.51</td>
<td>-.02</td>
<td>-.13</td>
<td>-.26</td>
<td>-.08</td>
<td>.54</td>
<td>.36</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMC</td>
<td>.03</td>
<td>.05</td>
<td>.86</td>
<td>.35</td>
<td>.06</td>
<td>.54</td>
<td>.36</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TMI</td>
<td>.41</td>
<td>.80*</td>
<td>.18</td>
<td>-.12</td>
<td>.01</td>
<td>.05</td>
<td>-.41*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TM</td>
<td>.00</td>
<td>.00</td>
<td>.20</td>
<td>.38</td>
<td>.94</td>
<td>.70</td>
<td>.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FRQ</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*E<.025

COH = cohesion
ADAPT = adaptability
DFC = distance from center
CON = consensus
EXP = expression
SAT = satisfaction
CO = cohesion
DAS = total DAS
TMH = household
TMC = childcare
TMI = infantcare
TM = total task management
FRQ = family relationship concerns

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Table 11

Prenatal and Postpartum Dependent Variables for Mothers and Fathers
Correlation Analysis

\[ N = 49 \text{ couples} \]

<table>
<thead>
<tr>
<th>Mothers</th>
<th>Pre</th>
<th>Post</th>
<th>( r )</th>
</tr>
</thead>
<tbody>
<tr>
<td>COH</td>
<td>COH</td>
<td>( r = .67^* )</td>
<td></td>
</tr>
<tr>
<td>COH</td>
<td>DAS</td>
<td>( r = .76^* )</td>
<td></td>
</tr>
<tr>
<td>ADAPT</td>
<td>ADAPT</td>
<td>( r = .72^* )</td>
<td></td>
</tr>
<tr>
<td>ADAPT</td>
<td>DFC</td>
<td>( r = .61^* )</td>
<td></td>
</tr>
<tr>
<td>DFC</td>
<td>DFC</td>
<td>( r = .66^* )</td>
<td></td>
</tr>
<tr>
<td>TM</td>
<td>TM</td>
<td>( r = .69^* )</td>
<td></td>
</tr>
<tr>
<td>FRQ</td>
<td>FRQ</td>
<td>( r = .53^* )</td>
<td></td>
</tr>
<tr>
<td>DAS</td>
<td>COH</td>
<td>( r = .59^* )</td>
<td></td>
</tr>
<tr>
<td>TMC</td>
<td>TMC</td>
<td>( r = .68^* )</td>
<td></td>
</tr>
<tr>
<td>TMH</td>
<td>TMH</td>
<td>( r = .62^* )</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fathers</th>
<th>Pre</th>
<th>Post</th>
<th>( r )</th>
</tr>
</thead>
<tbody>
<tr>
<td>COH</td>
<td>COH</td>
<td>( r = .61^* )</td>
<td></td>
</tr>
<tr>
<td>DFC</td>
<td>DFC</td>
<td>( r = .60^* )</td>
<td></td>
</tr>
<tr>
<td>TM</td>
<td>TM</td>
<td>( r = .71^* )</td>
<td></td>
</tr>
<tr>
<td>TMH</td>
<td>TMH</td>
<td>( r = .74^* )</td>
<td></td>
</tr>
<tr>
<td>TM</td>
<td>TMH</td>
<td>( r = .72^* )</td>
<td></td>
</tr>
</tbody>
</table>

\* \( p \leq .025 \)

COH = cohesion  
FRQ = family relationship concerns  
TMC = childcare tasks  
TMH = household tasks  
ADAPT = adaptability  
TM = task management

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Associations Between Dependent and Independent Variables

The Pearson product-moment correlation was computed to determine if a linear relationship existed between the dependent variables and the independent variables of Agefir (age of first child), Cinc (combined income) and Marry (years married). The prenatal and postpartum results for second time mothers are reported in Table 12. For this group, a relationship existed between Adaptability and Agefir, \( r = .55 \), in the prenatal period. The relationship between these two variables lessened at the postpartum assessment, \( r = .41 \). A linear relationship was found between the prenatal DFC and the Agefir, \( r = .51 \).

The second time fathers did not demonstrate any strong correlations between dependent and independent variables. These results are reported in Table 13.

Additional Analyses

A series of \( t \) tests was computed on the dependent variables to determine if second time mothers and fathers changed their relative rank from the prenatal to postpartum period. No significant difference in rank for second time mothers was found on all measures of dependent variables; Cohesion \( \bar{X}_{diff} = .77, t(48) = -.42, p = .67 \), Adaptability \( \bar{X}_{diff} = -.05, t(48) = -.03, p = .97 \), DFC \( \bar{X}_{diff} = -.25, t(48) = -.14, p = .88 \), DAS \( \bar{X}_{diff} = -.69, t(48) = -.32, p = .74 \), Task Management \( \bar{X}_{diff} = -.47, t(48) = -.29, p = .77 \) and Family Relationship Concerns \( \bar{X}_{diff} = -.33, t(48) = -.13, p = .89 \). Similar findings are reported for second time fathers. No significant
Table 12
Second Time Mothers Prenatal and Postpartum, Dependent vs. Independent Variable Correlations

<table>
<thead>
<tr>
<th>Variable</th>
<th>AGEFIR N=49</th>
<th>CINC N=45</th>
<th>MARRY N=49</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
</tr>
<tr>
<td>COHESION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>r</td>
<td>.22</td>
<td>.12</td>
<td>-.09</td>
</tr>
<tr>
<td>p</td>
<td>.41</td>
<td>.38</td>
<td>.55</td>
</tr>
<tr>
<td>ADAPTABILITY</td>
<td>.55*</td>
<td>.41*</td>
<td>.34*</td>
</tr>
<tr>
<td></td>
<td>.00</td>
<td>.00</td>
<td>.02</td>
</tr>
<tr>
<td>DFC</td>
<td>.51*</td>
<td>.37*</td>
<td>.19*</td>
</tr>
<tr>
<td></td>
<td>.00</td>
<td>.00</td>
<td>.20</td>
</tr>
<tr>
<td>DAS</td>
<td>.09</td>
<td>.12</td>
<td>-.04</td>
</tr>
<tr>
<td></td>
<td>.53</td>
<td>.38</td>
<td>.77</td>
</tr>
<tr>
<td>TASK MGMT.</td>
<td>.17</td>
<td>.24</td>
<td>-.23</td>
</tr>
<tr>
<td></td>
<td>.23</td>
<td>.08</td>
<td>.11</td>
</tr>
<tr>
<td>FRQ</td>
<td>-.20</td>
<td>-.35</td>
<td>-.05</td>
</tr>
<tr>
<td></td>
<td>.16</td>
<td>.01</td>
<td>.69</td>
</tr>
</tbody>
</table>

*p≤.025

AGEFIR = Age of First Child
CINC = Combined Income
MARRY = Years Married
Table 13
Second Time Fathers Prenatal and Postpartum
Dependent vs. Independent
Variable Correlations

N=49

<table>
<thead>
<tr>
<th></th>
<th>AGEFIR N=49</th>
<th>CINC N=45</th>
<th>MARRY N=49</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
</tr>
<tr>
<td>COHESION</td>
<td>.01</td>
<td>.00</td>
<td>.22</td>
</tr>
<tr>
<td></td>
<td>.90</td>
<td>.97</td>
<td>.13</td>
</tr>
<tr>
<td>ADAPTABILITY</td>
<td>.39*</td>
<td>.24</td>
<td>.42*</td>
</tr>
<tr>
<td></td>
<td>.00</td>
<td>.09</td>
<td>.00</td>
</tr>
<tr>
<td>DFC</td>
<td>.35*</td>
<td>.19*</td>
<td>.24</td>
</tr>
<tr>
<td></td>
<td>.01</td>
<td>.19</td>
<td>.11</td>
</tr>
<tr>
<td>DAS</td>
<td>.02</td>
<td>.01</td>
<td>-.09</td>
</tr>
<tr>
<td></td>
<td>.85</td>
<td>.89</td>
<td>.52</td>
</tr>
<tr>
<td>TASK MGMT.</td>
<td>.15</td>
<td>.14</td>
<td>.14</td>
</tr>
<tr>
<td></td>
<td>.28</td>
<td>.33</td>
<td>.33</td>
</tr>
<tr>
<td>FRQ</td>
<td>.14</td>
<td>.20</td>
<td>-.20</td>
</tr>
<tr>
<td></td>
<td>.31</td>
<td>.15</td>
<td>.18</td>
</tr>
</tbody>
</table>

*p≤.025

AGEFIR = Age of First Child
CINC = Combined Income
MARRY = Years Married
difference in rank was found on all measures of dependent variables; Cohesion $\bar{X}_{diff}=0$, $t(49)=0$, $p=1.0$, Adaptability $\bar{X}_{diff}=-0$, $t(49)=0$, $p=1.0$, DFC $\bar{X}_{diff}=0$, $t(49)=0$, $p=1.0$, DAS $\bar{X}_{diff}=0$, $t(49)=0$, $p=1.0$, Task Management $\bar{X}_{diff}=0$, $t(49)=0$, $p=1.0$, and Family Relationship Concerns $\bar{X}_{diff}=0$, $t(49)=0$, $p=1.0$.

Hypothesis Testing

The first zero order correlational hypothesis was rejected in reference to the intercorrelation among the variables: cohesion, DFC, the DAS subscales of Consensus, satisfaction, cohesion, and the total DAS, household tasks, childcare tasks and total task management. For second time mothers in the prenatal and postpartum period, a linear relationship existed between cohesion and the DFC, the consensus, satisfaction and cohesion subscales of the DAS, and the total DAS. Adaptability was correlated with the DFC. The household task and childcare task scales were each correlated with the total task management scale. For second time fathers in the prenatal and postpartum period, the adaptability scale was correlated with the DFC score. Household and childcare tasks were both correlated with the total task management scale. Only in the postpartum period, was the cohesion scale correlated with the DFC and the consensus subscale of the DAS for second time fathers.

The null hypothesis was supported in reference to the intercorrelation among the variables of marital adjustment, family relationship concerns and task management.
The second zero order hypothesis was not supported in reference to the variables of consensus and task management. Second time fathers reported more consensus in the postpartum period when compared with their prenatal scores. Second time mothers reported that they were doing more childcare and total task management in the postpartum period.

The null hypothesis was supported for all the measures of marital adjustment with the exception of the consensus subscale, all measures of family functioning (cohesion, adaptability and the DFC score) and family relationship concerns.

The third zero order correlational hypothesis was tested in two ways: between groups (second time mothers vs. second time fathers) and within each couple (wife vs. husband). In the between group analysis, the null hypothesis was rejected in reference to the postpartum measures of household tasks and total task management. Second time mothers and fathers differed significantly on these measures with wives reporting a higher level of involvement. For all other dependent variables, the null hypotheses for between group differences was accepted.

Within couples, the null hypothesis was rejected in reference to the family functioning measure of cohesion. In the postpartum period, second time mothers reported higher levels of cohesion when compared with their spouses. On the task management measures a significant difference was found for household tasks and total task management with wives perceiving that they were
more involved than their spouses in both the prenatal and postpartum periods. The null hypothesis was accepted for family relationship concerns, marital adjustment, adaptability and the DFC score.

The final hypothesis predicted that a correlational relationship would not exist between selected demographic variables and the dependent variables. This hypothesis was accepted in reference to second time fathers in the prenatal and postpartum period. The null hypothesis was not accepted for second time mothers. In the prenatal period, a linear relationship was found for adaptability, the DFC score and the age of the first child. In the postpartum period, a weaker relationship was found between the age of the first child and the adaptability score.

Summary

The study sample consisted of all Caucasian middle class couples ages 18 to 45 who were drawn from the counties of Ottawa, Allegan and Kent of Western Michigan. The first born children of this sample averaged 2-1/2 years of age. Nineteen infant boys and 30 infant girls were born to the study sample over the course of the data collection period.

The study sample demonstrated high levels of satisfaction with their marriage, which did not change over the prenatal to postpartum period. Second time mothers and fathers also showed a high degree of similarity in their appraisals of their marital relationship when examined as a couple. On a group
level, similar findings were noted; second time mothers and fathers did not differ significantly. However, second time fathers did perceive that they had a higher level of consensus with their spouses after the second baby was born.

Second time mothers and fathers were most likely to fall in Quadrant IV of the Circumplex (Structurally Connected), followed by Quadrant III (Structurally Separated) and Quadrant II (Flexibly Connected). Mothers and fathers were least likely to be categorized in Quadrant I (Flexibly Separated). Second time mothers and fathers were predominantly midrange, followed by balanced and then extreme. These categories did not change over the prenatal to postpartum period. The cohesion, adaptability and DFC scores did not change significantly over the assessment period for second time mothers and fathers when the two groups were compared with each other. However, within couples, second time mothers reported higher levels of cohesion in the postpartum period.

Second time mothers reported doing more of the total tasks and care of the firstborn in the postpartum period. When the two groups were compared, women perceived that they were doing more housework and total task management than the second time fathers. Within couples, women consistently perceived that they were doing more of the housework and total task management and that their workload increased after the second child was born.

Second time mothers and fathers were very similar in their perceptions of family relationship concerns. These issues did not change over time and
reflected moderate concern about family relationships during the transition to second time parenthood.

For second time mothers, the Cohesion subscale was highly correlated with the DAS subscales of Consensus (r = .70 prenatal, r = .73 postpartum), Satisfaction (r = .68 prenatal, r = .66 postpartum), Cohesion (r = .65 prenatal, r = .50 postpartum) and the total DAS (r = .74 prenatal, r = .74 postpartum). The Household Task scale (r = .79 prenatal, r = .88 postpartum) and Childcare scale (r = .76 prenatal, r = .86 postpartum) was highly correlated with the Total Task Management score.

For second time fathers the Cohesion subscale produced a low order correlation with other variables in the prenatal period, but was moderately correlated with the Consensus subscale (r = .53) in the postpartum period. In the prenatal and postpartum period, the Household Task (r = .91 prenatal, r = .86 postpartum) and Childcare scale (r = .72 prenatal, r = .78 postpartum) was highly correlated with the Total Task Management scale.

Cohesion showed a linear cross time correlation for the prenatal and postpartum period for second time mothers (r = .67) and fathers (r = .61). Prenatal scores on Housework (r = .62 mothers, r = .71 fathers), Childcare (r = .68 mothers, r = .33 fathers) and Total Task Management (r = .69 mothers, r = .71 fathers) were all highly correlated with postpartum scores for mothers and fathers with the exception of childcare. There was a low order correlation between prenatal and postpartum reports of involvement with childcare for
second time fathers. For second time mothers, the prenatal cohesion scale was also correlated with the postpartum DAS ($r=.76$) and the prenatal DAS was correlated with postpartum Cohesion ($r=.59$). For second time mothers prenatal family relationship concerns were correlated with postpartum ($r=.53$).

For the second time mothers a correlation was found to exist between adaptability and the age of the first child. This was true for the prenatal ($r=.55$) and the postpartum period ($r=.41$). A linear relationship was also found to exist between the prenatal DFC ($r=.51$) and the age of the first child.

A summary of the study findings is shown in Table 14.

Table 14
Summary of Study Findings

<table>
<thead>
<tr>
<th>TYPE OF ANALYSIS</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother vs. Fathers</td>
<td>marital adjustment - N.S.D.</td>
</tr>
<tr>
<td></td>
<td>family functioning - N.S.D.</td>
</tr>
<tr>
<td></td>
<td>task management - prenatal - N.S.D., postpartum - S.D., household &amp; total tasks</td>
</tr>
<tr>
<td></td>
<td>wives reported more involvement</td>
</tr>
<tr>
<td></td>
<td>family relationship concerns - N.S.D.</td>
</tr>
<tr>
<td>Prenatal vs. Postpartum</td>
<td>MOTHERS</td>
</tr>
<tr>
<td></td>
<td>marital adjustment - N.S.D.</td>
</tr>
<tr>
<td></td>
<td>family functioning - N.S.D.</td>
</tr>
<tr>
<td></td>
<td>task management - S.D. - consensus, more postpartum consensus</td>
</tr>
<tr>
<td></td>
<td>family relationship concerns - N.S.D.</td>
</tr>
<tr>
<td></td>
<td>FATHERS</td>
</tr>
<tr>
<td></td>
<td>marital adjustment - S.D. - consensus, more postpartum consensus</td>
</tr>
<tr>
<td></td>
<td>family functioning - N.S.D.</td>
</tr>
<tr>
<td></td>
<td>task management - N.S.D.</td>
</tr>
<tr>
<td>TYPE OF ANALYSIS</td>
<td>RESULTS</td>
</tr>
<tr>
<td>------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Mothers Pre/Post Difference</td>
<td>marital adjustment - N.S.D.</td>
</tr>
<tr>
<td>vs.</td>
<td>family functioning - N.S.D.</td>
</tr>
<tr>
<td>Fathers Pre/Post Difference</td>
<td>task management - N.S.D.</td>
</tr>
<tr>
<td></td>
<td>family relationship concerns - N.S.D.</td>
</tr>
</tbody>
</table>
| **PRENATAL** | ...
| | marital adjustment - S.D. |
| | family functioning - N.S.D. |
| | task management - S.D., wives more household and total task |
| | family relationship concerns - N.S.D. |
| **POSTPARTUM** | ...
| | marital adjustment - N.S.D. |
| | family functioning - S.D., wives more cohesion |
| | task management - S.D., wives more household & total task |
| | family relationship concerns - N.S.D. |
| **Analysis of Variance** | household tasks - between group effect + time effect |
| | total task management - between group effect + time effect |
| | childcare - time effect |
| | cohesion (family functioning) with DFC, consensus, satisfaction, cohesion, DAS Adaptability with DFC |
| | total task management with household and childcare |
Table 14—Continued

<table>
<thead>
<tr>
<th>TYPE OF ANALYSIS</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRENATAL FATHERS</strong></td>
<td>adaptability with DFC</td>
</tr>
<tr>
<td></td>
<td>total task management with household and childcare</td>
</tr>
<tr>
<td><strong>POSTPARTUM MOTHERS</strong></td>
<td>cohesion (family functioning) with DFC, consensus, satisfaction, cohesion, total DAS</td>
</tr>
<tr>
<td></td>
<td>adaptability with DFC</td>
</tr>
<tr>
<td></td>
<td>total task management with household and childcare</td>
</tr>
<tr>
<td><strong>POSTPARTUM FATHERS</strong></td>
<td>cohesion (family functioning) with DFC and consensus</td>
</tr>
<tr>
<td></td>
<td>adaptability with the DFC</td>
</tr>
<tr>
<td></td>
<td>total task management with household and childcare</td>
</tr>
<tr>
<td><strong>PRENATAL MOTHERS</strong></td>
<td>age first child with adaptability and DFC</td>
</tr>
</tbody>
</table>

N.S.D. = no significant difference  S.D. = significant difference
CHAPTER V

DISCUSSION

Study findings and limitations of the investigation are discussed in this chapter. Recommendations for further research are addressed. The chapter concludes with implications for counseling and health care professionals.

Marital Adjustment

Marital adjustment was found to be stable across the assessment period of this investigation. Furthermore, marital adjustment scores were not significantly different between groups of second time mothers and fathers as well as within couples. In addition, both second time mothers and fathers maintained their relative rank over time. For second time fathers, a significant difference existed on the consensus subscale, with men perceiving more marital consensus after the second child was born.

The lack of differences for women found in this investigation is consistent with Sammons' (1985) research on second time mothers. The DAS mean score for second time mothers in this investigation was 112.22 (prenatal) and 113.10 (postpartum). Sammons reported a third trimester mean score of 117.06 and a fourth trimester mean score of 113.62. While Sammons' third trimester cohort
showed somewhat higher scores than this study sample, she still found no significant difference over time for second time mothers' DAS scores between the third and fourth trimesters. The third and fourth trimesters of the Sammons' investigation are the same as the prenatal and postpartum period of this study.

The results of this investigation contrast with the Belsky et al. (1983) investigation of primiparous (first time parents) and multiparous (two or more children) couples utilizing the DAS. Belsky et al. (1983) reported a multiparous couple mean score of 97.2 in the postpartum period which is considerably lower than the 114.0 couple mean score found in this investigation. Furthermore, Belsky et al. (1983) reported that marital adjustment declined over time for these couples. The time at which the postpartum assessment took place may explain, in part, the reason for the lack of score differences over time in this investigation and the relatively high score when compared with the Belsky et al. (1983) findings.

The postpartum assessment for this investigation occurred from 4 to 8 weeks after the birth of the second child. Belsky et al. (1983) conducted their assessment at 12 weeks. It is possible that 4 to 8 weeks postpartum is too early to discern a decline in marital satisfaction. However the research remains inconclusive as to whether a significant decline will occur at all for second time parents, suggesting that the postpartum assessment period may not be "too early" to capture changes. Entwisle and Doering (1981) in their study of first time parents found in interviews at 2 to 3 and 4 to 8 weeks, that the marriage was
not impacted at this time. They suggested that it may be too soon in the postpartum period for an effect on the marriage to be perceived by the couple. Furthermore, Miller and Sollie (1980) describe a "baby honeymoon" which they believed extended to the third postpartum month. During the first three months, the stressful and negative effects of the newborn are not reported.

In light of the debate over perceived decline or stability of marital satisfaction over the transition to parenthood, it is important to note that in studies documenting change, the actual declines are small (Belsky et al., 1983). Furthermore, couples do maintain their relative rank over the assessment periods (Belsky et al., 1983; Heinicke, 1984). Thus, this investigation’s findings of no change (with the exception of the consensus subscale for second time fathers) and no significant difference in ranks supports Cowan and Cowan’s (1988) claim that "marital satisfaction before the baby enters the family is highly related to the state of the postbirth marriage" (p. 144).

Still, marital adjustment may be less affected by the birth of the second child as compared to the first. Grossman et al. (1981) perceived that second time parents do not look to the quality of the marriage to foster success with the second parental transition. The Belsky et al. (1983) study of primiparous and multiparous couples found that multiparous couples characterize their marriage as more of a partnership. Couples having their first child described their marriage as romance based.
What did change in this investigation was the second time fathers' perceptions of marital consensus. This group reported significantly more marital consensus in the postpartum period. Spanier (1986) describes this variable as the level of agreement between the couple which relates to living together. If fathers believe that they are in more agreement with their spouses about issues involving cohabitation, this could be indicative of one of the mechanisms adopted to ensure that home life runs smoothly in the context of increasing demands placed on the parents with another child. In addition, this could be one of the early indicators of increasing levels of paternal involvement as reported by Stewart (1990) in his longitudinal investigation of second time parenthood. It is difficult to interpret why the second time mothers did not perceive more consensus.

The studies of second time parenthood utilizing the DAS as a measure of marital adjustment are few. A popular and frequently used instrument, the DAS had been criticized for a lack of differentiation and inability to separate out different characteristics of the marriage such as feelings and behaviors (Huston & Robins, 1982). Belsky et al. (1983) used this measure in their initial study of the transition to parenthood and a more differentiated measure in their second study (Belsky et al., 1985). In their second study, these authors concluded that the DAS was just as reputable as more differentiated instruments for assessing change in the marriage and is suitable for longitudinal transition to parenthood investigations. The lack of significant difference over time found in this
investigation could be explained through the short assessment period rather than an inadequacy of the instrument.

Family Functioning

In the Circumplex Model, second time mothers' perceptions of their family functioning was distributed among Quadrant IV (Structurally Connected), Quadrant III (Structurally Separated), and Quadrant II (Flexibly Connected), in that order. Second time mothers were least likely to be in Quadrant I (Flexibly Separated). The findings were similar for second time fathers. Mothers reported more cohesion in the postpartum period. Fathers did not demonstrate a change in their perceptions of family cohesion.

Green et al. (1991a, 1991b) suggested that the highest functioning families would occupy the right hand Quadrants (II and IV). This was also the finding in this investigation when Quadrants II and IV totals are compared with Quadrants I and III totals. Thus, placement in Quadrants II and IV is determined by high cohesion scores, which Green et al. (1991a, 1991b) purport is indicative of family health. Still, a fair amount of families were represented in Quadrant III, which is not determined by cohesion scores, and it is erroneous to assume that these are not healthy families.

For second time parents, structure appears to be an important characteristic of family life at this time. Rules and routines are understood and implemented among family members. In the context of structure, many parents
experience a sense of connectedness. This is determined by their high cohesion scores. Other second time parents, while maintaining the need for structure, felt themselves and their family to be somewhat separate. These were the families with low cohesion scores. For some parents the reality of diminishing time and energy may force them to focus more on maintenance tasks rather than activities that help families feel closer. Parents were least likely to describe themselves as flexibly separated, which is characterized by perceptions of disengagement and less structure than the other groups.

Olson et al. (1983) suggested that with the birth of the first child, families would move into Quadrant II (Flexibly Connected) of the Circumplex Model. While there are no data available for second time parenthood and the Circumplex Model (with the exception of this investigation), these data do not support the Olson et al. (1983) finding. Instead, the majority of families in this investigation were distributed in Quadrant IV (Structurally Connected).

Furthermore, Olson et al. (1983) suggest that families may shift during a transition as a means of adapting to the changes imposed on the system. Second time mothers' and fathers' placements on the Circumplex Model did not shift from the prenatal to postpartum period. How mothers and fathers perceived their family life prior to the second child's arrival did not change in the early postpartum period. This lack of shift could be due to the relatively short time between assessment periods or the fact that the transition to second time parenthood begins much earlier, i.e., soon after conception.
Omar (1989) presented data on the cohesion, adaptability and DFC scores for first time parents that are compared with the findings of this investigation. In her research, first time mothers had a cohesion mean score of 42.9, an adaptability mean score of 27.3 and a DFC mean score of 7.4. Second time mothers in this investigation had a mean prenatal cohesion score of 42.7 and a mean postpartum cohesion score of 43.44, a mean adaptability prenatal core of 22.1 and a mean postpartum adaptability score of 22.8, a mean prenatal DFC score of 1.07 and a mean postpartum score of 2.38. The first time mothers in Omar's study had similar cohesion scores when compared with this investigation's second time mothers, yet first time mothers had significantly higher adaptability and DFC scores. The first time fathers in the Omar (1989) study had a cohesion mean score of 41.3, an adaptability mean score of 41.3 and a DFC mean score of 5.7. Second time fathers in this investigation had a mean prenatal cohesion score of 41.3 and a mean postpartum cohesion score of 41.5, a mean prenatal adaptability score of 22.5 and a mean postpartum adaptability score of 22.2, a mean prenatal DFC score of -.06 and a mean postpartum DFC score of -.06. Second time fathers also had lower adaptability and DFC scores when compared with the first time fathers in the Omar (1989) investigation.

While first and second time parents have similar cohesion scores, second time parents perceive that they have less adaptability in their lives than first time parents. As responsibilities and tasks increase with the addition of more children, second time parents may perceive a need for more control and rules.
as opposed to flexibility, thus explaining the lower adaptability scores for second time parents. Another reason for the lower adaptability scores in this sample is that many parents did not respond to some of these items citing them as not applicable. For example, one of these items was, "Children have a say in their discipline." On the average the sample of second time parents in this study had a firstborn of 2-1/2 years of age along with an infant. With such young children, structure and control may be perceived as the most functional means of coping with the increased demands in a family of very young children. First time parents with only one child may not experience the increase in demands, to the same degree as second time parents.

**Task Management**

Task management was divided into two subscales, household tasks and childcare, in the prenatal period, and three subscales, household, childcare and infantcare for the postpartum period.

Mothers and fathers in the prenatal period came very close to an equalitarian task sharing division. For all tasks to be shared between second time mothers and fathers, a score of 51 was necessary. The mean score for second time mothers was 56.20 and for second time fathers was 53.85. Goldberg, Michaels, and Lamb (1985) noted that in first time parents, the last trimester of pregnancy was a time when tasks were most likely to be divided in an equalitarian manner. This may also be the case for second time parents,
when fathers are more likely to assist with tasks due to the advanced stage of pregnancy and associated symptoms.

Second time mothers noted an increase in childcare and total task management from the prenatal to postpartum period. Second time fathers did not show any significant increase in their level of involvement from the prenatal to postpartum period. Other research involving second time fathers did report findings that men increased their level of involvement in the care of the firstborn following the birth of the second child (Belsky et al., 1984; Grossman, 1987; Stewart, Mobley, Van Tuyl & Salvador, 1987). Several reasons could account for this study's findings when compared to others. The times at which the postpartum assessments were done varies greatly from one month postpartum to over a year postpartum. The assessment period of this study, 4-8 weeks postpartum, may be too soon to discern increased involvement on the father's part.

Many of the second time mothers in this investigation were still on maternity leave at the time of the postpartum assessment and many had reduced their work commitments outside the home, while a number were full time homemakers. While the amount of work would expectedly increase with the second child, this increase was picked up by the women, possibly because of their decreased outside responsibilities or because they wanted to do more in the household, child and infant care domain. Perhaps if the women in this study had returned to work, the work distribution would have remained equalitarian.
These findings were reported in Baruch and Barnett (1981), that fathers in dual income families are involved in more childcare and household tasks than fathers who are the sole providers of income.

Overall, second time mothers consistently had higher mean scores on all measures both in the prenatal and postpartum period when compared to second time fathers. It is difficult to ascertain whether this means that second time mothers are actually doing more or perceive that they are. However, Cowan and Cowan (1988) have pointed to the fact that regardless of how couples divide tasks within the range of equalitarian to traditional, women consistently take more responsibility in regards to household tasks than men.

Family Relationship Concerns

Family relationship concerns for both second time mothers and fathers did not show a significant change from the prenatal to postpartum period. Sammons' (1985) study of second time mothers using the original Family Relationship Concerns Questionnaire, showed that mothers' concerns increased in the third trimester. Sammons (1985) did not report any increase in concerns from the third trimester to the postpartum period. It appears that the time the concerns become more pressing, is when delivery is fairly imminent and these concerns may maintain themselves well into the postpartum period. Second time mothers in this investigation had slightly higher mean scores than fathers although these differences did not reach statistical significance. Within couples,
family relationship concern scores did not differ significantly. Since this is the first use of the Family Relationship Concerns Questionnaire with men, no comparisons can be made with other studies.

Relationships Between Dependent and Independent Variables

Green et al. (1991a, 1991b) suggest that a linear relationship exists between the cohesion subscale of the Circumplex Model and other measures of well-being, such as the Kansas Marital Satisfaction Scale (Schumm et al, 1986). Green et al. (1991a, 1991b) findings are supported by the results of this study in relation to the linear relationship between the cohesion scale of the Circumplex Model and the subscales and total score of the Dyadic Adjustment Scale (Spanier, 1976). For second time mothers, the cohesion scale was correlated with consensus, satisfaction, cohesion subscales and the total DAS scale in both the prenatal and postpartum period. For second time mothers, the cohesion scale of the Circumplex Model has a positive linear relationship with the DAS.

Second time fathers had different results. There was no correlation between the cohesion scale and the DAS in the prenatal period. In the postpartum period, the cohesion scale of the Circumplex Model was highly correlated with the consensus subscale of the DAS. For second time fathers, only in the postpartum period were feelings of closeness related to high levels of agreement over issues involving cohabitation.
Fedele, Golding, Grossman and Pollack (1988) found that men's affiliation (feeling connected with others) was linearly related to women's marital adjustment. Thus, women's marital satisfaction is in part influenced by their husband's feelings of connectedness but husband's marital satisfaction is not related to their own feelings of affiliation. What is related to the fathers' marital satisfaction during the transition to second time parenthood remains to be determined. Second time fathers' marital satisfaction was not correlated with the variables in this investigation. However, for the second time mothers, feelings of cohesion and connectedness with their spouses and family were clearly related to their satisfaction with their marriage.

Childcare and household tasks for both second time mothers and fathers demonstrated a strong interrelationship between each one as well as with total task management both cross-sectionally and over time. Level of involvement in task management was linearly related to level of involvement in the postpartum period for both second time mothers and fathers. Task management scores were not correlated with marital satisfaction scores. This lack of relationship may also be due to the timing of the prenatal and postpartum assessment. Cowan and Cowan (1988), reported no correlation between marital satisfaction and the division of household task responsibility in the prenatal period. It wasn't until 6 months postpartum that men's involvement in household tasks was beginning to show a weak positive correlation with their wife's marital satisfaction.
Second time mothers showed much more consistency in relationships between variables in the prenatal and postpartum correlations when compared to second time fathers. Prenatal and postpartum family relationship concern scores were correlated for second time mothers, not fathers. For second time mothers, the adaptability subscale of the Circumplex Model was correlated with the age of the first child in the prenatal and postpartum period. Second time fathers did not demonstrate any significant correlation between dependent and independent variables. Second time mothers' perceptions of increasing adaptability or flexibility with the increasing age of the first born child could be due to the fact that the mothers were still the primary child care givers.

In examining the relationships among variables, second time mothers and fathers differ in regards to what is related to cohesion, adaptability, and marital adjustment. While some of the interrelationships can be viewed in the context of second time mothers, it remains to be determined how the picture can be constructed for second time fathers.

Five Domain Structural Model

This investigation addressed the second domain of this model, the husband-wife relationship, through the use of the DAS (Spanier, 1976) and a task management scale. In addition, it was suggested that in second time parenthood, additional domains may need to be considered, i.e., that of the family dynamics and relationships. Family dynamics were measured by the
family functioning measures of cohesion and adaptability. The Family Relationship Concerns Questionnaire (Sammons, 1985) was used to measure levels of concern about the existing and anticipated family relationships.

According to Cowan and Cowan (1988), the focus of the model is on interrelationships between domains as well as individual domain content. This was the structure of this investigation in the context of the second parental transition. The Cowans’ stress that what occurs in each domain contributes to influence satisfaction with oneself, one’s spouse and one’s family. This would be the next likely step for this investigation to take; the exploration of determinants of satisfaction or distress. This investigation did construct a picture of interrelationships which does support a basic premise of a five domain structural model. However, the structure of these interrelationships are different for men than women. This was supported with the marital adjustment variable.

A five domain structural model cannot be strictly applied for later parental transitions. It is apparent that as the family size increases, additional domains must be created to measure additional and/or different variables which are believed to contribute to marital and family adaptation. In addition, men and women may each have their own separate models, as contributing variables to marital and family adaptation appear to differ between groups.
Limitations of the Study

Methodology limitations are to be considered in the interpretation of this investigation. A single group short term longitudinal design was employed. It is apparent that a longitudinal design is imperative to capture the changing dynamics of the family moving through the transition to parenthood. The assessment period for this study was at the most four months, from the prenatal through the postpartum period. It is possible that this is too brief of a time period to detect changes in individuals and couples during the transition to parenthood. Additional studies of the transition to second time parenthood, should consider a longitudinal study of longer duration, perhaps from the first trimester through the first year.

Limitations pertinent to subject recruitment and the manner in which the questionnaires were answered must also be considered. Subjects were recruited in two ways: (1) by personal contact with the principal investigator at prenatal classes, and (2) by picking up the information cards at their physicians' offices. The physical presence of the researcher could have served to offset self selection. The researcher also did not have any control over whether couples discussed the survey questions or answered them together.

The findings of the study can only be generalized to this convenience sample population. All of the participants were self-selected, Caucasian, middle class, and reported intact marriages. In addition, social desirability may
influence their responses, particularly the questions pertaining to personal areas such as marital and family life.

The instrumentation in this investigation poses some limitations for the study. Because it was compiled from pooling together items from different sources, the task management scale lacked established psychometrics. Furthermore, only part of the scale could be used in the prenatal and postpartum analysis because the infant care items were only pertinent in the postpartum period. While task management clearly is an issue that marital couples struggle over, according to Cowan and Cowan (1988), it may not be how tasks are allocated but rather the individual's satisfaction with the division that influences marital satisfaction. Therefore, in addition to using an instrument with established psychometric properties, it is critical to assess whether each partner is satisfied with the allocation of tasks.

FACES III has established psychometric properties (Olson et al., 1982, 1985), yet the curvilinear relationships concerning cohesion and adaptability has only been established in highly dysfunctional families. It is apparent that more studies of normal families or families experiencing a developmental transition are needed to supply additional data about the nature of the relationships between cohesion and adaptability and the distribution of families on the Circumplex Model.

The Family Relationships Questionnaire (Sammons, 1985) was originally developed to assess maternal concerns about family relationships in the context
of second time parenthood. The original instrument was revised to include second time fathers. It is possible that maternal and paternal concerns are different during the transition to second time parenthood. Thus the instrument may have not held particular saliency for second time fathers.

Finally, data collection techniques were limited to a survey questionnaire. The use of observation and/or interview techniques would add qualitative and behavioral data which would be more helpful in describing the intricate and complex essence of marital and family life during the transition to second time parenthood.

Recommendations for Further Research

The first recommendation for future research in the transition to second time parenthood is to expand on the longitudinal design to include the early postpartum period through the first year of the second child's life. This longitudinal design would also consist of several assessment points both in the prenatal and postpartum period to deliver more complete data that captures an expanded view of the transition to second time parenthood.

The study of second time parenthood should also include a measure of the firstborn's adjustment to the birth of the sibling. Stewart (1990) found that the firstborn child experiences his or her own stresses in relation to the lost attention from mother. In consideration of familial adjustment to the incorporation of the second child, the firstborn exerts an important influence.
Transition to second time parenthood studies need to continue to address the issue of gender differences in relationship to selected variables. Husbands and wives appear to change at different points and in different directions (Cowan, Cowan, Heming & Miller, 1991).

It is important to include a more socioeconomically and culturally diverse population when investigating the transition to second time parenthood. Nonrepresentative samples do not explain the dynamics of the transition in the general population and may paint a more positive picture than what is reality for many second time parents.

Goldberg and Michaels (1988) suggested that transition to parenthood studies demonstrate more measurement consistency in order to allow for between study comparisons. Future research could involve replication of this investigation or others. Thus, more salient and meaningful conclusions can be drawn about issues which remain controversial, such as the nature and process of change during the transition to second time parenthood.

Finally, future research should abandon a single method approach, such as survey questionnaires and consider multiple measurement techniques which would collect quantitative and qualitative data. Such an approach should adopt a "process orientation" recommended by Goldberg and Michaels (1988) which reflects a circular pattern of influence and response as opposed to a linear model of cause and effect.
Implications for Counseling and Health Care Professionals

This investigation has several implications for counselors and health care professionals who are in contact with individuals or couples in the early years of their parenting life. The marital relationship continues to be an important focal point for counselors working with couples who anticipate or are in the process of enlarging their family. In this context, agreement about the allocation of tasks, the realities of increasing workload and the development of a team approach are important areas for couples to anticipate and discuss.

Counselors can also be sensitive to the issues which differ for women and men during the transition to second time parenthood. Furthermore, counselors may consider using clinical tools such as FACES III (Olson et al., 1982, 1985) in their assessment to understand the family type. At this point, conclusions cannot be drawn about family health or dysfunction based on family placement on the Circumplex Model; however, this does not refute the usefulness of understanding where parents place themselves during the transition to second time parenthood. Such data can be a starting point in working with families who request assistance during this time.

This investigation served to depict a few of the many and complex issues which comprise family life during a specific transition. Such a view can assist counselors and health care professionals in their comprehension of the second parental transition. Instead of perceiving second time parenthood as more of
the same, counselors will understand this transition as a unique experience both for second time mothers and fathers with their own issues and realities.

Summary

This study investigated the relationships between the variables of marital adjustment, family functioning, task management and family relationship concerns during the transition to second time parenthood for 49 couples. The author expanded upon the five domain structural model proposed by Cowan and Cowan (1988), and other research findings (Sammons, 1985) as a basis for the proposed relationships between variables.

The study provided a descriptive overview of variables believed to hold some saliency for couples experiencing second time parenthood based on previous research. Relationships between variables were assessed from the prenatal to postpartum period for second time mothers and fathers as well as within couples. On a descriptive level, the study sample demonstrated high levels of marital satisfaction that did not change significantly over the study period. The Circumplex Model of family systems (Olson et al., 1979) was used as a theoretical framework to characterize family type. Family type did not change from the prenatal to postpartum period for both second time mothers and fathers. Mothers and fathers were very similar in reported levels of family relationship concerns which also maintained consistency over time.
The area of task management demonstrated the most variance both between couples and over time. Second time mothers' task management increased after the second baby was born while fathers' task management stayed the same. However, mothers' hours of outside work decreased significantly from the prenatal to postpartum period, while the fathers' outside work did not change over time.

Several significant relationships were found and reported between the dependent variables. For second time mothers, the cohesion scale of the Circumplex Model was linearly related to marital adjustment. This supports other current research concerning the Circumplex Model suggesting a linear rather than curvilinear relationship between variables (Green et al., 1991).

The investigation can make a contribution to the transition to parenthood literature by focusing on second time parenthood, a process which until recently has been neglected as a research focus. It is indicative that more research is needed to understand the dynamics of the expanding family and to answer the questions generated by this investigation.
APPENDICES
Appendix A

Prenatal Demographic Data Sheet
<table>
<thead>
<tr>
<th>ID #______</th>
<th>Prenatal Demographic Data Sheet</th>
</tr>
</thead>
</table>

**Mother Father (circle one)**

1. What was your age on your last birthday? ____ years

2. What was the last year or formal education completed? (circle one)
   - Less than 8 years
   - 8, 9, 10
   - 11, 12, 13
   - 14, 15
   - 16, 17
   - 18, 19
   - 20 years
   - more than 20 years

3. What is your highest degree earned? (circle one)
   - some high school
   - high school graduate
   - some college
   - technical college graduate
   - baccalaureate degree
   - some graduate education
   - master's degree
   - doctoral degree
   - other (please specify)

4. What is the length of time in this marriage?
   - ____ years ____ months

5. Have you ever been married before? (circle one)
   - yes
   - no

6. Are you currently employed? (circle one)
   - a. If yes, what is your occupation?
   - b. If no, were you employed prior to this pregnancy?
   - yes
   - no
   - c. If yes, what is your occupation?
   - d. Average number of hours per week working outside the home? ____ hours.

7. Do you intend to work after the baby is born? (circle one)
   - yes
   - no

8. What is your approximate combined income before taxes? $_____

9. What is your race? (circle one)
   - 1. White
   - 2. Black
   - 3. American Indian
   - 4. Asian
   - 5. Hispanic American
   - 6. Other (please specify)

---

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
10. Which of the following statements best describes the way in which you became pregnant? (circle one)
   1. We made a definite decision about this pregnancy and tried to become pregnant as soon as possible.
   2. We weren't using contraceptives and we thought we'd just let it happen.
   3. We were using contraceptives and we didn't expect to get pregnant.
   4. We weren't using contraceptives and we didn't expect to get pregnant.
   5. Other (please specify) .

11. Is this your second pregnancy? (circle one)
   yes no
   If no, explain (circle all that are applicable)
   1. Miscarriage
   2. Abortion
   3. Gave baby up
   4. Other (please specify).

12. Any complications with this pregnancy?
   yes no
   If yes, please explain:

13. What is the age of your first child?
   _____years_____months

14. What is the sex of your first child? (circle one)
   Male Female

15. What is the due date for this child?
   month_day_year

16. Have you attended prenatal classes for this pregnancy? (circle one)
   yes no

17. Has your first attended sibling preparation classes? (circle one)
   yes no

18. Which sex child would you prefer? (circle one)
   1. Female
   2. Male
   3. No preference
Appendix B

Task Management Questionnaire (Prenatal)
Task Management Questionnaire (prenatal)

This is a list of typical household and child care tasks. Please check the response which indicates how tasks are completed in your household.

1. Doing the dishes or loading/unloading the dishwasher.
2. Cooking the evening meal.
3. Doing the family laundry.
4. Cleaning the house.
5. Shopping for groceries.
6. Paying the bills.
7. Taking out the garbage.
8. Doing small household repairs.
9. Maintaining the yard.

The following pertain to child care tasks. Please check the response which indicates how child care tasks are completed in your household.

10. Supervising your child's morning routine.
11. Supervising your child's personal hygiene.
12. Taking your child to the doctor or dentist.
13. Taking your child on outings (museum, park, etc.).
14. Spending special time at bedtime.
15. Taking to and from lessons.
16. Staying home or making arrangements for care when child is sick.
17. Cleaning up room with the child.
Appendix C

Labor, Birth and Infant Data Sheet
Labor, birth and Infant data sheet

Mother Father (circle one)

1. Did you attend prenatal classes?
   Yes No

2. Did your firstborn attend sibling preparation classes?
   Yes No

3. Age of Infant right now?

4. Length of labor.

5. Baby's birth weight.

6. Sex of child

7. Was your delivery
   1. On time (plus or minus two weeks of expected date)
   2. Early (more than two weeks before due date)
   3. Late (more than two weeks after due date)

8. What type of delivery did the mother have?
   1. Vaginal
   2. Cesarean

9. Did the mother experience any complications during late pregnancy?
   1. Yes (explain)
   2. No

10. Did the mother experience any complications during labor and delivery?
    1. Yes (explain)
    2. No

11. Did the mother experience any postpartum complications?
    1. Yes (explain)
    2. No

12. Did the baby experience any complications during labor and delivery?
    1. Yes (explain)
    2. No

13. Has your baby experienced any illness or other complications since the time of delivery?
    1. Yes (explain)
    2. No

14. What type of feeding are you using?
    1. Breast
    2. Bottle
    3. Combination bottle/breast

15. Average number of hours you are working outside the home? ________ hours.
Appendix D

Task Management Questionnaire (Postpartum)
**Task Management Questionnaire (postpartum)**

This is a list of typical household and child care tasks. Please check the response which indicates how tasks are completed in your household.

1. Doing the dishes or loading/unloading the dishwasher.
2. Cooking the evening meal.
3. Doing the family laundry.
4. Cleaning the house.
5. Shopping for groceries.
6. Paying the bills.
7. Taking out the garbage.
8. Doing small household repairs.
9. Maintaining the yard.

The following pertain to child care tasks concerning your oldest child. Please check the response which indicates how child care tasks are completed in your household.

10. Supervising your child's morning routine.
11. Supervising your child's personal hygiene.
12. Taking your child to the doctor or dentist.
13. Taking your child on outings (museum, park, etc.)
14. Spending special time at bedtime.
15. Taking to and from lessons.
16. Staying home or making arrangements for care when child is sick.
17. Cleaning up room with child.

The remaining items pertain to infant care tasks involving your baby. Please check the response which indicates how infant care tasks are completed in your household.

19. Feeding newborn.
20. Getting up for night feedings.
21. Rocking newborn to sleep.
Appendix E

Recruitment Card
ARE YOU A COUPLE EXPECTING YOUR SECOND CHILD?

You are invited to participate in a study about couples experiencing pregnancy and parenthood for the second time. This study will investigate the relationships between various aspects of family life as they are perceived by couples having a second child.

What to do:
Husband and wife both complete a set of questionnaires at your convenience in your home now, and again in three months. The questionnaires should take approximately 1/2 hour to complete. All responses are treated anonymously and confidentially.

How to get more Information and the questionnaire packets:
Please fill out the attached card and drop it in the mail. You will then receive a summary of the study, consent forms, the questionnaires and a stamped addressed envelope.

If you are a couple expecting your second child, with your first child at home with you, and this is a low risk pregnancy, you are eligible to participate. If you are interested, please drop the attached card in the mail soon. Couples are needed to participate in this research.

This Investigation is conducted by:
Amy M. Bade, R.N., M.S., C.S.
Doctoral Candidate
Western Michigan University
Department of Counselor Education and Counseling Psychology

Questions: (616) 392-6398 w
399-8194 h

SECOND TIME PARENTHOOD

NAME ____________________________________________________________

ADDRESS ________________________________________________________

PHONE __________________________________________________________

BABY'S DUE DATE ________________________________________________

THANK YOU
Appendix F

Consent Form
Dear Parent:

You are invited to participate in a research study about second time parenthood. This study is being conducted in partial fulfillment for the Doctoral degree requirements from the Department of Counselor Education and Counseling Psychology, Western Michigan University.

Purpose and benefits:
Second time parenthood is something most parents will experience yet little is known about which marital and family issues are impacted by the transition. The purpose of this study is to examine the relationships between parent's perceptions of their family and marital life, as they await and then experience the addition of the second child. The information from this study will be helpful to health care providers who work with young families in understanding normal concerns and issues characteristic of the expanding family.

Procedure:
If you are a couple expecting your second child with your first child at home with you and this is a low risk pregnancy (established between you and your physician, or health care provider) then you are eligible to participate in the research. If you agree to participate, please sign the consent form and return it in the enclosed envelope. You and your spouse are also asked to complete the appropriate questionnaires (mother or father) and return them along with the consent forms in the provided envelope. The questionnaires should take approximately 20-30 minutes to complete.

The next part of the study is the same set of questionnaires mailed to you approximately 6 weeks after your baby is born. Questionnaires will be mailed to couples that meet the research criteria stated above. This second set of questionnaires is also for you and your spouse to complete. You will again be provided with a stamped self-addressed envelope in which to return the questionnaires.

Participation in this research is strictly voluntary. You are free to withdraw at any time. It involves no cost to you nor will you receive any remuneration. If you desire, you will be sent a brief summary of the research results after completion of the project. Your consent to participate or not to participate in this research will not affect your relationship with your health care provider. You are free to leave any questions blank and to stop answering questions at any point in time. If you forget to complete the questionnaires you will receive a letter.
to serve as a reminder. To insure confidentiality—please do not write your name on the questionnaire.

The cards containing your name and address will be kept in a locked file separate from the questionnaires. The questionnaires will also be kept in a locked file. The investigator and her committee members will be the only individuals with access to the data.

If you have any further questions regarding the research, please do not hesitate to contact me. I can be reached at 616-392-6398 during the day or 616-399-8194 in the evening.

Thank you very much for participating in this research.

Respectfully,

Amy M. Bade, R.N., M.S., C.S.
Doctoral Candidate
Principal Investigator

John C. Geisler, Ed.D.
Chairperson

-----------------------------------------------

Tear Off And Return

Subjects Consent Form

I have read the above description of the study and I have voluntarily consented to participate in the first part of the study and to be contacted after the birth of our baby for the second and final part of the research.

Signature of Husband
Date
Appendix G

Postpartum Letter to Participants
Dear Study Participants:

Congratulations on the birth of your child! Enclosed you will find the questionnaires for part 2 of the second time parenthood study. Please be sure to complete the appropriate set of questions labeled "father" or "mother". The questionnaires are identified by a code number so do not write your name on them.

Your cooperation with this research is appreciated. Thank you for your continued participation.

Respectfully,

Amy M. Bade, R.N., M.S., C.S.
Principal Investigator
Second Time Parenthood Study

Please tear off and return with the questionnaires.

___ Yes, I would like a copy of the Research results.
Appendix H

Recruitment Letter to Physicians

124
Dear

I am writing to request your assistance in identifying potential research subjects for my Dissertation research.

The purpose of this investigation is to examine the relationships between parents' perceptions of their family and marital life, as they await and then experience the addition of the second child to the family.

I would like to contact you soon to discuss the feasibility of distributing information cards (sample enclosed) describing the study to second time parents in their last trimester when they come in for an office visit. Interested couples would then receive questionnaire packets at home to complete for the purpose of the investigation.

Your cooperation in this research endeavor would be greatly appreciated.

Respectfully,

Amy M. Bade, R.N., M.S., C.S.
Doctoral Candidate

Department of Counselor Education and Counseling Psychology
Western Michigan University

Principal Investigator
Appendix I

Thank You Letter to Physicians
Dear

Thank you for your support so far in distributing information cards concerning the Second Time Parenthood study. Participant response has been encouraging. Over 30 research packets have been mailed, and the response is good.

If personally handling the cards becomes too cumbersome or intrusive, please consider displaying the cards in a place accessible to your client. Patients can then self select at will.

Please accept my ongoing appreciation for your support of this project.

Respectfully,

Amy M. Bade, R.N., M.S., C.S.
Doctoral Candidate
Appendix J

Follow-up Letter to Physicians
Dear Dr.

Thank you for agreeing to assist in subject identification and recruitment for the Second Time Parenthood study. If you run out of information cards, please call my office (392-6398) and I will drop off more. When the sample size is attained (n=75), I will notify you. You will also receive a summary of the study results as will your patient participants.

Your cooperation is greatly appreciated.

Respectfully,

Amy M. Bade, R.N., M.S., C.S.
Appendix K

Reminder Letter to Parents
Dear Parent,

Several weeks ago, you received a packet of questionnaires for the second time parenthood study. If you haven't completed them out of an oversight, please allow this letter to serve as a reminder. If you have completed the questionnaires, thank you very much for your participation.

Respectfully,

Amy H. Bade RN MS CS
Principal Investigator
Appendix L

Occupational Categories of Second Time Parents
Occupational categories of second time parents
n=46 couples

Scale 9
Higher executives, major professionals, proprietors or large businesses
Attorney 2, Psychologist 1, Scientist 1, Professor 3, Engineer 7, nursing home administrator 1.

Scale 8
Administrators, lesser professionals, proprietors of medium sized businesses
Administrator 1, Minister 1, Registered nurse 2, Accountant 3, high school teacher 3, tutor 1.

Scale 7
Smaller business owners, farm owners, managers, minor professionals
manager 9, payroll analyst 1, scanning support specialist 1, autistic child care provider 1, bilingual sales coordinator 1, designer 1, real estate 1, store analyst 1, industrial designer 1, design engineer 1, MSW 1, teacher 1.

Scale 6
Technicians, semi professionals, small business owners
cost estimator 1, electrical construction estimator 1, buyer 1.

Scale 5
Clerical and sales workers, small farm and business owners
Airline customer service 1, bank teller 1, salesman 1, clerk 1, work processing 1, lab technician 1.

Scale 4
Smaller business owners, skilled manual workers, craftsmen and tenant farmers.
field attendant 1, subcontractor 1, small business owner 1,
builder 1, LPN 1, concrete constriction 1, plumber 1, carpenter 1, auto mechanic 1.

Scale 3
Machine operators, semi-skilled workers
factory worker 6, maintenance 1, beauty consultant 1.

Scale 2
Unskilled workers

Scale 1
Farm workers, menial service workers
Housewife, homemaker mother

No response
Appendix M

Approval Letter: Dyadic Adjustment Scale
April 27, 1989

Graham B. Spanier, Ph.D.
Office of Academic Affairs
Pennsylvania State University
University Park, Pennsylvania 16802

Dear Dr. Spanier,

I am requesting your permission to use your Dyadic Adjustment Scale in my doctoral dissertation entitled The Relationship Between Family and Marital Measures and Family Relationship Concerns in Couples Incorporating a 2nd Child. I plan on surveying couples in the last trimester of pregnancy and the early post partum period, with measures of family functioning, marital adjustment to determine how they relate to each other as well as to family relationship concerns. I am most willing to discuss my research in detail with you as well as send a summary of my results. If you have any questions please do not hesitate to contact me.

Respectfully,

R. B. Bade, R.N. H.S. C.S.
Doctoral Student

John Geisler, Ed.D., Counselor Ed / Counseling Psychology
Doctoral Chairperson Western Michigan University

Permission Granted

G. Spanier 5/4/89
Appendix N

Approval Letter: FACES III
PERMISSION TO USE FACES III

I am pleased to give you permission to use FACES III in your research project, teaching, or clinical work with couples and families. You can either duplicate the materials directly or have them retyped for use in a new format. If they are retyped, acknowledgement should be given regarding the name of the instrument, the developer's name, and the University of Minnesota.

In exchange for providing this permission, we would appreciate a copy of any papers, thesis, or reports that you complete using these inventories. This will help us in staying abreast of the most recent development and research with these scales. Thank you for your cooperation.

In closing, I hope you find FACES III of value in your work with couples and families. I would appreciate hearing from you as you make use of this inventory.

Sincerely,

David H. Olson, Ph.D.
Professor

DHO:vmw
Appendix O

Approval Letter: Family Relationships Questionnaire
November 1, 1988

Amy Bade R.N., M.S., C.S.
Comprehensive Psychiatric Services of Western Michigan, P.C.
456 Century Lane
Holland, MI 49423

Dear Ms. Bade:

I am pleased to hear of your interest in using the Family Relationships Questionnaire for your Doctoral Dissertation. Permission to use the instrument is granted, with the provision that a summary of your dissertation and psychometric properties of the instrument be forwarded to me within six months of completion of your dissertation.

I assume that you located the instruments through Dissertation Abstracts/University Microfilms. At some point in your correspondence with me, I would appreciate learning how you did become aware of the FRQ. Do continue to use my residence address in San Ramon, which is my preferred correspondence address.

I would be happy to answer questions relevant to the FRQ or my work with expanding families. In the absence of specific questions at this time, I wish you well with your doctoral studies and look forward to hearing from you in the future.

Sincerely,

Lucy (Lorrie) Newmark Sammons, RNC, NP, DNS
Assistant Clinical Professor
Women's Health Nurse Practitioner Program
Appendix P

Approval Letter: David Olson, Ph.D.
Dear Ms. Bade:

I am writing to confirm that you have my permission to reproduce the following items in your dissertation:

- the figure of the Circumplex Model
- Figure 9, Family Systems Types from the Family Inventories Manual
- Table 7, the Distance from Center, also from the Family Inventories Manual

Congratulations on completing your dissertation. I will look forward to seeing the completed abstract, methods and results.

Sincerely,

David H. Olson, Ph.D.
Professor

FAMILY INVENTORIES PROJECT (FIP)
Director: David H. Olson, Ph.D.
Appendix Q

Approval Letter From the Human Subjects
Institutional Review Board
Date: January 19, 1990

To: Amy M. Bade

From: Mary Anne Bunda, Chair

This letter will serve as confirmation that your research protocol, "The Relationships Between Marital Adjustment, Family Functioning, Task Management and Family Relationship Concern in Couples Incorporating a Second Child", has been approved as expedited by the HSIRB. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the approval application. You must seek reapproval for any change in this design.

The Board wishes you success in the pursuit of your research goals.

cc: J. Gelsler, Counselor Education and Counseling Psychology

HSIRB Project Number 89-11-15

End Date of Approval January 19, 1991
BIBLIOGRAPHY


Hollingshead, A. (1975). Four factor index of social status. Unpublished manuscript. Available from Department of Sociology, Yale University, 140 Prospect Street, New Haven, CT 06520.


Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.


