FEMININE ROLE ORIENTATION AND FAMILY ADAPTATION PATTERNS FOUR YEARS AFTER BIRTH OF THE FIRST CHILD

by

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CHAPTER I

INTRODUCTION

Statement of the Problem

Recent changes in the traditional roles of women have altered the nature of marriage and the experience of parenthood. However, little is known about the effects of contemporary role change and potential conflicts on family relationships. Since the birth of the first child necessitates major shifts in role patterns, it may create for some parents a crisis of considerable proportions. As yet few data exist about parental adjustment to children and preparation for such anticipated role transitions.

In the traditional family setting, women were provided early social learning experiences which facilitated their transition into expected roles. Radical social changes have impacted on these traditional roles resulting in conflicting expectations. Some of the changes affecting the status of women are the reduction of legal sanctions which controlled marital and childbearing patterns; improved technological control of fertility; lessening of the double standard and pressure to perform socially prescribed sex roles; and increased mobility and educational opportunities resulting in greater numbers of women entering the labor force.

This research is part of a longitudinal research project, Feminine Role Congruence and Maternal Attachment, conducted by Patricia Tomlinson

(1978). The long range goal of the project is to encourage healthy emotional development of children by improving their early care and nurturing experiences. Tomlinson's research initially focused on the effects of contemporary role change on maternal adjustment and mothering behaviors during the first four months of the infant's life. A secondary focus of Tomlinson's maternal role project is the marital relationship and role strain during the childbearing period.

The current study explored some aspects of the transition to parenthood by examining changes in feminine role expectations and family relationship patterns four years after the birth of the first child. Information derived from this research will be used for generation of hypotheses and development of theory regarding role change and congruence in role relationships within the childbearing family.

Review of the Literature

Recent social changes have disrupted the living patterns characteristic of stable families creating increasing concern with the survival of the family as a basic unit of society. New values, goals and sentiments have impacted on the nature of marriage, the meaning of children and function of families (Duvall, 1977). The coexistence of multiple new family patterns with the more traditional social norms inherited from the past has caused conflict, confusion and disequilibrium in the family system (Eshleman, 1978). Numerous contradictions and inconsistencies have accompanied the profound changes in women's roles, yet little is known about the relationship between these current role changes, resulting conflicts and early family development.

Historical Perspective on Family Studies

Although the family was identified as a "unity of interacting personalities" over fifty years ago (Burgess, 1926, p. 5), it has only been in recent years that family study has been characterized by the scientific frame of reference (Christensen, 1964). In fact, systematic study of the family did not even begin until a little over a century ago. Influenced by Darwin's ideas, several writers began to study progressive stages of the evolving family. Social problems created by the increasing industrialization and urbanization of the 19th century dominated the family related studies of that period. Finally in the early 20th century, statistical techniques were developed which led to research on the internal relationships of family members (Christensen, 1964), including the marital relationship.

Since the earliest study of marital success (Hamilton, 1929), there has been a significant increase in the development of research on marital stability and happiness (Hicks & Platt, 1970). Currently, the most frequently studied aspect of marriage and family life is the quality of the marital relationship (Spanier, 1979).

The review of literature will consider first the qualitative dimensions of the marital relationship; second, the changing roles of women and the impact on the family; and third, the interrelationship of these with the crisis associated with the transition to parenthood.

Qualitative Dimensions of the Marital Relationship

Quality of the marital relationship has been a major focus of family research for several decades (Burr, 1973; Spanier, 1976, Spanier & Cole, 1976). Over three hundred studies have focused on some dimension of the quality of marital function (Lewis & Spanier, 1979). The two norms generally used in our society to assess marital function have been identified as marital stability and happiness (Hicks & Platt, 1970). The concept of stability refers to presence or dissolution of the marital relationship and associated variables. The notion of happiness refers to the function of the marriage as it exists "and how the partners feel about and are influenced by such functioning" (Spanier, 1979, p. 290). The most commonly studied concepts used to describe this subjective measure are "marital adjustment", "marital satisfaction", "marital happiness", and "marital integration" (Spanier, 1979, p. 290). Since most of these concepts pertain to the qualitative dimensions of the marital relationship, the more general term "marital quality" is now being used as the major concept which encompasses the specific meanings of the others (Spanier, 1979).

Spanier defines marital quality as a "subjective evaluation of a married couple's relationship", utilizing a continuum which reflects "numerous characteristics of marital interaction and marital functioning" rather than finding distinct categories of high or low quality (1979, p. 290). Factors thought to be associated with high marital quality are good adjustment, adequate communication, a high level of marital happiness and a high degree of satisfaction with the relationship. Despite general consideration of marital quality as an overall concept of marriage function, there are no published measures of this concept. Virtually all research to date attempts to assess one of the more specific concepts which comprise marital quality. Spanier considers marital and dyadic adjustment as "the most general of the measurable indicators of marital quality" (1979, p. 290). Despite criticism of marital adjustment as a vague and ambiguous concept (Hicks & Platt, 1970; Lively, 1969; Spanier & Cole, 1974), it is probably the most frequently studied variable in the field (Spanier, 1976).

Changes in marital adjustment have been correlated with stages of the life cycle (Rollins & Feldman, 1970; Spanier, Lewis & Cole, 1975). In addition, the literature increasingly suggests a possible relationship between change and conflict in women's roles and subsequent interruption of marital equilibrium (Tomlinson, 1978).

Changing Roles of Women and the Impact on the Family

Feminine role identity is learned early in life through a variety of social experiences. Traditionally, women learned from their mothers and other role models how to be dependent, passive, emotional, submissive, nurturing and supportive--all ingredients for being successful in their destined roles as wives and mothers. Radical changes in the cultural milieu, however, have impacted on women's traditional roles creating conflict for women and disequilibrium for families. The full impact of these changes on individual and family relationships is not known.

Faced with these emerging conditions, women have frequently been troubled by the choice of adhering to culturally defined roles or violating traditional social mores (Komarovsky, 1946). A woman with a traditional perception of her role regarding homemaking may, through circumstances, end up employed, perhaps in a professional career. Conversely, a woman who is an achiever in the business world may have a need to fulfill traditional role expectations of society. The degree to which a woman values the traditional homemaking role over the more liberated or "new" view of giving equal value to homemaking and career is referred to as traditionality (Tomlinson, 1978).

Findings from multiple studies report that attitudes about family roles are moving toward egalitarianism (Friedman, 1981; Gecas, 1976). Others, however, refer to a simultaneous lag in role behavior (Aldous, 1974; Araji, 1977). Both women and men have been found to experience discrepancy between their attitudes and actual role behavior. For example, Cronkite's study (1977) of 700 low-income families of different ethnic groups in Denver, revealed discrepant role expectations of spouses regarding housework and child care responsibilities. Despite enjoyment of a second income by both spouses and the preference of working wives for domestic help from their husbands, Cronkite found that husbands still believed housework and child care was the wife's role.

This incongruency between the expectations of society and the individual regarding specific role behavior results in role conflict (Stuart & Sundeen, 1979; Tomlinson, 1976). For women, this conflict can be understood as competing drives between traditional and non-traditional choices, between affiliative and achievement desires. Bardwick and Douvan explain that women's conflict is "the simultaneous desire to achieve a stable and rewarding heterosexual relationship (and the rest of the female's traditional responsibilities and satisfactions) and to participate fully in competitive achievement and succeed" (1971, p. 234).

The traditional notion that childbearing is an integral component of feminine role attitudes has not been researched. In a critical description of sex-role stereotyping in marriage and family studies, Rapoport (1978) concludes that "women's position in the family is founded in their maternity, now and for all times (p. 73). Whether a woman likes children is never questioned--it is assumed (Rapoport, 1978). Yet, Bardwick (1971) notes that motherhood is at once a source of and threat to self-esteem and role identity. Bardwick and Douvan (1971) define this state of ambivalence as the enjoyment of one's feminine identity, including the associated qualities, goals and achievements, while simultaneously perceiving those same elements as less important, meaningful or satisfying than those of men.

The effects of conflicting choices regarding marriage, motherhood and career has lead to increasingly multifaceted and contradictory ideals about feminine identity and motherhood (Rosenberg & Rosenberg, 1981). Fifty-three percent of women in a Harris opinion poll (1970, 1972) indicated that motherhood was "the most difficult thing about being a woman today". Rollins and Feldman (1970), in a study of 799 middle class families, demonstrated significantly high levels of negative feelings in childrearing mothers after arrival of the first child.

Laws (1975) observed the relationship between women's roles, marriage and childbearing. She viewed traditional forms of marriage as oppressive to women because of society's emphasis on stereotyped gender and marital role expectations and behaviors. Stating that marriage is primarily a role relationship which denies the personhood of women, she argues that "the child-bearing complex acts to reduce the wife's feelings of efficacy and even her relative power within the family; that damaging conflicts and powerful sanctions are set up to divorce the wife from the exercise of her talents and assertion of her personhood in the world outside the family" (p. 74).

A particularly relevant study which did attempt to understand the meaning mothers place on their parenting roles and how this affects their self-concept was done by Rosenberg and Rosenberg (1981). In

1976, the investigators conducted extensive semi-structured interviews on fifteen sets of randomly selected middle class New England parents with preschool-age children. Results of their study yielded three general types of responses to motherhood which were categorized as negative, mixed and positive.

The most common response fell in the category of ambivalent or mixed reactions, with eight of the fifteen families identified in this group. Four women found motherhood a negative experience which hindered or disrupted their efforts at developing an acceptable identity. Three women found practically their entire identity in motherhood, giving them a sense of purpose and positive self-esteem. Those who were ambivalent felt that parenthood had fulfilled certain identity and self-esteem needs at the expense of other equally significant areas of their identity. These concerns related to career and external achievement issues. The eight women in this mixed group felt that the disruption of their sense of self-worth and autonomy was a crisis; while the four with a negative experience perceived profound crisis. Thus 12 out of 15 subjects experienced sufficient incongruence in their roles to perceive their transition to parenthood as a crisis.

Parenthood as Crisis

Rosenberg and Rosenberg (1981) were not the first investigators to report parenthood as a crisis experience. There is substantial evidence that the arrival of the first child constitutes a crisis of major proportions (Donner, 1972; Dyer, 1963; LeMasters, 1957; Russell, 1974). In a non-random sample of 46 urban middle class couples, LeMasters (1957) found that 83 percent reported extensive or severe crisis in adjusting to the birth of the first child. Included in this group were all eight of the mothers who had had professional training and extensive work experience. One criticism of his research is that interviews were conducted on these issues five years after the birth of the first child.

Replicating LeMasters' study, Dyer (1963) showed that the addition of the first child constituted a crisis event for the couples to a considerable degree, forcing each couple to reorganize many of their roles and relationships. Of the 32 middle class couples in his study, Dyer found that 53 percent experienced "extensive or severe" crisis after the birth of their first child and 38 percent had scores in the moderate crisis range. Dyer's sample required couples to participate within two years after the birth of the first child to minimize effects of time. An important finding was the identification of a number of variables which correlate significantly with the extent of crisis experienced by his subjects. Less crisis was experienced by couples who had taken formal marriage preparation classes in high school or college; who had been married at least three years; and who rated their marriage as excellent following the birth of the child. However, no significant relationships were found in Dyer's study between crisis and the wife's prenatal employment.

Even though some studies have had different results (Hobbs, 1965, 1968; Hobbs & Cole, 1976), Russell's study of 271 randomly selected urban couples confirmed at least "a slight or moderate degree of crisis associated with entry of the first child into the family" (1974, p. 296). Although 75% of the males and 57% of the females rated the crisis as only slight, thirty-nine percent of the females admitted to a moderate degree of crisis. Hobbs (1965) and Hobbs and Cole (1976) also found the transition to parenthood more difficult for mothers than for fathers.

Several studies have shown that marital satisfaction declines sharply after arrival of the first baby (Feldman, 1966; Renee, 1970; Rollins & Feldman, 1970); however, the findings have been confusing. Feldman (1971) noted that the greatest decline in postpartum marital adjustment was in couples who had experienced the greatest marital satisfaction before the baby arrived. Russell (1974) found that those couples with high levels of marital adjustment at the time of the study were less likely to rate their experience as a high degree of crisis.

Hobbs (1965) identified some high priority needs for further research to clarify divergent results of studies concerning the transition from the marital dyad to the familial triad. A more precise definition of crisis is needed as well as an instrument for indexing the degree of crisis. Hobbs also suggested more careful assessments of marriage relationships, social behavior, and living patterns before the first child is born. Dyer recommended further study of the characteristics and background of the families who experienced greater and lesser degrees of crisis, including the personality of the infant.

It is clear from the literature reviewed that for many families the birth of the first child does constitute a crisis event, forcing each couple to reorganize many of their roles and relationships. The studies cited, however, reveal discrepancies in the amount of crisis perceived, especially gender related differences. There is evidence that family disequilibrium created by rapid social changes affecting women's roles makes the transition to parenthood even more difficult and complex to understand.

Friedman (1981) considers a vital nursing function to be the assistance of families who are undergoing role change and experiencing role problems. Certainly, nurses are in key positions to do this (Meleis, 1975). However, more information is needed to clarify the extent and effects of the crisis associated with the birth of the first child if nurses are to effectively assist new parents in this important role transition.

A thorough search of the literature did not yield any theoretical formulations which seemed adequate in and of themselves to comprehend the problem being investigated. However, the family literature did contain a model developed by Rosenstock and Kutner (1967) which suggests alienation as a possible response to crisis. Considering the critical nature of the transition to parenthood, and the potential conflicts created by recent changes in the traditional roles of women, it seemed that alienation could be a useful perspective from which to view the research problem. Thus, a conceptual framework emerged which is based on the concepts of role, crisis and alienation.

Conceptual Framework

Symbolic Interactionist Concept of Role

The concept of role is especially useful for nursing assessments and interventions of client psychosocial needs during role transitions (Meleis, 1975). Role has been defined as a meaningful unit of behaviors which develop from interaction between the self and other and represent a pattern of expressed sentiments, values and/goals which direct the interaction (Turner, 1962). A role is seen as a way of relating to other roles in the situation and thus cannot exist without a corresponding role.

Role theory, which was originally developed within the symbolic interactionist tradition of George Herbert Mead (1934), synthesizes the culture, the social structure and the self by considering culture and social structure from the level of the individual (Meleis, 1975). Role theory emphasizes that behavior is a result of a complex interaction between ego and society. There are several schools of thought in role theory. In the current study, role is viewed as stemming from interaction with actors in a social system in terms of relevant other roles. Through interaction with a significant other, each person's roles are discovered, created, modified and defined. This concept of role allows one to design one's own role performance based on whatever purpose or sentiment one assigns the behavior of a relevant other (Hadley, 1967).

Social conditions affect the behavior of persons during role changes. When social conditions permit congruent role definitions, role transitions are fairly predictable, well defined and accomplished with minimal psychosocial difficulty (Glaser & Strauss, 1971). When definitions and role norms are not widely shared and supported within a particular society, however, personal and interpersonal role enactment problems may lead to role insufficiency (Meleis, 1975) and alienation (Waisanen, 1963).

Role insufficiency is the perception of role performance as inadequate by the self or significant others. It denotes the incongruency of the self-concept and the role expectations of others as seen by the self or others. The perceived discomfort or frustration in the role is termed role conflict or role incongruence.

Crisis Theory

Originally an outgrowth of psychoanalytic theory, crisis theory was developed primarily through the work of Eric Lindemann (1944) and Gerald Caplan (1964). Despite the work done by these early crisis theorists and others, there is still no one conceptual scheme or general theory of crisis behavior that can explain stress, conflict and disorganization within the family. Even a typology of crisis is difficult to develop due to knowledge gaps about such crisis elements as stress, response and resolution (Burgess & Holmstrom, 1974).

Several nurse authors have contributed to the growing literature on crisis intervention. Aguilera and Messick (1970) developed a paradigm based on recognition of balancing factors that effect a return to equilibrium following a period of disorganization. These factors include adequacy of coping mechanisms, availability of situational supports, and realistic perception of the event.

In the field of family sociology, the most influential model for examining family crisis has undoubtedly been conceptualized by Reuben Hill (Hansen & Hill, 1964). Hill's model lists three major determinants of a crisis, namely, the characteristics of the event, the resources of the family and the family definition of the event. His model provides a framework for analysis of family reaction to crisis. Hill viewed the general process of crisis resolution as a "roller-coaster" phenomenon consisting of four steps: the crisis event, disorganization, recovery and reorganization. He also believed that the actual pattern of adjustment to crisis varies among families and with the particular crisis.

Assuming that the post crisis period of disorganization could have different outcomes, Rosenstock and Kutner (1967) expanded Hill's framework to formulate a conceptual model of family crisis resolution. Their model was used in the present study to guide the data collection and interpretation (See Figure 1).

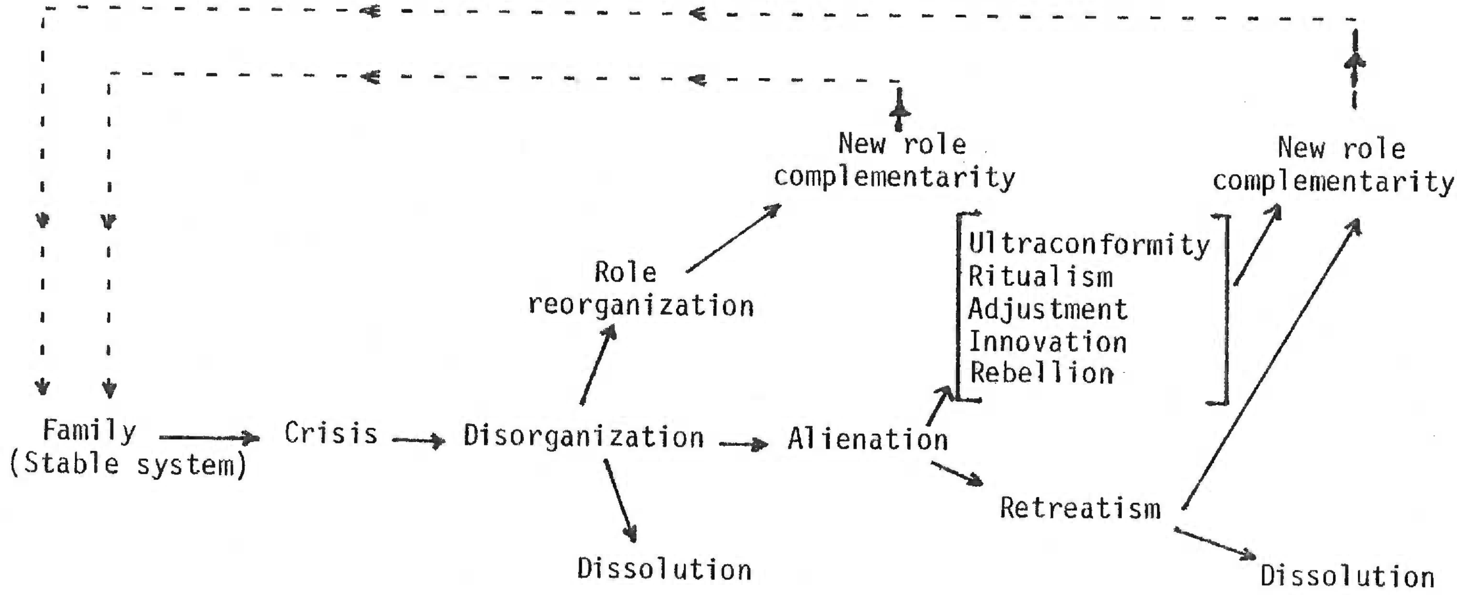
Family
(Stable system)
Crisis
Disorganization
Role
reorganization
New role
complementarity
Dissolution
Alienation
Ultraconformity
Ritualism
Adjustment
Innovation
Rebellion
Retreatism
New role
complementarity
Dissolution

Figure 1. The Role of Alienation in the Resolution of Family Crisis

(Rosenstock & Kutner, 1967, p. 651)

An Alienation Model of Family Crisis Resolution

In the Rosenstock and Kutner model (1967), alienation is viewed as one possible mode of response to family crisis. A crisis is considered to be "any event that causes role change in which the resources available to deal with the role change and the definition (meanings) given to the change are unfavorable to the functioning of the family unit" (Rosenstock and Kutner, 1967, p. 644). To the extent that it causes role change, any event constituting a crisis may threaten family stability and thus may potentially precipitate alienation among the members of a given family. If there are adequate resources to handle the disorganization brought on by the crisis, and if favorable definitions are given to it, role reorganization and family stability occur.

Family stability refers to the regulation of individual intrapsychic factors and interpersonal relationships in order to maintain wholeness and continuity of identity through time. Stability of the family is dependent on maintenance of family role relations through a process of role complementarity, defined by Ackerman as "specific patterns of solution of conflict, support for a needed self-image, and buttressing of crucial forms of defenses against anxiety" (1958, p. 86).

According to Rosenstock & Kutner's model, some families who experience a period of disorganization following crisis will not recover from it, but rather will dissolve the family unit through permanent separation. If neither role reorganization or dissolution occurs, a third possible outcome is alienation.

Giffin (1970) used the term social alienation to refer to a "person who withdraws from or avoids interaction with another person or persons" (p. 347). Hajda (1961) defined alienation as "an individual's feelings of uneasiness or discomfort" which reflect his sense of non-belonging or non-sharing (p. 758). Block (1978) considered alienation to be a multidimensional concept with a variety of sources and emphases. She viewed alienation as discord between one's perception of the real and ideal, or between one's desires and achievements, and dependent on one's unique value system. It has been viewed as the opposite of that sense of belonging which comes from sharing attitudes, values and norms with others (MacElveen, 1978). Thus, alienation seems to have a number of different dimensions, including powerlessness (Seeman, 1959).

According to the model illustrated in Figure 1, alienation may be a direct result of the family disorganization or may occur after unsuccessful attempts at role reorganization. The model shows six responses to alienation which serve to reduce feelings of tension and discomfort. Any of these patterns may result during attempts of family members to tolerate, accept or change either the family system or their own personal goals. The first two of these patterns, retreatism and ritualism, reflect attempts to tolerate the system with no effort to work toward change. Adjustment and ultraconformity represent attitudinal acceptance of the system through modification of personal goals; and innovation and rebellion reflect efforts to introduce change in the face of moderate or severe dissatisfaction.

The choice of adaptive patterns following crisis is critical. One may select behavioral patterns which reward efforts to master the environment with novel solutions to problems confronted. On the other hand, one may utilize ineffective behaviors which are defensive and function primarily to keep oneself from emotional disentegration (Adams and Lindemann, 1974). Retreatism is an example of a regressive behavior. When a person feels powerless to change self or environment and is unable to ignore either of them, he must retreat (Merton, 1949). Retreatism involves the social and psychological withdrawal of the alientated members, or may involve the involuntary or voluntary separation of such members from one another or the rest of the family. Either form of retreatism, according to the model, can conceivably lead to establishment of a new family role complementarity or to family dissolution. Such complementarity may either exclude the alienated members or assign them passive roles (Rosenstock & Kutner, 1967). Behaviors which demonstrate this mode of response to alienation include alcoholism, depression and psychosis as well as abandonment and/or temporary separation of one or more of the members.

When the alienated person feels caught in a meaningless situation, he may avoid efforts to change either self or family, developing instead attitudes of passive resignation or detachment. This adaptive mode represents routinzed behavior which is dissociated from either self or family goals; that is, the individual "goes through the motions" (Waisanen, 1963, P. 27). Compulsive and passive-dependent coping strategies exemplify this pattern. The person may scale down lofty cultural goals of financial success, for example, and reduce anxiety associated with competition through "play-safe" attitudes while living almost compulsively by the same rules as before (Merton, 1957, p. 150). This pattern is termed ritualism.

When a person experiencing alienation is willing to seek change through negotiation, he may reset his goals so that they coincide with the capability of the family to meet them. This type of response reduces the tension associated with alienation and permits establishment of a new role complementarity. This pattern is based on flexibility of family members so that change can occur and progress made toward resolution. Since one spouse may make the greatest amount of adjustment, it is conceivable that submission to dominance behaviors would be exhibited in this pattern. Thus, authoritarianism could be a characteristic of this mode of response to alienation.

Ultraconformity may occur when the alienated person disregards self goals and assumes role of altruist or martyr, thereby replacing feelings of alienation with attitudes of family commitment.

If a person is dissatisfied with the family system "modus operandi", either of two patterns may be followed. If he is content with the overall goals of the family, then he may employ creative problem solving to effect change. An example would be to seek marital counseling. This adaptive pattern is termed innovation. If, however, the person feels severe dissatisfaction with both family system goals and norms, he may become unruly as he attempts to satisfy personal needs and goals. This response, termed rebellion, alters the conduct of family life and may be demonstrated through spousal violence and child abuse.

In summary, a conceptual model has been presented which views alienation and role complementarity as outcomes of crisis resolution. Six patterns of adaptation to alienation were discussed. This model was used in the current study as the basis for the interview questions and data analysis.

Statement of Purpose

The purpose of this study was to explore individual and family patterns of adaptation to parenthood four years following the birth of the first child. An alienation model was used to examine the resolution of family crisis. Three of the variables studied had been measured over time in the Tomlinson study, Feminine Role Congruence and Maternal Attachment (1978). These were role orientation, role conflict and marital adjustment. Besides obtaining repeat measures of these variables, the current study also examined two additional variables as outcomes of the transition to parenthood. These were role complementarity and alienation. Alienation was further examined by looking at patterns of retreatism, innovation, rebellion, adjustment, ultraconformity and ritualism.

The following questions were posed for study:

1) Do women who are traditional in their views prior to having children change their orientation during their first four years as parents?

2) Does marital adjustment decrease with arrival of the first child and the early years of parenthood?

3) Is alienation as a response to family crisis associated with a decrease in marital adjustment?

4) Do traditional women experience greater marital adjustment over time than women who are new in their views?

5) During the first four years after birth of their first child, do women who are new in their views experience alienation (and any adaptive modes of response) with greater frequency than traditionally oriented women?

6) Do women who are conflicted in their role orientation view their transition to motherhood as more stressful than women who are settled in their views?

7) Is marital dissolution associated with response to birth of the first child as a crisis?

CHAPTER II

METHODOLOGY

Subjects

The study sample consisted of sixteen women who are participating in the longitudinal research project, Feminine Role Congruence and Maternal Attachment (Tomlinson, 1978), and who still reside within the greater Salem-Portland area. This study constitutes the four year follow-up of this research sample.

Sixty married primiparous women between eighteen and thirty-five years of age were recruited initially in non-random fashion from the Oregon Health Sciences University prenatal clinic as well as a satellite clinic. In addition to meeting age and parity criteria, the subjects were all middle-class women, as defined by the Duncan-Reiss Socioeconomic Scale (Reiss, Duncan, Hatt & North, 1961). All had attained at least a tenth grade education and spoke English as their primary language.

Within the three to four month period prior to the study, none of the subjects had experienced a change in marital status or been in a consciousness raising group or in psychotherapy. Each subject agreed to participate in the study, to deliver at The Oregon Health Sciences University, a medical center teaching hospital, and to return to the OHSU clinic for a twenty-eight day well baby check-up. Each subject's partner also agreed to her participation. It was further agreed that if any condition occurred which put the mother or baby at risk, the family would be dropped from the study.

Eighteen subjects were subsequently dropped during the project due to medical complications and six dropped for personal reasons. The remaining thirty-six families were followed through the birth process with additional observations made during the first twenty-four hours, at a twenty-eight day well baby check-up and a four month home visit. Data were gathered on maternal attachment, maternal role conflict, mother-child interactions, infant temperament, home environment and marital satisfaction. In addition, Grandy (1979) examined the relationship between the home environment and infant development in a twelve month follow-up visit. Due to relocation and/or non-response of sixteen subjects in the sample, however, Grandy was able to locate only twenty participants. At the twelve month visit, each of those subjects indicated their willingness to be contacted for further follow-up. Fifteen of the subjects in this study had participated in the one year follow-up study and one of the subjects had not been involved since the 28 day visit.

Design

This investigation was an exploratory study which employed an in-depth case study method to examine the data. This was the method of choice because of the small sample size, the depth of longitudinal data which already existed, and the lack of knowledge about the changing roles of women and role relationship patterns within the childbearing family which precluded the formulation of hypotheses. The pre-existing data were appropriate for use of this design because there had been uniform data collection points and repeated measures of some of the major variables in this study. Furthermore, this particular design lends itself to the generation of hypotheses for further research which is important at this particular period in the development of nursing theory. The intensive nature of the case study method was useful for gaining new insights concerning the variables as well as clarifying the relationships among them.

There are some difficulties with the case study method, the most serious of which is perhaps its lack of generalizability (Polit & Hunger, 1978). In addition, there is always the risk of subjectivity or bias in interpreting the data. For those variables in this study which have objective measures, the problem of bias has been minimal. For those variables dependent on single-rater interview data, bias was controlled for through the use of systematic semi-structured interview format which followed the same pattern with each subject (See Appendix F). In addition, when telephone arrangements were made for the interviews, consistency was sought regarding environmental conditions for data collection. The interviews were done at the subjects' homes with some time provided to observe mother-child interaction and some time allowed with the subject alone.

Data and Instrumentation

The major variables studied in this research included the key variables that have been measured over time in the Tomlinson study plus the additional variables which were examined as outcomes of the transition to parenthood. The repeat measures were role orientation, role conflict and marital adjustment. The added variables were role complementarity and alienation. Alienation was further studied by examining patterns of retreatism, innovation, rebellion, adjustment, ultraconformity and ritualism. A brief discussion follows of each variable examined and the method used to measure each one. The first two variables, role orientation and role conflict, will be discussed together for the sake of convenience, since the same tool was used to measure both variables.

Role Orientation and Role Conflict

Role orientation is defined in the current study as the value a subject holds for the traditional homemaking role as compared with the more liberated view of attributing equal value to homemaking and career. Subjects who favor the traditional homemaking role are labeled traditional and subjects who value homemaking and career equally are labeled "new". Role conflict is defined as perceived discomfort between subject's choice of role orientation and requirements of that role. Subjects who felt troubled by their choice of role orientation were said to be conflicted in the current study, while those who felt comfortable with their role preference were labeled "settled".

Both role orientation and role conflict were measured by selected items from the Feminine Role Rating Scale (FRRS) developed by Tomlinson (1978) for the Maternal Role Project. A copy of the tool is provided in Appendix B. For the purpose of the current study, only a nine item subscale was used: one (#100) to determine role orientation, one (#101) to determine presence of conflict, and seven (#102-108) to indicate degree of conflict. The role orientation item has established validity. The conflict measures have face and content validity, but no established construct validity. Although the FRRS does yield both a factor score and an overall scale score, there are as yet no standardized scores (Tomlinson, 1978).

Marital Adjustment

In the current study, marital adjustment was defined as a measure of the quality of the dynamic relationship between marital partners as perceived by the wife at the time of data collection.

Marital adjustment was assessed with the Dyadic Adjustment Scale (DAS) developed by Spanier (1976). The DAS is a 32-item scale paper and pencil test which may be completed in only a few minutes. It is readily adaptable for self-administered questionnaires or interview studies. A copy of the DAS is provided in Appendix D.

The Dyadic Adjustment Scale was developed by Spanier to meet the need for reliable and valid measures which reflect the process of change. Few of the existing measures have adequately demonstrated and reported statements of validity and reliability. Furthermore, none of the traditional scales is specifically designed for use with unmarried dyads. The DAS was designed to reflect contemporary changes in social living patterns and will permit investigation of either married or nonmarried adults who are living together in a primary relationship (Spanier, 1976).

The DAS assesses four components of adjustment identified through factor analysis: satisfaction, consensus, cohesion, and affectional expression. The scale yields a composite score based on a theoretical range of 0-151. Some of the items assess the individual's adjustment to the relationship, but most of the items attempt to assess the respondent's perception of the adjustment of the relationship as a functioning group. The DAS has no identified response(s) to indicate maladjustment. Only norms are currently available for comparison; i.e., mean scores for married and divorced groups. One may deviate substantially from the mean and still be within a range of normal. In a married sample of 218 persons and a divorced sample of 94, however, mean total scores of 114.8 and 70.7 were obtained respectively. Total mean score for both groups was 101.5 (Spanier, 1976; 1979).

Content validity, concurrent validity and construct validity have been established through correlation with external criterion and factor analysis. The correlation between the DAS and the most frequently used marital adjustment scale (Locke & Wallace, 1959) was found to be .86 among married respondents and .88 among divorced respondents. The total score reliability coefficients measured .96. Since the DAS is a recently published scale, only a few of the studies using it have already been published. More than 150 studies are reportedly using the scale in research that is now in progress (Spanier, 1979).

Role Complementarity

Role complementarity refers to patterns of family role relationships which help to maintain equilibrium or stability by providing satisfaction, emotional support, self-esteem and conflict resolution (Ackerman, 1958, p. 86). In the current study, role complementarity was examined in relationship to the advent of parenthood. The birth of the first child was viewed as a crisis situation and both individual and family patterns of adaptation following the crisis were explored through in-depth case analysis.

Using the alienation model of family crisis resolution developed by Rosenstock and Kutner (1967), interview questions were organized to assess current patterns of role relationships within the marriage. Patterns of marital stability and dissolution were assessed as well as coping patterns related to marital and parenting roles. Specific questions were designed to elicit feelings and behaviors associated with changes in role complementarity since the birth of the first child. Open-ended questions as well as closed were used to encourage openness and increase potential for understanding what the subject's life has been like as a wife and mother. Responses to interview questions were utilized to determine placement of each subject into one of two groups: non-alienated or alienated. Subjects were assigned to the non-alienated group (I) if their individual and family roles had been sufficiently reorganized following the post-crisis disorganization to achieve a new level of role complementarity and family stability. Criteria for the second group will be discussed in the section on alienation.

When the subjects were assigned to the two groups, interview data was used to determine what family role patterns typified each family's response to the crisis of the first born's entry into the family system. Subjectivity was minimized through the use of a semi-structured format.

The following questions are examples of those used to assess role complementarity:

Families work out many different plans for taking care of and doing household tasks. How do you manage child care responsibilities?

1) Share responsibility equally or have a great deal of help
2) Give most of care with occasional help from partner
3) Assume most responsibility with little or no help from partner

Do you think having a child has changed your marriage?

YES NO If yes, how have your feelings changed?

Have there been changes in your social life? YES NO

If yes, what kinds of things have changed?

Over what issues have you and your partner had the most disagreement?

1) Relationships outside the family, i.e., jobs, money, buying a car, finding a house, clothes
2) Relationships within the family, i.e., child discipline, sex, mother-in-law
3) Basically had no conflict

Alienation

The model utilized in this study (See Fig. 1, p. 16) designates alienation as one response to the crisis of parenthood (Rosenstock & Kutner, 1967). For the purpose of this study, alienation was operationalized by the following critera: a) the partners had separated or been legally divorced; or b) the in-depth interview brought out expressed feelings of isolation, self-estrangement, loss of control or significant value conflicts which were directly related to inability of the marital pair to move into a functional role adjustment during the transition to parenthood. Subjects were assigned to the alienated group (II) if they met either of those criteria.

Questions asked to elicit feelings of alienation include the following:

Do you remember a period of time following the birth of your four year old when you felt like you were especially tired or irritable, had trouble making decisions, or in some way felt disorganized? YES NO If yes, could you describe what that was like for you? What contributed to it?

Did you ever feel like you didn't know how to cope with the situation? YES NO Do you remember how you did manage at the time?

Have you experienced any periods of loneliness since you had your four year old? YES NO If yes, can you describe what that was like?

Has having a child changed how you feel about yourself? YES NO If yes, can you describe how your feelings have changed?

Six adaptive responses to alienation were explored as spousal attempts to tolerate, accept or change either family system or personal goals. The first two of these variables, retreatism and ritualism, reflect attempts to tolerate the system with no effort to work toward change. Adjustment and ultraconformity represent attitudinal acceptance of the system through modification of personal goals; and innovation and rebellion reflect efforts to introduce change in the face of moderate or severe dissatisfaction. Questions were designed to elicit information on each of these responses to alienation. These questions follow discussion of each response.

Retreatism

Retreatism refers to either the social and psychological withdrawal of the alienated individual or to the physical separation of that person, either voluntarily or involuntarily. In this adaptive mode, no attempt is made to alter the system, although the withdrawal behaviors of one member of the system will alter the behavior of the remaining members. Thus retreatism was expected to be demonstrated in behaviors which include alcoholism, depression and psychosis as well as abandonment and/or temporary separation of one or more of the members.

Questions which address these behaviors include:

Have you experienced any periods of depression since the birth of your four year old? YES NO If yes, could you tell me about that?

Was there ever a time since your first child was born that you felt abandoned by your husband, either physically or emotionally? YES NO If yes, could you tell me about that?

Has there been a time in the last four years when you "cut out" on your family, either physically leaving or emotionally withdrawing? YES NO If yes, could you describe this?

Has anyone ever said that drinking might be causing a problem for either of you? YES NO If yes, what were the circumstances?

Ritualism

Ritualism refers to attitudes of detachment or passive resignation which occur when the alienated person feels caught in a meaningless situation. This adaptive mode represents routinized behavior which is dissociated from the family system goals and the person's own goals; that is, the individual "goes through the motions" (Waisanen, 1963, p. 27). Compulsive and passive-dependent coping strategies exemplify this pattern in which efforts to change either one's self or the family system are avoided.

Questions which assess this pattern include:

Now let's talk about your family life. Some families do certain things together. What activities are done together in this family, e.g., eating meals, taking walks, etc.?

Now let's talk some about your four year old. Could you describe him/her?

What things bother you most about being a mother?

Do you think you are raising your child differently from how you were raised? YES NO If yes, what are you doing differently?

Adjustment

As a pattern of adaptation to alienation, adjustment refers to change by the alienated family member. In this response to alienation, the individual alters his own goals and expectations so they may be met within the capacity of the family system as he perceives it. In the current study, this process of goal modification is considered to be accomplished through negotiation between spouses with one spouse making the greatest amount of change or adjustment. Thus, behaviors expected to demonstrate this pattern would be elicited through assessing amount of "giving into" or "resisting" authoritativeness of spouse. Presence of a submission to dominance pattern was sought as well as evidence of flexibility in role relationships.

Questions which address this pattern include:

Have you changed some of your friendships since having a child? YES NO If yes, how have your friendships changed?

How often do you make decisions for yourself without consulting your partner?

1) Often
2) Seldom
3) Never

How often do you make decisions regarding your child (health, discipline) without consulting your partner?

1) Often
2) Seldom
3) Never

When there is an important issue to settle, who has the final say in the matter?

1) Partner
2) Subject
3) Work it out together
4) Other ____________________

Does that situation ever cause a problem? YES NO If yes, how do you usually deal with such a problem?

Ultraconformity

Ultraconformity refers to the adaptive pattern in which the alienated person places such a high value on the family that he/she sacrifices self goals and gives full commitment to the family system. This type of change is initiated by the individual without any efforts at spousal negotiation and is achieved by the individual deciding his/her own goals are not relevant. The martyr, the true believer and the dedicated altruist are characteristic of this type adaptation (Waisanen, p. 27).

Questions which address this pattern include:

Looking back over the last four years, how would you describe what becoming a mother is like?

What changes have occurred in your life as a result of having a child?

How often do you ask for help for youself?

1) Sometimes
2) Often/seldom
3) All the time
4) Never

Considering all the changes that have happened to women, what do you think is the most difficult part about being a woman and a mother?

Innovation

Innovation refers to attempts to change the family system when there is dissatisfaction with the norms but not the goals of the family system (Waisanen, 1963, p. 26). This adaptive mode implies negotiation and creative efforts to develop novel solutions to reduce the tensions associated with alienation. Behaviors which characterize this pattern include seeking help through such support systems as family therapy, psychological growth-groups, and self-help groups such as Take Off Pounds Sensibly (TOPS) and Alcoholics Anonymous (AA).

Questions which assess this pattern include:

Have you in the past four years, attended any groups designed to help you better understand yourself as a woman, e.g., YWCA classes? YES NO If yes, what kind?

Have there been any occasions in the last four years for you to seek counseling for personal problems, either for yourself or because of problems between you and your partner? YES NO If yes, personal or marital? Can you talk about that?

What sorts of things keep you and your partner together?

Has anything we talked about today given you any ideas about how to change your situation or caused you distress which you might like to talk about with someone else? YES NO If yes, could you explain?

Rebellion

In this adaptive pattern, one spouse is severely dissatisfied with both the norms and the goals of the family system and attempts to meet his own needs and expectations by altering the conduct of family life while remaining together (Waisanen, 1963, p. 27). No negotiation is implied here. Behaviors which indicate rebellion include spousal violence and child abuse.

Questions which assessed this pattern include:

What kind of discipline do you use with your child?

1) Sitting in the corner
2) Send to room
3) Restricting privileges
4) Slapping hand
5) Spanking
6) Severe physical punishment
7) Other (describe) ____________________

Does it seem easier or harder to deal with your child now than, say a year ago?

How does this child behave when he/she is upset or angry?

1) Pouting

2) Crying

3) Temper tantrum

4) Other (describe) ____________________

Does this behavior sometimes cause a problem for the family?

YES NO If yes, describe.

Are there times when arguments get out of hand? YES NO

If yes, what happens at these times?

Does your partner ever get so angry that he loses control and "bops you one"? YES NO Comments?

Data Collection Procedure

The data for this study were obtained through the use of semi-structured interviews and questionnaires. Subjects were contacted by letter to establish their willingness to remain in the longitudinal maternal role project and participate in this follow-up study. A letter was sent to those subjects still in the greater Salem-Portland area explaining the purpose of the study and what would be required of them. A copy of the letter is furnished in Appendix A.

A follow-up phone call was used to schedule appointments. Two self-administered questionnaires were mailed to the subjects prior to the home visits in order to maintain contact with them and to shorten the length of the interviews. Two follow-up letters were sent to those non-respondents whose letters were returned as non-forwardable. Subjects were reminded that they could withdraw from the study at any time. A copy of the consent form is included in Appendix B.

The interviews were conducted in the subjects' homes with some time allotted to observe the subject interacting with her child (or children) and some time alone to permit exploration of adaptive patterns and feelings. A semi-structured format in the branching technique was used to maintain consistency across subjects and interviews were tape recorded to supplement notes. Both of these techniques were extremely helpful in getting the task accomplished while allowing the interviewer some flexibility in the process. The interviews lasted anywhere from 1 1/2 to 4 hours, depending on the circumstances. For example, the time was increased by the number of interruptions required to meet demands of the child (or children) for attention either from the subject or the investigator. Comments by interested husbands and telephone calls also lengthened the time to complete the process. Three subjects needed time to complete questionnaires and while they did this the interviewer reviewed notes to reduce interference.

The interviewer usually sat facing the subject at a right angle, either at a kitchen table or on a couch or chair in the living room. When both subject and interviewer were seated on a couch, the interviewer turned to face the subject for better eye contact. The interviewer took brief notes throughout the interview, but relied on the tape recorder to capture much of the data, so the subject could be drawn out through effective listening and other communication techniques.

Data Analysis

The comprehensive case study method utilized for this research generated two types of data. Quantitative data were obtained through repeat scores of three measures to determine role orientation, role conflict and dyadic adjustment. Qualitative data were gathered through in-depth interviews designed to evoke explanatory material which would enhance understanding of the quantitative findings.

The interviews were specifically designed to elicit perception of individual subjects with regard to their adjustment patterns. When this was done, subjects were defined as falling into two groups: non-alienated or alienated. Subjects were assigned to the non-alienated group if their individual and family roles had been sufficiently reorganized following the post-crisis disorganization to achieve a new measure of role complementarity and family stability. Subjects were assigned to the alienated group if a) the partners had separated or been legally divorced, or b) the interview brought out expressed feelings of isolation, self-estrangement, loss of control or significant value conflicts which were directly related to inability of the marital pair to move into a functional role adjustment during the transition to parenthood.

Quantitative data were analyzed with descriptive statistics on the basis of these two groups, as well as on role orientation and role conflict. Percentage distributions and measures of central tendency were used to describe and summarize the data.

CHAPTER III

RESULTS AND DISCUSSION

The purpose of this study was to generate hypotheses related to individual and family patterns of adaptation during the first four years of parenthood. Specifically examined were changes in feminine role orientation, role conflict, marital adjustment and patterns of role adaptation as perceived by the wife. An alienation model of family crisis resolution was utilized to guide the data collection and analysis. In this chapter, data will be summarized to provide answers to the research questions and selected case study material will be presented in relationship to the model used.

Description of the Sample

The sample consisted of 16 women who ranged in age from 22-30 years with the mean age being 25.3 years. The number of children per family ranged from one to three, with two subjects pregnant at the time of the interview. Altogether, the subjects had a total of twenty-eight children ranging in age from seven months to four years, with the median age being 2.8 years. Five families had one child, ten had two children and one family had three children.

The subject had been married from three to nine years with the mean duration being 5.3 years. Twelve subjects were still married to the initial spouse, while one subject had been recently widowed, one was divorced, and two were separated. The divorced subject's marriage lasted three years. The two subjects who were separated had been married five and seven years respectively. One of the subjects who was separated was in the process of divorce and the other was contemplating it seriously. Two of the subjects had been given child custody while in the third case custody had been awarded to the father. A custody suit was in process at the time of the study.

The yearly income of these families ranged from less than $6,000 to over $30,000, with the median income being in the $10,001-$15,000 range. The lowest income was associated with being a subject who was a single parent in school. Ten of the 16 women were employed: six full time and four part time. Their occupations included a variety of clerical and technical jobs as well as service and managerial positions. One subject was employed as a builder. Six of the subjects were not employed outside the home at the time of the interview, although only four subjects claimed to be homemakers. The two remaining subjects referred to their work status as unemployed, indicating that they were at home only temporarily.

Twelve subjects were still living with their spouses. Eight of the husbands were employed full time, two part time, and three were currently unemployed. One of those unemployed was trying to find work; one worked occasional odd jobs, and one had just started a new job only to be laid off again. Of those husbands working part time, one was the primary caretaker of two children and one was a musician with a band working as many nights as jobs were available.

One of the two husbands who were separated worked full time, and the other was working only part time while attending college. He had obtained initial custody of his child and was currently involved in a legal battle to retain this right.

Out of the total group, four of the husbands had been employed as musicians, and of these, only one was still married and living with his wife. Those husbands who were employed full time worked at a variety of occupations ranging from health professional to skilled crafts. A summary of demographic data is provided in Appendix I.

Research Findings

Two types of data were generated by the comprehensive case study method utilized in the current research. Quantitative data were gathered from repeated measures of feminine role orientation, conflict, and marital adjustment. Qualitative data were gathered through in-depth interviews specifically designed to elicit perception of individual subjects with regard to their patterns of alienation. Subjects were then assigned to one of two groups: non-alienated or alienated. Seven subjects were assigned to the non-alienated group and nine to the alienated group. When this was done, some slight differences were noted in their demographic characteristics. On the whole, the subject in the alienated group were slightly younger, had less formal education and more children.

These characteristics are summarized in Table 1. Due to the small sample size, no significant conclusions can be drawn about these data. However, only five of the nine alienated subjects were still married while all seven subjects in the non-alienated group were still living with their original spouses. Two of the alienated subjects had separated and one was divorced. One subject had been recently widowed, but had been through a stormy marriage which included two separations and initiation of divorce proceedings. Only one of the alienated subjects claimed to be a full-time homemaker as compared with three of those in the non-alienated group.

Research findings related to alienation, role complementarity, role orientation, conflict and marital adjustment will be presented with case data and analyses of repeat measures through answers to the questions posed for study.

Findings Related to Research Questions

Research Question #1:

Do women who are traditional in their views prior to having children change their orientation during their first four years as parents?

In general, findings showed that during their first four years of parenting, some women did change their role orientation, whether they were new or traditional in their views prior to the birth of their first child. Two-thirds of the study sample, however, maintained their initial role

Table 1

Demographic Characteristics of Subjects in Non-alienated and Alienated Groups

SUBJECT	AGE	YEARS OF EDUCATION	MARITAL STATUS	YEARS MARRIED	HUSBAND'S WORK STATUS	OCCUPATION
GROUP I: NON-ALIENATED SUBJECTS						
1	27	13-15	M	5	Full time	Job Counselor
2	24	12	M	5.5	Part time	Beautician
6	30	16	M	5	Part time	Musician
8	24	13-15	M	4.5	Full time	Restaurant Manager
9	28	12	M	5.5	Unemployed	Mechanic; Yard work
10	27	16	M	6	Full time	Dentist
13	23	12	M	4.5	Full time	Construction
GROUP II: ALIENATED SUBJECTS						
3	23	13-15	M	5.5	Full time	Pipefitter
4	26	13-15	Sep.	5	Part time; Student	Musician; Laborer
5	24	12	Wid.	4.5	Deceased	Musician; Laborer
7	29	13-15	M	9	Full time	Policeman
11	24	10-11	Sep.	7	Full time	Factory worker; Musician
12	23	12	M	4.5	Unemployed	Mechanic
14	26	13-15	Div.	3	Not available	Truck driver
15	22	12	M	4	Full time	Computer technician
16	25	12	M	5	Unemployed	Mechanic

orientation throughout the four year period. This finding suggests that role orientation may be a stable concept.

The results of the FRRS question in which subjects determined their feminine role orientation as being traditional or new are stated in Table 2. Seven of the fifteen subjects for whom prenatal data was available had rated themselves as traditional at the outset of the longitudinal project. Four subjects showed no evidence of change at either the four months or four year follow-up visits. Three subjects, however, did change from a traditional to new orientation--one by four months, and the remaining two by four years. It is interesting to note that the subject who changed her views as early as the fourth month postpartum, reversed her decision, returning to the traditional role by the one year follow-up.

To explain these changes it is helpful to look at the case study data and the alienation model used in this study (See Figure 1). First of all, it is important to note that all three of the subjects who changed from a traditional to new role orientation were in the group who experienced alienation following the birth of the child. Secondly, the case data is helpful in comprehending the subjects' lifestyles preceding the role changes.

The subject (11) who had changed role orientation by the time her baby was four months old, had just returned to work and separate temporarily from her husband because of his drinking. Just prior to the one year visit, she had returned to work after being "laid off" for two

Table 2

Changes in Self-Rated Role Orientation of Sixteen New and Traditional Women

	Data Collection Periods			
SUBJECT	PRENATAL	4 MONTHS	1 YEAR	4 YEARS
1	N	---[a]	---[a]	T
2	N	N	---[a]	N
3	T	T	T	T
4	N	N	N	N
5	T	T	N	N
6	N	N	N	N
7	N	N	N	N
8	T	T	T	T
9	T	T	T	T
10	N	N	N	N
11	T	N	T	T
12	T	T	T	T
13	N	N	N	N
14	T	T	T	N
15	---[a]	T	T	T
16	N	---[a]	---[a]	T

SUMMARY OF ROLE ORIENTATION CHANGES

ORIENTATION	CHANGE	NO CHANGE
New	N=2 (1, 16)	N=6
Traditional	N=3 (5, 11, 14)	N=4

[a]missing data

months. On the one year FRRS measure, she stated her preference for the traditional homemaking role. Despite still having to work at the time of the present study, due to permanent separation from her husband, she confirmed her views stating, "I don't like leaving him (her son) at all. I mostly feel a mother should be home with her children. My big dream, my whole big thing in life was to get married, to raise children and to stay home."

The other two subjects who changed from a traditional to new orientation had continued to hold a traditional view until some time after the four month follow-up visit. One of these (5) had had marital problems and was separated from her husband twice after her first baby was a little more than a year old. During that time she had gone back to work, sometimes holding two jobs in order to pay the bills which "bugged" her and which her husband "didn't care about". She stated that, "He would spent $100 a week on pot and booze" and "didn't have any responsibility about his bills." By the time of the four year home visit, this subject had had a second baby and had been widowed about three months.

The remaining subject (14) who changed role orientation between the four month and four year visits, had also experienced marital difficulties and separated twice from her spouse. The first separation occurred just before the baby was a year old and the relationship ended in divorce when he daughter was about eighteen months of age. She left her church (LDS) at that time because of the attitude toward divorce. By the time of the four year visit, she was romantically involved and contemplating remarriage as well as completing a two year college program.

By way of comparison, two of the eight women who rated themselves as new prenatally, changed their views to traditional at the four year follow-up visit. The use of case data is again helpful to some degree in understanding lifestyle changes for these subjects as possible causes of role orientation change. One of these subjects (1), commented about her early mothering attempts that she had not felt well prepared to be a parent; however, it was evident at the home visit that the lifestyle she shares with her husband and the strong support she receives from him have been conducive to successful parenting in a traditional sense.

The second of the subjects who changed from a new role orientation to a traditional view by the four year visit was raised as a Jehovah's Witness and is married to a traditionally oriented Mexican Catholic. She had returned to work for about six months when her baby was seven or eight months old, but then took a leave because of health problems which arose during the pregnancy with her second child. Her husband abuses alcohol, is "irresponsible" and frequently out of work.

In this sample, role changes seem to be associated with changing life situations, especially marital quality. In each of the cases where role orientation did change for initially traditional women, marital difficulties interfered with the subject's ideas about staying home to take care of the children and each ended up assuming the primary breadwinning, childrearing and household responsibilities for the family. Indeed, four of the five subjects who experienced role orientation change in either direction were married to spouses who had problems accepting responsibility and with drug and alcohol abuse which sometimes resulted in acts of violence.

The principle of role reciprocity suggests that a change in one's role reflects a changed perception or assessment of the role of the relevant other (Turner, 1962). Thus, according to role theory, when these subjects found that their husbands were not legitimately enacting the expected role of father, they altered their role of mother to include the provider aspects of the father role. Having taken on a role incongruent with their own expectations toward homemaking, they evidently altered these expectations to justify their behavior. This observation is consistent with a long held notion of role theorists that enactment of a role over a period of time results in change in the self-system, or personality, congruent with role expectations (Allen, 1968). Allen noted that role expectations and cultural values influence one's efforts to reduce role conflict and thus resolve cognitive inconsistency. In western society, consistency between behavior and belief is role-appropriate behavior. Thus, the normative prescriptions for parenting roles and the need to preserve a positive conception of self in role serve to encourage resolution of role dissonance.

Despite the finding that role orientation does change for some women, the current research sample is too small to generalize the data to other populations. There was not enough consistency across the five cases of role change to draw any conclusions regarding time interval, frequency, or direction of change.

Research Question #2:

Does marital adjustment decrease with arrival of the first child and the early years of parenthood?

Both qualitative and quantitative findings of the current study indicate that marital adjustment in this sample decreased with arrival of the first child. The dyadic adjustment mean scores showed a decided decrease after four months of parenthood and continued to decline throughout the four year period being studied.

Group mean scores of dyadic adjustment were analyzed descriptively and case study data were examined for possible explanations of quantitative findings. Dyadic adjustment scores for four observation periods were compared for change: prenatal, four months, one year and four years postpartum. Results are summarized in Appendix E.

The group mean score of 96.2 after four years of parenthood is twenty points lower than the prenatal score of 116.7. This finding would indicate that marital adjustment in this sample decreased after the birth of the first child and continued in a downward trend at least for the first four years of parenthood. These figures are shown in Table 3.

Table 3

Mean Scores of Dyadic Adjustment

	Data Collection Periods			
	PRENATAL	4 MONTHS[a]	1 YEAR[a]	4 YEARS
N	16	15	13	16
$\overline{X}$	116.7	109.5	106.9	96.2

[a] N's represent missing data

The prenatal group mean DAS score for the current study sample closely approximates the 114.8 obtained by Spanier (1976) for a married sample of 218 couples. The four year DAS group mean score for the current sample, however, is slightly less than the 101.5 combined mean score obtained by Spanier for married and divorced couples, but higher than the 70.7 mean score for his sample of 94 divorced couples. This finding is not surprising since the proportion of divorced couples in Spanier's combined sample is greater than in the current study sample.

Referring to Figure 2, it can be seen that although there is a continuing decrease in dyadic adjustment across the four year period, the sharpest drop is at the four month data collection period. Because the four month and one year data are missing for one subject, and the one year data for two other subjects as well, the reported figures could be misleading. This is particularly true with regard to the sharp drop seen at four months. However, when mean scores were calculated to exclude the subject whose fourth month and one year data are missing, the difference between prenatal and four year scores was even greater. The prenatal group mean DAS score increased 1.4 points from 116.7 to 118.1, and the four year score decreased 2 points from 96.2 to 94.2, creating a difference of 24 points between the prenatal and four year observations periods. Excluding the scores of the other two subjects with missing one year data as well, did not significantly affect the results. This calculation yielded a difference of only 23.6 points between the prenatal group mean score of 117.1 and the four year score of 93.5. Thus the figures depicted in Figure 2 represent those originally calculated.

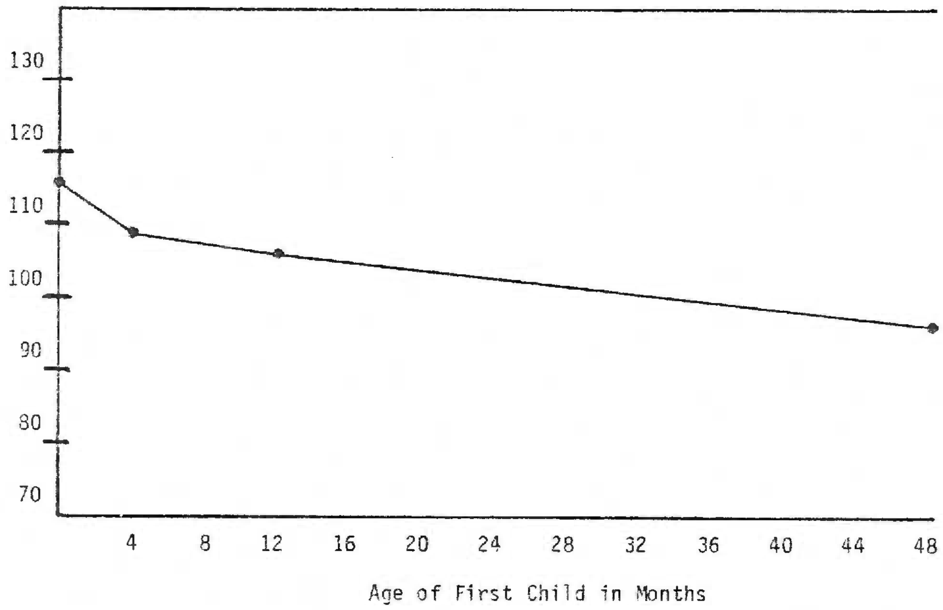

Figure 2. Mean Score Profile of Dyadic Adjustment for 16 subjects

What then is the meaning of the abrupt shift noted at four months postpartum? Case study analysis reveals that several families were having marital problems prior to the birth of the first child and that these problems intensified in the first few months following the birth. The following remarks were excerpted from interview data to exemplify this pattern.

> S-14: "It accelerated the divorce. I think it would have happened anyways--it just speeded it up...He has this hatred for women. When the pressure's on him, he turns to this hatred from women. He never got real violent with me...He used to talk about it--how all women are dishonest. You know--it was just too much. And it never started 'til--I think it started when we got married then it got worse after (the baby) came, you know. 'Cause he felt more pressure that way--more responsibility. And he--he can't handle it. He still can't."

A few women thought that having a child kept their marriage together. The next two case examples demonstrate this notion while also showing the kinds of problems the subjects were dealing with in their marital relationship.

> S-3: "(My husband) and I had problems when we were younger, but I think it was just probably having a baby too early, you know. We were young--real young. I was just nineteen--nineteen and a half--when I had her. I got married when I was eighteen. I didn't get to go run around and go out with girls and just have a good time before I got married. It wasn't the baby. It was just being married. If I had it to do over again, I wouldn't have got married so young. (The child) probably pulled us through all that, I really think."
>
> Probe: "Because you were committed to taking care of her?"
>
> S-3: "Well, no. We both loved her quite a bit, you know. I look back on those times now and it gives me a sick feeling how we treated each other then."

Probe: "How was that?"

S-3: "Both selfish and ornery. I had a terrible temper. And I used to do some of the stupidest things to him. And I look back and I don't know how we survived it. We split up when she was a little girl about three months old. In fact we split up a couple of times. One time we were split up for a couple of weeks and one time we were split up for a month. If we wouldn't have had (the child) at that time, we probably would have gotten divorced. I've always thought, you know, if we didn't have any kids, we'd--well, we're married now because we went through all that. Then I tried to get pregnant and tried to get pregnant--I thought that would help the marriage. And that was so stupid. We probably shouldn't have had a baby. (My husband) was really jealous. He told me that I spent more time with (the baby) than with him. But I didn't see that until he told me."

S-5: "A separation would have occurred a year earlier (instead of 20 months postpartum). We had problems at the beginning of our marriage...He's always been really jealous. I never gave him any reason to be jealous. He was married before and he came home one day and found his wife in bed with her ex-boyfriend. And he always figured that would happen with me.

He used to drink a lot and smoke pot."

Probe: "During those times did you ever get into physical fights?"

S-5: "All the time."

Probe: "Did he beat you?"

S-5: "Yeah."

Probe: "How did you manage to stay with that?"

S-5: "Well, he never really beat me because my husband was really big. But he would hit me. Never, you know, closed handed. He'd be drunk and then when he was sober he would never remember. And he'd apologize and tell me how much he loved me and he'd promise it wouldn't happen again. And like a week later it would happen again. And we were separated for about three and a half months and were going through a divorce. And he had (the child) all that time. He wouldn't let me have him. Then when we got back together he'd make all these promises that he wouldn't drink or smoke pot any more. He was spending $100 a week on pot and booze and, you know. So I had to work. Because he didn't care. He never had no responsibility on his bills. And he never cared. Where I always cared about that all the time. It really bugged me to have bills and everything. So I had to work."

Probe: "So a lot of your problems were because of his drinking?"

S-5: "Yeah."

Probe: "And when was that all going on?"

S-5: "When we first had him (the child) up until he was about two--two and a half."

Probe: "So there wasn't a real drinking problem before you had him?"

S-5: "Yeah, there was. But it wasn't as bad."

Probe: "So do you think that after you had the baby that it was more stressful for your husband?"

S-5: "Yeah...You know. I thought I was ready to have him (the child) but I think back and I enjoy my second one so much more. His first couple of years I missed out on because I worked. You know, I worked for my mother-in-law (at a care home, cooking and cleaning) when I wasn't working at the cannery. And on the go all the time. I never had time for him or (my husband) or anything."

The current finding that marital adjustment decreased after the first child was born and continued to decline throughout the four year period is consistent with results of other studies which showed that marital satisfaction declines sharply after arrival of the first baby (Meyerowitz & Feldman, 1966; Renee, 1970; Rollins & Feldman, 1970).

In general, results of the present study showed the greatest decline in scores to be for subjects experiencing poorer marital quality prior to the birth of the first baby. Two of the seven subjects in the present study who had prenatal DAS scores below the group mean of 116.7, were already having some difficulty by the time the prenatal measures were obtained and their scores fell sharply by four months postpartum. This finding is contrary to that of Feldman and Rogoff (1968) who observed that the greatest decline in postpartum marital adjustment was in couples who had experienced the greatest marital satisfaction before the baby arrived. Their results have been attributed to possible regression toward the mean or "basement effect" by Rollins and Galligan (1978).

Two other subjects with prenatal DAS scores below the mean showed some increase in marital adjustment after four years, one of these (9) by four months postpartum. No data are available for the four month and one year data collection periods on the second of these subjects (1), however, her prenatal DAS score was the lowest of all sixteen subjects and her four year score, the highest. The following comments were made by this particular subject in reference to changes occurring in the marriage after having a child.

> S-1: "It brought us closer together--although I couldn't say if that was time or the child. Having a child has coincided with time passing and our relationship has grown stronger all the time since we have been married but I feel closer to (husband) now than I did when we were married, or a year ago, or last week."

Subjects 1 and 9 were the only ones in the entire sample who experienced an overall increase in dyadic adjustment after four years of parenthood. Further discussion of marital adjustment will be included with findings related to research questions #3, 4 and 6.

Research Question #3:

Is alienation as a response to family crisis associated with a decrease in marital adjustment?

To answer this research question, the sixteen subjects were assigned to one of two groups, alienated or non-alienated on the basis of responses to interview questions. Women were assigned to the non-alienated group if their individual and family roles had been sufficiently reorganized following the crisis associated with birth of the first child to achieve a new level of role complementarity and family stability. Subjects were assigned to the alienated group if they were separated or divorced, or if the interview elicited significant value conflicts or dimensions of alienation which were directly related to the couple's inability to establish a functional role adjustment, or new role complementarity, after the first baby arrived. Alienation was further examined by looking at patterns of retreatism, rebellion, adjustment, innovation, ritualism and ultraconformity.

Based on the above criteria, seven subjects were assigned to the non-alienated group (Group I) and nine to the alienated group (Group II). In general, the alienated subjects were slightly younger, had less formal education and more children. These demographic characteristics are summarized in Table 1 and offer some evidence of decreased marital adjustment. Only five of the nine subjects in the alienated group were still married after four years of parenthood. Two subjects had separated and another was divorced. Although one subject had been recently widowed, her marriage had been disrupted twice with temporary separations that included the filing of divorce papers.

After the subjects had been assigned to one of the two groups, dyadic adjustment mean scores were compared for the four data collection periods being studied. Mean DAS scores of the non-alienated group decreased a total of only 6.6 points over the four year period, while scores of the alienated group showed an overall decrease of 31.3 points. These figures are summarized in Table 4.

When the mean DAS scores for both groups were plotted graphically as shown in Figure 3, the differences between the two groups were were quite striking. Prenatally, the two groups had appeared homogenous with only three points difference between the mean DAS scores. After four years, however, the group difference between the scores had increased to 27.6 points. Even more significant is the fact that half of this difference had already occurred by the fourth postpartum month; whereas, during this same period of time, the non-alienated group showed an increase in marital adjustment of three points. This finding supports the validity of studying alienation and role complementarity as variables affecting role reorganization patterns during the early transition to parenthood.

Table 4

Dyadic Adjustment Mean Scores of

Non-Alienated and Alienated Groups

		Data Collection Periods			
Group		Prenatal	4 Months[a]	1 Year[a]	4 Years
(I)	Non-alienated				
	N	7	6	5	7
	$\overline{X}$	118.3	121.7	118.8	111.7
(II)	Alienated				
	N	9	9	8	9
	$\overline{X}$	115.4	101.4	99.5	84.1

[a] N's represent missing data

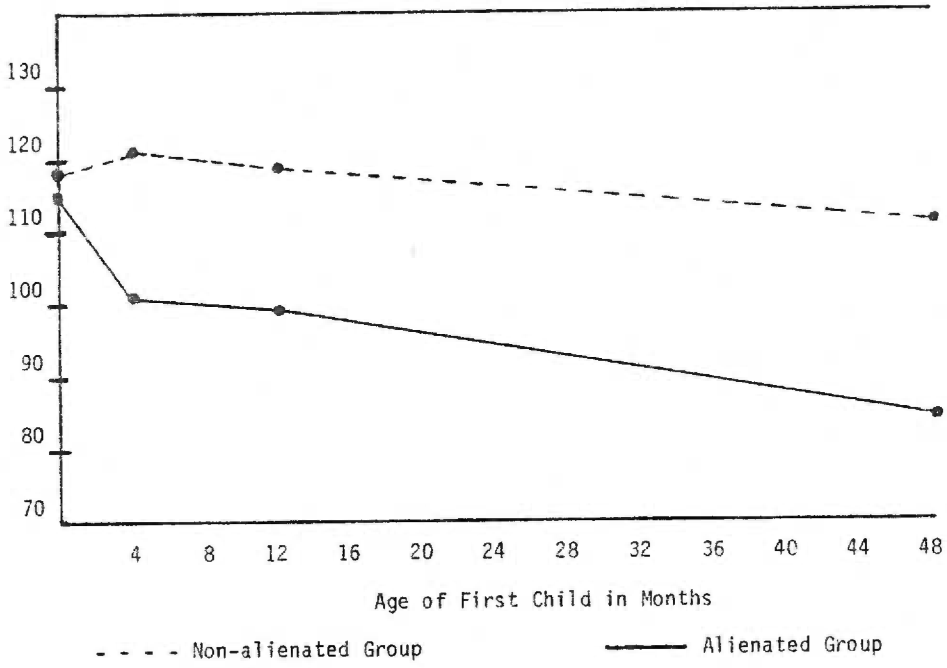

Figure 3. Comparison of DAS Mean Scores on Alienation Variable

The following case example is included to show the development of alienation which was directly related to the impact of the baby on the marital relationship. The subject responded to her feelings of alienation by changing the family system through separation, a mode of adaptation to alienation classified as retreatism.

> S-1: "My husband was a very loving person. I don't know what happened to him. I guess we just grew apart because our values were so much different. Our values were different from the beginning, but I didn't actually notice them at sixteen. We were pretty happy most of the time. He (the child) did change our lives a lot because it made me realize the things that were more important to me. (My husband) drinks a lot and takes drugs and I don't want that kind of environment for (my child). He (my husband) was putting his drinking--and he wanted to be a rock and roll star--he was putting all that first. He drank a

> lot all the time--even before (the child) was born. He would help me around the house but he wouldn't help with (the child). He was laid off for six weeks once and wouldn't watch (the child) while I worked. He had more important things to do than watch (the child), so we were paying a baby sitter and he was out of work...(The child) opened my eyes. 'Cause I could have stayed with (husband) the rest of my life if we'd never had any kids probably, because, you know, I could have put up with it. 'Cause I'd go my own way and do my own thing and he'd do his own thing. That's the way it was before (the child) came along--and then--but I know that there is more to a marriage than that. I know that there is more to a relationship than that...I left because he was totally irresponsible."

Although the background data on the subjects did not include specific questions regarding the marital histories of the couple's parents, case data analysis indicated that in six of the families (37.5%), the subject and/or partner had grown up in a family where the parents had been divorced during their childhood. Parents of both partners had been divorced in one case, of the husband only in one case, and of the subject only in four cases. It is interesting to note that five of the six subjects under discussion were in the alienated group. Out of seven subjects who stated they grew up in an "average" or "happy" family, only two were in the alienated group. The father of one alienated subject died during her infancy and her mother raised her alone. The other alienated subject lost her mother when she was sixteen. The father of a subject in the non-alienated group also died when she was sixteen.

It is difficult to interpret these data without further information. However, role expectations may develop in a vague or discrepant manner when consistent role modeling is not available during various stages of a child's development. Thus lack of role clarification may have led to some of the postpartum role reorganization problems experienced by subjects in the current study.

In summary, it is evident that when couples are unable to establish a satisfactory role reorganization following the advent of parenthood, alienation may result with any of numerous consequent modes of adaptation. Several of these were identified in the present study, the most commonly occurring response being retreatism. Comparison of DAS scores demonstrated that when alienation was a response to the birth of the first child, it was accompanied by a marked decrease in marital adjustment which was evident as early as the fourth month postpartum. Furthermore, when couples had been able to establish a satisfactory level of role complementarity, their four year DAS group mean scores had decreased only 6.6 points. Thus the Rosenstock and Kutner model proposing alienation as one outcome of family crisis resolution has provided two variables which seem to have merit for studying family relationships in transition: alienation and role complementarity.

Research Question #4:

Do traditional women experience greater marital adjustment over time than women who are new in their views?

To answer this question, dyadic adjustment scores for four observation periods were analyzed in two ways: first by using only the self-rated role orientation determined prior to birth of the first child; and, second, by examining changes in role orientation over the four year period. Prenatal role orientation ratings were used first for comparison of DAS scores in order to see what happened to each group's marital adjustment scores during the first four years of parenthood.

Table 5

Changes in Dyadic Adjustment Mean Scores

of 15 Prenatally New and Traditional Women

	Data Collection Periods			
Group	Prenatal	4 Months[a]	1 Year[a]	4 Years
Traditional				
N	7	7	7	7
$\overline{X}$	112	97.9	96.9	89.4
New				
N	8	6	5	8
$\overline{X}$	119.6	120.2	117.2	100.9

[a] N's represent missing data

Mean DAS scores for the prenatally traditional group decreased 23 points, from 112 initially to 89.4 after four years. Mean scores for the new group decreased only 18.7 points from 119.6 initially, to 100.9 after four years. These figures are presented in Table 5. Since prenatal FRRS data were missing for Subject 15, her scores are not included with figures shown in Table 5.

When the prenatal measures of role participation were compared with the DAS scores at four months, one year and four years postpartum, it was obvious that both groups had experienced an overall decrease in dyadic adjustment. Women with new views prenatally, however, scored higher on the DAS originally, showed an increase in marital adjustment after the birth of the first baby, and continued to reflect higher scores throughout the four year period than the prenatally traditional women. The latter group showed the biggest drop in scores during the first four months of parenthood, whereas those subjects with new views initially had the largest decline in scores after the first year. These data are represented in Figure 4.

In contrast with the data presented in Figure 4, results obtained by comparing DAS scores with changes in role orientation provided a different picture as can be seen in Figure 5. Some time between one and four years, there was an increase in marital adjustment for traditional subjects, whose four year mean score of 101.4 had almost returned to the original score of 112. In contrast, the mean scores of

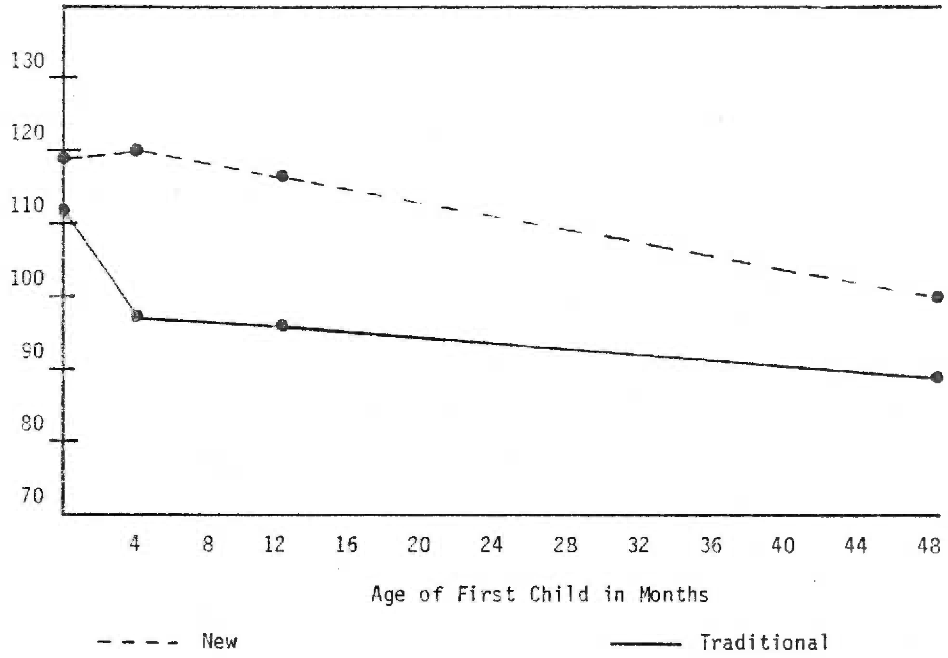

Figure 4. A Comparison of Mean Score Profiles of Dyadic Adjustment and Prenatal Feminine Role Orientation

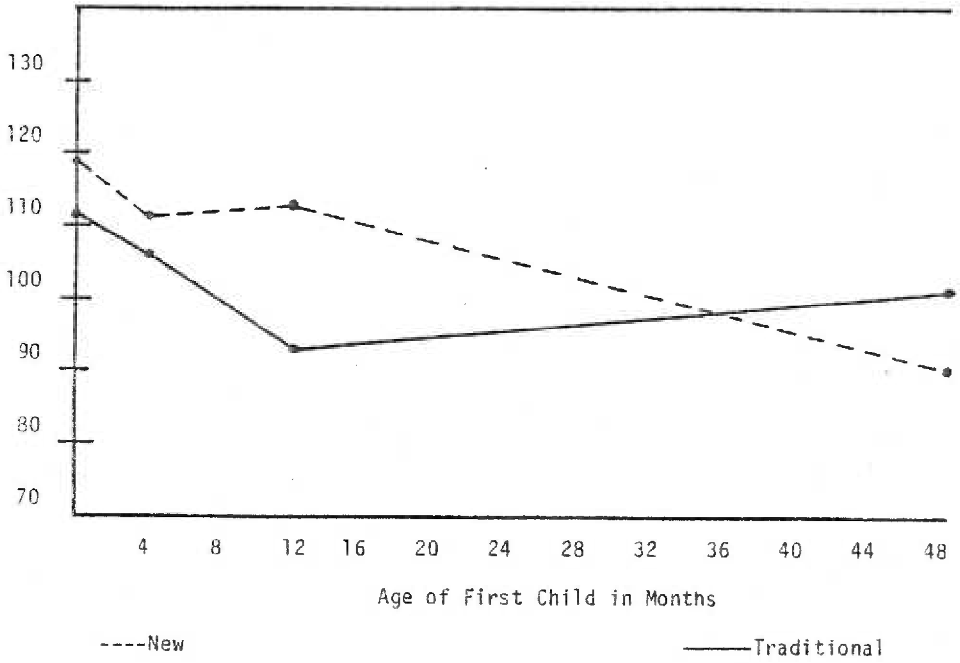

Figure 5. Mean Score Profiles of Dyadic Adjustment Compared With Changes in Feminine Role Orientation

new subjects fell to 90.4, which is the lowest mean score obtained in either group. These figures are summarized in Table 6.

Table 6

Comparison of Changes in Dyadic Adjustment

Mean Scores of 15 New and Traditional Women With Changes in Role Orientation

Group	Data Collection Periods			
	Prenatal	4 Months[a]	1 Year[a]	4 Years
Traditional				
N	7	7	7	7
$\overline{X}$	112	106.1	93.3	101.4
New				
N	8	7	6	8
$\overline{X}$	119.6	111.6	113.2	90.4

[a] N's represent missing data

These data provide conflicting answers to the research question under consideration. First of all, when one considers the typical individual subject who rated herself as traditional prior to having her first child, it seems clear that she perceived poorer marital adjustment overall than her counterpart with new views, even though the difference may not be statistically significant. Of particular interest, however, is the difference between the scores of the two groups at four months. Why does the "new" group show an increase and the traditional group such a sharp decrease at four months postpartum? One explanation may be that the traditional subjects were more apt to experience the "honeymoon phenomenon" identified by Feldman (1966). That is, couples may initially be elated with experiences related to parenthood, but after four to six weeks, find the impact of parenthood to be a crisis experience. Social customs such as baby showers and media displaying adorable babies in disposable diapers reinforce the idealizing of parenting to which the traditional woman may be more susceptible.

Another explanation may be related to findings of Brown and Manela (1978). These investigators found that nontraditional sex-role attitudes were associated with lower feelings of distress during times of marital disruption. Thus, the disorganization associated with the critical transition to parenthood may be interpreted differently by subjects with new views. Other research has shown that nontraditional sex-role attitudes perform a coping function for women, thereby mitigating feelings of distress (Felton, Brown, Lehmann, & Liberatos, 1980). In their study of 114 couples seeking help for marital problems, these investigators analyzed some of their findings on the premise that women tended to alter their beliefs to correspond with their situation. They found that some women who wanted to stay married but did not have this option, tended to become even more traditional and ended up with greater feelings of distress. This lends further support to the notion that attitude change will follow enactment of attitude-discrepant behavior (Allen, 1968).

Referring again to Figure 5, it can be seen that between the first and fourth years of parenthood, marital adjustment decreased for subjects rating themselves as new, while those who identified themselves as traditional, showed an increase in DAS scores. These scores could be indicative of role attitude changes to more accurately correspond with subjects' perception of their situation.

To summarize findings and discussion pertaining to the fourth research question, marital adjustment does tend to decrease after birth of the first child, regardless of subjects' role orientation. Women who identify themselves as nontraditional, or new, prenatally, tend to have greater marital adjustment than prenatally traditional women. However, results also indicate that women may change their role orientation to correspond with their lifestyle; and that when this occurs, higher marital adjustment scores may be associated with traditional role attitudes. Nontraditional, or new, role attitudes may serve a coping function which permits the subject to consider living independently and may therefore be associated with decreased marital adjustment scores and subsequent separation and/or divorce.

Research Question #5:

During the first four years after birth of their first child, do women who are new in their views experience alienation (and any adaptive modes of response) with greater frequency than traditionally oriented women?

After determining which subjects had rated themselves as new and traditional in their views toward the homemaking role (See Table 2), the data were then further analyzed according to whether the subjects had been assigned to the non-alienated or alienated groups. Results showed that five of the non-alienated subjects had new views prenatally as compared with three of the alienated subjects. Only two of the non-alienated subjects had traditional views prenatally in comparison to five of the alienated group. These data are summarized in Table 7. Since the prenatal FRRS data were missing for Subject 15, her scores are not included with figures shown in Table 7.

Examination of the data shows that for each observation period, new orientation is more likely to be associated with subjects in the non-alienated group and traditional orientation more likely to be associated with subjects in the alienated group. However, it must be pointed out that the small size of the sample, and the fact that there were missing data, prohibit conclusive statements.

It appears that, as a whole, the non-alienated group of subjects were less traditional than the alienated subjects prior to the birth

Table 7

Role Orientation of Non-alienated and Alienated Subjects[a]

Group	Prenatal	4 Months	1 Year	4 Years
Non-alienated				
New	5	4	3	4
Traditional	2	2	2	3
Alienated				
New	3	3	3	4
Traditional	5	5	5	5

[a] N's represent missing data

of their first child and that they gradually became more traditional during the first four years of parenthood. The alienated group of subjects, on the other hand, became less traditional, although they did remain predominately traditional throughout the entire four years.

Again the "honeymoon phenomenon" identified by Feldman (1966) must be considered as a possible explanation for the positive relationship between alienation and traditional role orientation. That is, traditional women in the present study may have idealized marriage and the parenting role and therefore were more prone to disillusionment and feelings of self-estrangement. Women with a new orientation in the present study may have selected mates with similar views, while traditional women who experienced role change, may have married traditional men who were unwilling to change their views. This latter group of women may then have experienced frustration, anger and hopelessness regarding their marital situations.

The following remarks are included to exemplify the idealization of three traditional subjects toward parenthood.

> S-8: "It's a big change. You think it will be ideal."
>
> S-1: "We're brought up with this idea that everything's going to be peaches and cream and the rosy life and even now, still on TV, mothers have their sons come in all covered with mud and they're going "Here's the mud monster in his brand new white jeans" and she's not even ruffled or anything; and I think, "Oh, sure. Am I doing something wrong?"
>
> S-11: "I just wish I had a husband so we could be an ideal family."
>
> Probe: "Is that what you expected when you got married?"
>
> S-11: "Yes. When I got married, I expected it to be for the rest of my life. My big dream, my whole big thing in life was to get married, to raise children, and to stay home."

One subject who rated her feminine role attitudes as new prior to the birth of her first baby had not participated in the four month and one year role surveys. By the time of the four year visit, she had three children and was quite traditional in her views, both on the FRRS and in conversation. Because of problems related to her husband's drinking and frequent unemployment, she got to a point during her third pregnancy where she considered suicide. The following remarks are excerpted from interview data to show her sense of self-estrangement, anger and hopelessness.

> S-15: "And when I had her, I thought 'what am I going to do with another?'"
>
> Probe: "Did you have these feelings after the first one?"
>
> S-15: "No. It wasn't until last summer. Because I always felt like I'd just about want to shoot him, to strangle him, tear his hair out and everything. Not when we were first married. I just cried and would feel persecuted and all this 'poor me'. But--and try to talk to him and say after he got--he used to spend nights out and get drunk and be all over the country. And I used to be kind of--be very placid about it but later on I would tell him how much he was hurting me. But it didn't do any good. Oh, he'd have a spell of feeling bad about it and he'd be okay for awhile--for a couple of weeks or a month or maybe the longest it was, was about a year."

The identification of nontraditional sex-role attitudes as a coping mechanism (Felton, et al., 1980) indicates that some women with new views may have a greater repertoire of coping techniques and more readily achieve a new complementarity of roles with their mates following the crisis associated with the birth of the first child. One of the nontraditional subjects (2) and her husband coped with the stresses of parenting through role reversal. She returned to her employment as a builder shortly after her first child was born, and her husband remained at home as primary caretaker, working only on a part-time basis as a hair dresser. This subject was in the non-alienated group.

Non-traditional attitudes are distinctly different from conventional social norms for women and offer new means for effective coping (Felton, et al., 1980). This observation is consistent with Pearlin and Schooler's (1978) finding that people who used a variety of coping techniques were less distressed than those with a more restricted range. Thus, the current finding that new women are less apt to have experienced alienation as operationazlied in the four year study is in line with results of previous research.

Research Question #6:

Do women who are conflicted in their role orientation view their transition to motherhood as more stressful than women who are settled in their views?

To determine if women were conflicted or settled in their views, subjects were asked if they ever felt troubled by their choice of role orientation. A "yes" answer labeled them as conflicted in the present study and a "no" answer labeled them as settled.

Dyadic adjustment was examined as an indicator of self-perceived stress following birth of the first child. Scores of conflicted and non-conflicted, or settled, subjects were compared for differences. In order to see how individual subjects viewed their transition to motherhood, DAS mean scores were first compared using only prenatal measures or role conflict. When this was done, the prenatally conflicted women showed a decrease of almost 30 points between the prenatal score of

114.7 and the 85.3 obtained four years later. In contrast, the prenatally settled subjects showed a much smaller decrease of 14.7 points between their prenatal mean score of 117 and their four year score of 102.3. These data are presented in Table 8. Since prenatal data were not available for Subject 15, her scores are not included in this table.

Table 8

Dyadic Adjustment Mean Scores of 15 Prenatally Role Conflicted and Settled Subjects

Group	Prenatal	4 Months[a]	1 Year[a]	4 Years
Conflicted				
N	6	5	5	6
$\overline{X}$	114.7	106.6	101.6	85.3
Settled				
N	9	8	7	9
$\overline{X}$	117	109.1	108	102.3

[a] N's represent missing data

Referring to Figure 6, it can be seen that there is a drop in marital adjustment scores for both groups at four months. However, from that point forward, the mean scores of the prenatally settled subjects level off with only a few points further decrease. The prenatally conflicted subjects however continue a downward trend, making a 17 point difference between the two groups at four years.

Because of missing data on a few of the subjects, the figures reported in Table 8 could be misleading. Therefore, DAS group means were calculated for the four measurement periods without the scores of any subjects for whom data is missing as a check against data presented in the table. When this was done, the difference between the two groups prenatally increased from 2.3 to 4 points and after four years, decreased from 17 points to 15. These differences in calculations do not significantly change the trends observed in the original calculations.

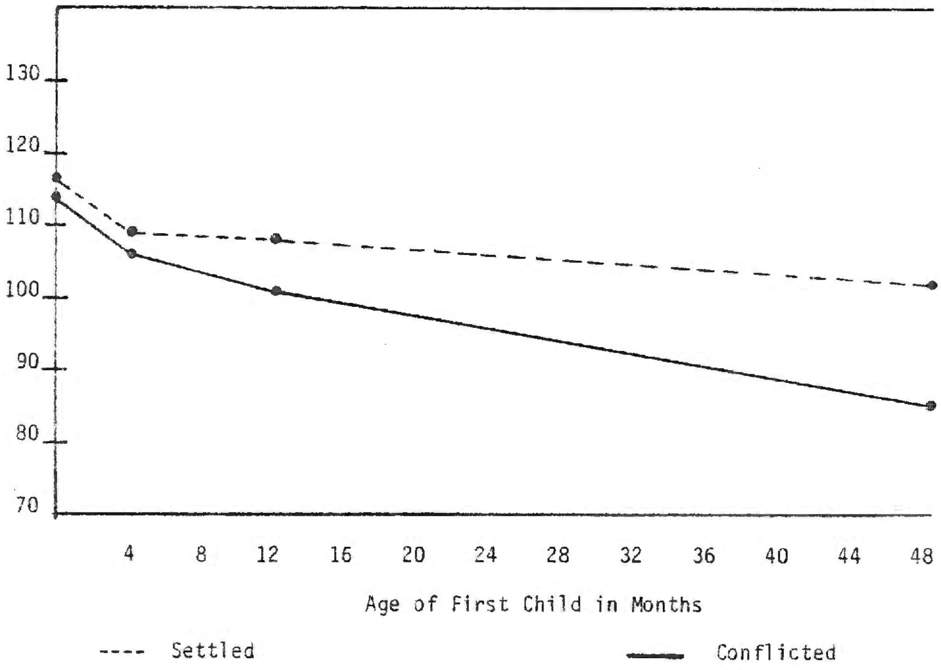

Figure 6. A Comparison of Mean Score Profiles of Dyadic Adjustment and Prenatal Feminine Role Conflict

DAS group mean scores were compared by considering changes in the conflict measure over the four years of parenthood being studied. When these scores for conflicted and settled groups were compared to show changes in the conflict measure for each data collection period, the difference at four months was even greater than using only prenatal conflict measures. At four months postpartum, the mean score of conflicted subjects had dropped almost 13 points from 114.7 to 101.8, whereas the mean score of settled subjects had increased by more than a point from 117 to 118.3 during the same time frame. The mean score difference prenatally and at one year was only 3 points, and after four years, only a half point. At four months, however, there was a difference of 16.5 points between the settled and conflicted groups. Table 9 summarizes these data.

It was thought that changes in marital adjustment might be related to self-perceived stress following the advent of parenthood. When DAS mean scores of subjects who were conflicted prenatally were compared with those of prenatally role settled subjects (See Table 8), it was evident that both groups experienced a decrease in marital adjustment during their first four years as parents. This finding related to marital adjustment is consistent with that of Feldman and others (Meyerowitz & Feldman, 1966; Renee, 1970; Rollins & Feldman, 1970) and has been discussed earlier in this chapter.

Table 9

Comparison of Changes in Dyadic Adjustment

Mean Scores of Role Settled and Conflicted Women With

Changes in Role Conflict

	Data Collection Periods			
Group	Prenatal	4 Months[a]	1 Year[a]	4 Years
Conflicted				
N	6	8	5	6
$\overline{X}$	114.7	101.8	105.2	95.8
Settled				
N	9	6	8	9
$\overline{X}$	117	118.3	108	95.3

[a] N's represent missing data

When changes in role conflict are considered, the difference in the dyadic adjustment scores at four months postpartum between settled and conflicted subjects is striking enough to cause speculation regarding their relationship (See Figure 7). It is possible that the role reorganization necessitated by entry of the first child into the family creates sufficient conflict in role attitudes within the first four months to affect the wife's perception of the marital relationship.

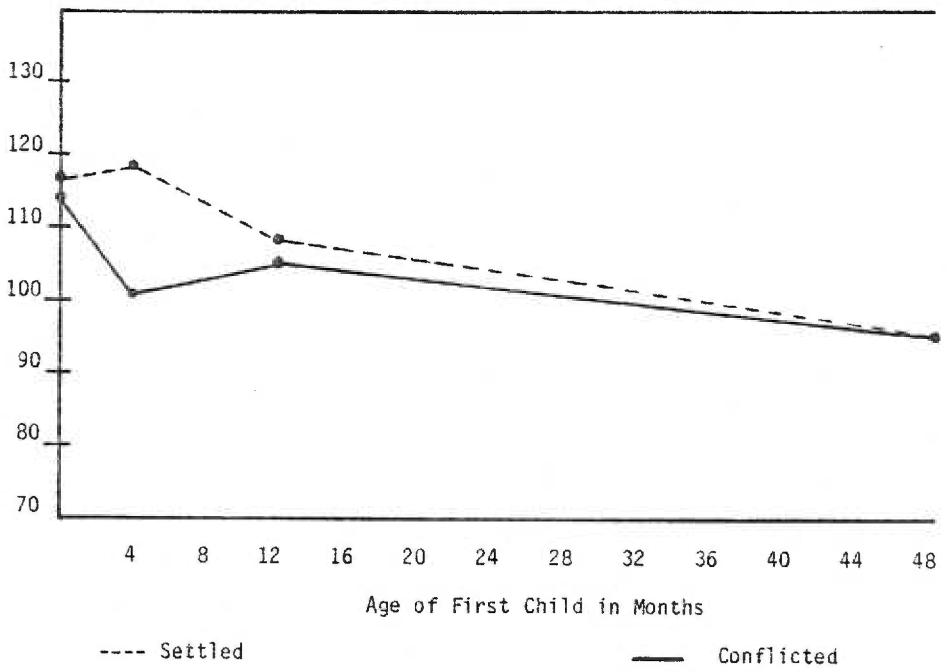

Figure 7. Mean Score Profiles of Dyadic Adjustment of Settled and Conflicted Subjects

Other research is also suggestive of this possibility. Ryder (1973) for example, found that there was a greater decrease in satisfaction with marital companionship for women who had an infant than for those who did not.

Analysis of the case study data revealed several examples which support the idea that role conflict is a problem which interferes with the process of role reorganization for women after arrival of the first child and that the conflict is stressful. Lack of role knowledge, termed role insufficiency by Meleis (1975), also was shown to be a problem for some of the subjects and/or their husbands, as well as role overload. At least three of the sixteen subjects spoke of jealous feelings expressed by their husbands during the early months of the first baby's life and many spoke of the excessive demands of the infant on their time. When asked if they would consider that being a new mother had been stressful for them, only six of the sixteen subjects (37.5%) gave a negative response. The other ten (62.5%) replied affirmatively. Examples of comments from the latter group of subjects follow:

> S-4: "I'd say it was stressful--shocking--so demanding. I'd think it was a stressful time and that I'd get through it. But I was real understanding of how couples can split up right away. It was so--stressful and demanding." (Conflicted prenatally and at 4 months, but settled at 1 and 4 years.)
>
> S-5: "It was really hard. I wasn't so used to--before it was just up and go--and do what I want to do and everything. And then it got to where you couldn't--you couldn't sleep in any more--My biggest problem was I used to stay up half the night and sleep half the day. And (husband) was always on the go and I was stuck at home all the time." (Conflicted throughout 4 years.)
>
> S-10: "I had no idea what I was doing or what I was supposed to be doing." (Settled except at 1 year.)
>
> S-11: "I didn't get much help from (husband). He just wasn't the father I expected him to be. He would say, 'I don't know what to do with him. I won't know what to do if he does this or does that.' He just didn't want to take the time. He thought 'your total responsibility is to take care of the house, to cook for me, to take care of your son'--and I was holding down a full-time job." (Settled prenatally and at 4 years, but conflicted at 4 and 12 months.)

> S-15: "I think I had more problems with (husband) than I did being a mother. The problems with (husband) interfered with being a mother." (Prenatal data unavailable but conflicted at 4 months and settled at 1 and 4 years.)

Examination of available data indicates that most of the subjects in the current study were both conflicted and settled in their sex-role attitudes at different times. Only two of the subjects were never conflicted (7, 9) and two were never settled (5, 13). Therefore, it is difficult to state with any assurance that women who are conflicted view their transition to parenthood as any more stressful than women who are settled in their views. At the four year visit, six subjects denied their transition to motherhood as stressful, yet three of these had identified themselves as conflicted at four months postpartum. Ten subjects however, admitted at four years that the transition had been stressful. Five of these had identified themselves as conflicted at the four month visit.

Felton and others (1980) demonstrated an interaction between incongruent sex-role attitudes, traditionality and stress. Their findings suggested that discrepancy between marital goals and actual living situation produced less felt stress because subjects tended to develop nontraditional attitudes which aided in reducing the feelings of distress. Their finding may account for an apparent resolution of differences observed in dyadic adjustment scores at the one-year follow-up study (See Figure 7).

Due to the small sample size and the nature of the research design, no statistical analysis was done in the present study to determine the interaction of sex-role attitude incongruence, traditionality and stress. Comments from one subject who was role settled with new views during all four years being studied express her ideas about the most difficult part of being a woman and a mother, and illustrate that even the most "settled" was aware of the conflicts:

> S-7: "Trying to be perfect in both respects--having other people expect that--and you of yourself. To not let yourself be manipulated both ways--the traditional stay at home type--to totally self-consumed. It's hard to balance."

Research Question #7:

Is marital dissolution associated with response to the birth of the first child as a crisis?

The crisis resolution model utilized in the current study states that family dissolution can occur as a direct result of the disorganization following crisis or as a pattern of response to alienation (See Figure 1). In the current research, the birth of the first child was viewed as a crisis and an interview question was designed to determine degree of crisis perceived by each subject four years later. Subjects were asked to rate the amount of crisis they experienced with their first baby on a scale of 1 - 5, with (1) being "no crisis" and (5) being "severe crisis".

Results of this question showed that only five of the sixteen subjects perceived no crisis at all related to the birth of the first child. Eight subjects experienced enough crisis to assign ratings of 2 - 3.5. Three subjects, however, perceived the degree of crisis experienced as 4.5 - 5. Although only whole numbers were anticipated, six subjects felt they needed mid-range values to express their sentiments. During the interview, no verbal descriptions were attached to the number scale except for the extremes, one and five. Therefore, crisis ratings of two to four were collapsed into one category labeled "moderate crisis".

These results were then compared for those subjects whose family stability had deteriorated to the extent of marital dissolution. Three of the sixteen subjects in the present study had either dissolved their marriage already, or were permanently separated and in the process of divorce. Self-assigned crisis ratings of these three subjects were 2.0, 3.5 and 4.5, with the highest of these belonging to the subject whose divorce was already finalized (14). Eight subjects who indicated ratings of 2.0 - 5.0 still had intact marriages. These figures are shown in Table 10.

Table 10

Marital Status and Perception of

First Child's Birth as Crisis

Marital Status	Degree of Crisis		
	No. Crisis 1.0-1.9	Moderate Crisis 2.0-3.9	Severe Crisis 4.0-5.0
Marriage Intact	5	6	2
Marriage Dissolved	0	2	1
Total	5	8	3

Excerpts from the interviews with those subjects who experienced marital dissolution are included to show some of their perceptions of becoming mothers and their decisions to dissolve the marriage relationship:

> S-4: (Regarding crisis)...."I would give it a 3 1/2 (nervous laugh). At times it was definitely a 4 or more, you know, but there were a lot of rewards too and I think that compensated for it...At first it was real shocking--because it was such--I mean it was so demanding. The never sleeping. He (husband) was gone a lot. He played the guitar at night. I felt like I was alone in it or something, you know. It was really pretty rough. But he was adjusting at the same time because he wasn't really prepared to be a father (pregnancy not planned)....The time spent together was less and it was never as carefree or easy going. There were always a lot more responsibilities and things that someone had to be responsible for. There was always something coming up that had to be done, and you know, either I think I spent time worrying whether stuff would get done and stuff, and you know,

> it pushes on you...I always thought he would change--that he would want the same things I do like a better place to live and stuff--and he didn't."
>
> S-11: (Regarding crisis)...."I guess 2. It didn't cause any stress except for getting used to it--being totally depended on all the time by somebody else....I had to spend more time with (husband) because he was so jealous of (the baby). He had a real hard time accepting (the baby). (pregnancy planned)....I left because he was totally irresponsible. He didn't come back for 4 1/2 hours once when he knew (the baby) would need Similac within an hour and we were totally out."
>
> S-14: (Regarding crisis)...."Now I would say 1, but then I would have said 4 - 5. Our marriage wasn't stable. If it had been me, I'd have been able to handle it. He (husband) wasn't any help.... I pretty much did everything (taking care of the baby and household....It was a real hard time. She would scream and cry and I didn't know why....When we got married there were a lot of things that I didn't know about. He (husband) had been married three times before and had previous drug problems from Vietnam....He told me he was really jealous of all the attention I gave her (the baby)....He could be violent....I left once and then he was going to get into our church....I could see it wasn't going to work out so I left him again. That was for good."

All three of these subjects expressed their views of early parenthood as a crisis in terms of their relationship with their husbands. In two of the cases (4, 11) the subjects indicated that they dissolved the marriage because of characteristics of the husband which had not been a problem prior to the birth of the baby. In the third case (14), the couple was already having difficulty and the arrival of the baby just compounded the problems creating a crisis situation. In the first two families, the husband's drinking, abusing drugs and/or being gone a lot at night, for example, was not an issue as long as the subjects were free to do as they wished also. When their roles changed and the husbands' did not, the subjects felt resentment and a clash of values. All three subjects wanted more help with child care and financial responsibilities. One subject (11) did not want her child raised in a drug abusing atmosphere; and one subject (14) was concerned about her husband's drug addiction and tendency toward violence. Several other subjects expressed similar concerns but had managed to keep their marriage intact, and one had recently been widowed (5). Subject 16 for example, who had the highest crisis rating, commented "The child was not the problem. He was (her husband). He was not supportive." What was different about these families who experienced crisis but stayed together?

Subject 16 had coped through ultraconservative behavior. She had sought counseling through her physician and support through her church as a Jehovah's Witness. Although she considered her husband a "weak man" who was often out of work, she was determined to stick with him as long as she could because of "the kids". She said her husband "is Catholic and believes that marriage is forever."

Subject 15 sought marital counseling with her husband and together they made considerable effort to talk things out. She said, "I talk a lot about how I feel and listen to how he feels." She said that respect was also a factor in keeping them together.

Another subject (2) said that she and her husband stayed together because of love, trust, and communication, as well as "the independence he offered." This couple had coped with parenting responsibilities through role reversal, with her as primary wage earner and him as primary care taker. Subject 9 thought that having company over was helpful in keeping her marriage going and said that she and her husband stayed together because of their child. Another subject (10) thought that having similar personalities was a factor in keeping her relationship going with her husband. She said, "He's a little more intense and has more ambition," (but) "we appreciate and understand each other." Subject 12 said she and her husband are still together because of "the kids" and "maybe because we compromise. I enjoy doing things for him." Her husband overheard this comment and added, "She does things for me that I can't do without having another mother."

In summary, analysis of case data indicates that even though the three subjects who experienced marital dissolution did perceive some degree of crisis related to the birth of the first child, eight other subjects who perceived crisis still had intact marriages after four years of parenthood. Thus perception of the first child's birth as a crisis experience was not a significant factor affecting marital status in the research sample. However, more than two-thirds of the subjects in the present study admitted to experiencing some crisis during the transition to parenthood. This finding indicates a need for further research into variables affecting post-crisis role reorganization and points to a need for supportive services to new parents. Moreover, since four years had elapsed from the period in question, numerous factors could have affected the family definition of the event. Thus, further crisis research is indicated which is conducted during the early months of initial parenthood.

Although only one interview question was specifically related to perceived amount of crisis associated with birth of the first child, the results are similar to those obtained by Beauchamp (cited in Jacoby, 1969). Comparative results obtained by Beauchamp and other investigators are shown in Appendix K.

CHAPTER IV

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary of Findings

Recent social changes have affected the traditional roles of women, altering the function of families and the meaning of children. The resulting confusion and potential conflicts have not been clearly understood. Thus, the purpose of the current research was to generate hypotheses regarding the changing roles of women and congruence in relationships within the childbearing family.

This exploratory study utilized a non-random sample of sixteen middle-class subjects who are participants in Tomlinson's longitudinal study, Feminine Role Congruence and Maternal Attachment (1978). The birth of the first child was viewed as a crisis and an alienation model was used to explore individual and family patterns of role organization following the period of post-crisis disorganization. Three of the variables examined had been measured previously: feminine role orientation, role conflict and marital adjustment. Two additional variables added in this follow-up study were role complementarity and alienation. Alienation was further examined by looking at patterns of retreatism, innovation, rebellion, adjustment, ultraconformity and ritualism.

An in-depth case study method was utilized to generate both qualitative and quantitative data. Subjects were assigned to one of two groups according to the type of family role reorganization achieved following birth of the first child. Seven subjects were assigned to the first group because they had successfully attained a new level of role complementarity and family stability; while nine subjects were assigned to the second group because of experiencing alienation as a response to the advent of parenthood.

Quantitative data were analyzed on the basis of this grouping as well as on variables of role orientation and conflict. Marital adjustment scores were analyzed descriptively using mean scores of prenatal measures which were then compared to scores obtained at four months, one year and four years after the first child was born. Results of these procedures are summarized below.

Feminine role orientation appeared to be stable over time and those changes which did occur were thought to be related to changing life situations, especially marital quality.

Consistent with findings of Feldman and others, marital adjustment was found to decrease sharply within the first four months following the birth of the first baby and to continue a downward trend throughout the first four years of parenthood. Decreased marital adjustment was associated with alienation, traditional values toward homemaking and conflict in the feminine role. Contrary to Feldman and Rogoff's (1968) findings, subjects with the lowest dyadic adjustment scores prenatally, in general, showed the greatest decrease in scores by the end of four years.

Subjects who experienced alienation as a response to parenthood had markedly lower dyadic adjustment scores after four years than those who had been able to establish a new role complementarity. Furthermore, the DAS scores of alienated subjects had dropped sharply by the fourth month postpartum, whereas, the non-alienated subjects as a group had perceived a slight increase in dyadic adjustment.

Although marital adjustment scores decreased in general after arrival of the first child, women who identified themselves as nontraditional, or new, prenatally, tended to have greater marital adjustment than those who were traditional prenatally. However, it was found that over time women tended to change their role orientation in response to a changing lifestyle. When these changes were analyzed for the current study sample, new views were associated with lower marital adjustment scores. Thus, it may be that nontraditional role attitudes serve a coping function by permitting the subject to rely more on herself when her marital situation is incongruent with her expectations. This explanation is consistent with role theory's proposition that attitude change will follow enactment of attitude-discrepant behavior (Allen, 1968).

As a group, the non-alienated subjects were less traditional initially, and became more traditional gradually as they settled into their roles are parents. In contrast, the alienated subjects gradually became less traditional, although they did remain predominately traditional throughout the four years being studied.

Decreased marital adjustment was experienced by both role settled and conflicted subjects, however, when changes in the conflict measure were considered over the four year time frame, role conflicted subjects showed a greater decrease as early as four months postpartum.

Eleven of the sixteen subjects perceived the birth of their first child as a crisis event; however, this factor was not found to significantly affect their marital status.

Results of the quantitative and qualitative analysis as summarized above yield the following hypotheses as a minimum for further consideration:

1) Women, whose lifestyle conflicts with their views toward the traditional homemaking role, will change their views to correspond with their lifestyle.
2) Couples who are unable to establish a satisfactory role adjustment within four months after the birth of their first child will have significantly lower marital adjustment scores after four years than those couples who do achieve this.

Implications for Nursing

The first few months after birth are considered developmentally hazardous for all women (Orne, 1982). Role changes and reorienting of values and relationships require new or different methods of problem-solving. However, little research has been done which supports the need or type of preparation for childbirth which primarily focuses on the husband-wife interaction. Russell (1974) found that when parents, especially fathers, perceived improvements in their marital relationship after the baby's birth, the improvement was associated with easier transition to parenthood. The reverse of this was also true. Perceived threats to successful attainment of the parental role and inadequate solutions to developing conflicts increase vulnerability to maladaptive coping. Barnard and Bee (1981) have suggested that the father's support and involvement, especially during the prenatal period, has a decided impact on mother-father, mother-infant, and father-infant relationships.

If, as Rubin (1975) has stated, the survival of the nuclear family is totally dependent on the husband-wife relationship, nurses in maternal-child and community health settings must be more actively involved in helping couples nurture each other during the critical transition to parenthood. Rather than focusing discussion on birthing and parenting techniques alone, pre and postnatal classes and support groups should stress communication and ways to enhance self-esteem, as has been suggested by several other researchers (Cowan, Cowan, Coie & Coie, 1978; Meleis, et al., 1980; Wooley & Barkley, 1981). Postpartum instruction could alert new mothers to the potential for attitude changes towards homemaking and career. This instruction would be applicable to adoptive and new step-parents as well.

Nurses in psychiatric and mental health settings need to be alert to potential deterioration in marital relationships of clients of child-bearing age. The Dyadic Adjustment Scale could be used as a predictor of marital quality in couples support groups and as an evaluative tool for measuring effectiveness of couples therapy.

Limitations of the Study

There are a number of limitations regarding this study. Due to the small size of the sample and non-random method of subject selection, analysis of quantitative data was limited to descriptive statistics. Thus, the results are not generalizable beyond the research sample. The sixteen subjects who participated in the four year study represent less than half of the original thirty-six participants. The motivation of subjects to participate in a longitudinal study may bias the sample from the outset. The exceptionally high mobility of young families poses a number of problems for longitudinal research such as this. Forwarding addresses are limited to short periods of time, e.g., six months, and numerous letters were returned without being forwardable. Further, the expense of traveling to subjects' homes who live outside the immediate setting is prohibitive, so the setting had to be restricted. Some families may have dropped out of the study because of the cost or inconvenience of coming into the medical center for check-ups. One mother stated she ignored the first two letters seeking her participation in the current study because she thought she would have to bring her three children into the clinic (as was required in an earlier phase of the longitudinal study) or get a baby sitter for the two youngest children. Time factors as well as cost of travel were of concern to her. The subject's organization and lifestyle also entered into her decision to withdraw or participate. Several mothers delayed return of the initial form seeking their participation because of misplacement of the letter, procrastination, etc.

The quantitative instruments used posed some limitations with data collection. First, the Feminine Role Rating Scale (FRRS) does not have standardized scores yet except on the subscale which was used in this study. While the subscale did generate data which helped to clarify relationships between some of the variables, more significant results may have been found using the entire scale. Second, both the FRRS and the Dyadic Adjustment Scale (DAS) rely on self-report data. The tendency to provide socially desirable responses must be considered. Third, test-retest effects must be considered, but the length of time between data collection periods should have offset this.

The in-depth interview has several inherent limitations when conducted in the home environment. First of all, the length of the visit was significantly increased when there were interruptions by children, telephone calls and interaction with husbands as well as when the subject had more information to share about changes in their family patterns since the arrival of the first child. Thus it was sometimes difficult to keep the interview focused at length on an emotionally-laden area. The problem of social desirability must be considered when others were present for the interview, or within hearing distance. Some mothers, regarded the interview session as a time to ventilate and this effect must be considered also. In addition, the interview questions were developed specifically for this follow-up study to discern family relationship patterns and may not be discreet enough to avoid overlapping variables.

A further limitation that must be acknowledged is that the data for this research is based on the perception of the wife. Ideally it would seem desirable to include the husband's perception of the relationship patterns.

Finally, timing may affect the responses to some questions as they relate to distance from the event. Since this study focused on adaptation patterns following the birth of the first child four years earlier, perception may be altered by occurrence of subsequent events of greater or lesser magnitude. Such unknown intervening variables were not controlled for, although interview questions were redirected as seemed appropriate to assist subjects in sorting out the impact of the first child on the relationship. Several subjects expresssed feeling overwhelmed with the addition of the second child, so their perception of the first baby's early weeks and months could have been affected. Others had experienced separation or divorce and one, the recent death of her spouse. One subject was involved in a child custody battle at the time of the home visit. In addition, the country itself and, in particular, the State of Oregon were in the midst of a severe economic recession resulting in increased unemployment and financial difficulties for many of the families involved in the study. Mothers without satisfactory child care substitutes were unable to work as much as they thought they should to relieve financial pressure on the husband. Thus, they may have felt more conflict in their roles than at a time of greater affluence.

Recommendations for Further Study

These findings show that entry of the first child into the family system is not without consequence and that feminine role orientation and conflict can affect the role adaptation of the marital dyad. Further study should be done regarding the relationship between role orientation and lifestyle to determine the circumstances which might lead to changes in role attitudes. Alienation was considered to be a relevant variable for examining family adaptation patterns and merits more intensive study. The Rosenstock and Kutner (1967) model could serve as a stimulus for other family research and lead to better definition and identification of the patterns of response to crisis and alienation.

To clarify conflicting results of existing studies, longitudinal research with a large sample should focus on the interactive effects of the second child on the marital relationship as well as the first child. Several of the subjects in the current study commented that they had felt more overwhelmed by their second child than the first, but the effects of time and circumstances were not controlled for. A larger sample would permit study of the interrelationships among the independent variables in the current study as well.

Longitudinal research should include regular mailings of change-of-address forms to minimize loss of subjects through moving. Further work needs to be done to develop accuracy of assessment tools and establish standardized scores where necessary. And, finally, rather than limiting research to the perspective of only one half of the marital dyad, family studies need to be more inclusive.

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APPENDICES

APPENDIX A

Letter to Subjects

PSYCHIATRIC-MENTAL HEALTH
DEPARTMENT
SCHOOL OF NURSING

Area Code 503 225-7827

Portland, Oregon 97201

UNIVERSITY OF OREGON

HEALTH SCIENCES CENTER

Dear

It's hard to believe that almost four years have elapsed since you and your family started participating in the Maternal Role Project. In recent months, we have been trying to locate project participants for the four year follow-up study. Some time ago we mailed you a form to indicate address and telephone changes. Yours was returned as non-forwardable. This letter is being sent to another address in an effort to reach you.

We are planning to schedule interviews within the next several weeks and would like very much to have you participate. Therefore we are asking that you complete the attached form indicating the most convenient time when you and your child will be available. We will then contact you by phone to schedule an appointment. Please indicate any change of address or telephone number so that we will be able to reach you and return the form to us within five days. A stamped self-addressed envelope is enclosed for your convenience.

Sincerely,

Patricia Tomlinson, R.N., M.N.
Maternal Role Project Director

Barbara Irvin, R.N., M.S.
Research Assistant

MATERNAL ROLE PROJECT

Please complete this form and return in the enclosed self-addressed envelope within five days.

DATE ______________

NAME ______________________________________

CURRENT ADDRESS ______________________________
Street
____
City State Zip

TELEPHONE (Day) ______________ (Evening) ______________

Is there another number where you may be reached, or a message left, such as at work or the home of a relative or friend? ______________________________

Please circle the best times for an interview.

TIME OF DAY	SUN	MON	TUE	WED	THU	FRI	SAT
Morning	X	X	X	X	X	X	X
Afternoon	X	X	X	X	X	X	X
Evening	X	X	X	X	X	X	X
Anytime	X	X	X	X	X	X	X

APPENDIX B

Informed Consent for Maternal Role Project

PSYCHIATRIC-MENTAL HEALTH
DEPARTMENT
SCHOOL OF NURSING

Area Code 503 225-7827

Portland, Oregon 97201

UNIVERSITY OF OREGON
HEALTH SCIENCES CENTER

INFORMED CONSENT FOR MATERNAL ROLE PROJECT

I, ____

herewith agree to serve as a subject in the follow-up study for the Maternal Role Project of the School of Nursing conducted by Barbara Irvin, R.N., M.S. under the supervision of Patricia Tomlinson, R.N., M.N., Principal Investigator. This investigation aims to expand our knowledge of mother-child interactions and the development of child rearing families and to assist in developing better health care for young families.

The procedures in which I will participate include a home visit during which a family assessment will be made which includes observation of parent-child interactions, an interview and completion of three questionnaires. A tape recorder will be used to supplement notes taken by the interviewer. The tapes will not be identified with my name but will be coded by a number identifiable only to the project investigators. The visit will take about an hour and a half. All questionnaires, interview data and tapes will be confidential and stored during and after the study so that only the investigators on this project will have access to them and anonymity will be protected. Upon completion of the data analysis, the tapes will be destroyed.

I understand that the only risk to me may be the inconvenience caused by scheduling the procedures requested. Since the major purpose of this study is to contribute new knowledge which may benefit families in the future, I understand that it may be of small benefit to me.

I also understand the principle investigator or her delegate agrees, whenever possible, to answer any questions I may have. I understand I may refuse to participate or withdraw from this study at any time without affecting my relationship with, or treatment at, the University of Oregon Health Sciences Center.

I have read the foregoing and agree to participate in this study.

Date ____________________ Subject ______________________________

____

Witness ________________ ______________________________

APPENDIX C

Feminine Role Rating Scale

ROLE SURVEY

(FRRS)

INSTRUCTIONS

In an effort to understand women today we need to know more about what they do and how they feel in their lives. On the pages that follow you will find statements about some experiences which are familiar to most women. After each statement is a space for answering how you agree or disagree with the statement.

Using the key shown in the box, try to decide how much you agree or disagree with the statement. Then circle the number under the column heading that shows how you feel.

KEY

1 - Strongly Disagree
2 - Disagree
3 - Undecided
4 - Agree
5 - Strongly agree

FOR EXAMPLE

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
If you "Strongly Agree" with the statement, circle 5 under the column headed "Strongly Agree".	1	2	3	4	[✓ 5]
If you "Disagree" with the statement circle 2, and so on, until you have read and circled a number for each statement.	1	[✓ 2]	3	4	5

Work quickly and do not spend too much time on any one question. We want your first reaction, not a long drawn out thought process. Please do not seek out or use other people's opinions in answering these questions. Be sure not to omit any questions. If you are uncertain try to answer according to the way you feel or think most of the time.

Now turn the page and go ahead. Work quickly and remember to answer every statement. There are no right or wrong answers. This questionnaire is simply a measure of what you do and how you feel.

ROLE SURVEY

(FRRS)

SUBSCALE

100. Nowadays, women have different opinions about the importance of homemaking and working outside the home. Please show, by placing an 'X' in the box following the statement, which best fits you. Please 'X' only one box. (If you have trouble answering, please 'X' the box after the statement you most often feel.)

I am a woman who values my career at least as highly as homemaking. . . . . ☐

I am a woman who values homemaking over all other choices. . . . . ☐ (55)

101. Are you ever troubled by the choice indicated above? Yes ☐

No ☐ (56)

The following statements describe feelings some women experience. Please indicate, by circling the appropriate number, how often you have felt the way indicated by that statement.

	Never	Hardly Ever	Sometimes	Most of the Time	
102. I sometimes feel it is difficult to be a woman today.	1	2	3	4	(57)
103. I feel confused about whether staying home and raising children is as important as having a career.	1	2	3	4	(58)
104. I am troubled about whether making career plans would interfere with my ability to raise children.	1	2	3	4	(59)
105. I go back and forth in my feelings about whether women's liberation is a good thing.	1	2	3	4	(60)
106. I am unsure if it is a good idea for me to try to combine other accomplishments I may want with homemaking.	1	2	3	4	(61)
107. It is hard to feel good about the choice between homemaking and career, no matter what you do.	1	2	3	4	(62)
108. I am uncertain about which is more important - taking care of my home or personal achievement.	1	2	3	4	(63)

Thank you for your help.

APPENDIX D

Dyadic Adjustment Scale

DYADIC ADJUSTMENT SCALE

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

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
1. Handling of family finances	5	4	3	2	1	0
2. Matters of recreation	5	4	3	2	1	0
3. Religious matters	5	4	3	2	1	0
4. Demonstrations of affection	5	4	3	2	1	0
5. Friends	5	4	3	2	1	0
6. Sex relations	5	4	3	2	1	0
7. Conventionality (correct or proper behavior)	5	4	3	2	1	0
8. Philosophy of life	5	4	3	2	1	0
9. Ways of dealing with parents or in-laws	5	4	3	2	1	0
10. Aims, goals, and things believed important	5	4	3	2	1	0
11. Amount of time spent together	5	4	3	2	1	0
12. Making major decisions	5	4	3	2	1	0
13. Household tasks	5	4	3	2	1	0
14. Leisure time interests and activities	5	4	3	2	1	0
15. Career decisions	5	4	3	2	1	0

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
16. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	0	1	2	3	4	5
17. How often do you or your mate leave the house after a fight?	0	1	2	3	4	5
18. In general, how often do you think that things between you and your partner are going well?	5	4	3	2	1	0
19. Do you confide in your mate?	5	4	3	2	1	0
20. Do you ever regret that you married? (or lived together)	0	1	2	3	4	5
21. How often do you and your partner quarrel?	0	1	2	3	4	5
22. How often do you and your mate "get on each other's nerves"?	0	1	2	3	4	5

	Every Day	Almost Every Day	Occasionally	Rarely	Never
23. Do you kiss your mate?	4	3	2	1	0
24. Do you and your mate engage in outside interests together?	4	3	2	1	0

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

	Never	Less Than Once a Month	Once or Twice a Month	Once or Twice a Week	Once a Day	More Often
25. Have a stimulating exchange of ideas	0	1	2	3	4	5
26. Laugh together	0	1	2	3	4	5
27. Calmly discuss something	0	1	2	3	4	5
28. Work together on a project	0	1	2	3	4	5

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

	Yes	No	
29.	0	1	Being too tired for sex.
30.	0	1	Not showing love.

31. The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy", represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

0	1	2	3	4	5	6
•	•	•	•	•	•	•
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

32. Which of the following statements best describes how you feel about the future of your relationship?

5 I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
4 I want very much for my relationship to succeed, and will do all I can to see that it does.
3 I want very much for my relationship to succeed, and will do my fair share to see that it does.
2 It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.
1 It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
0 My relationship can never succeed, and there is no more that I can do to keep the relationship going.

APPENDIX E

Dyadic Adjustment Scores

DYADIC ADJUSTMENT SCORES

Subject	Prenatal	4 Months	1 Year	4 Years
1	96	X	X	126
2	131	131	X	104
3	112	72	92	90
4	123	113	114	67
5	107	103	93	78
6	135	118	120	108
7	117	124	118	92
8	122	130	130	118
9	107	116	110	110
10	126	122	118	113
11	107	60	68	60
12	126	104	106	112
13	111	113	116	103
14	103	100	79	58
15	126	118	126	106
16	118	119	X	94

APPENDIX F

Four Year Follow-Up Interview

FOUR YEAR FOLLOW-UP INTERVIEW

Introduction: Time Started: ______

I'd like to talk with you for awhile about what it has been like for you the last several years being a wife and mother. Then I will give you a little time to fill out the questionnaires if you have not had a chance to complete them. Afterwards, if you have any questions or concerns about the questionnaires we can talk about them. Remember, there are no right or wrong answers to these questions and all information is strictly confidential.

I will be taping the interview as well as taking notes so that I won't miss anything.

Interview body:

The things I'd like to talk with you about today are how you and your family have been getting along since you had the baby about four years ago, how your life has changed since then, and some of your thoughts about the future.

Let's begin with some information about you.

1. What is your marital status now? (Circle)

   Married Separated Divorced Widowed Living together

   If married, how many years in current marriage? ____ Since your child was born, have you been remarried? YES NO If yes, how many times? ____

   If divorced, when? ________ Has husband remarried? YES NO If yes, how many times? ____ If separated or divorced, who initiated the process?

   Wife Husband What were the circumstances?

2. Have you attended school since you first participated in the Maternal Role Project? YES NO If yes, are you currently enrolled in school? YES NO If yes, what kind of school?

3. Have you been employed since your child was born? YES NO

   If yes, what is your occupation? ______________________________
   Code below.

   1) Professional
   2) Manager or owner of business
   3) Clerical, sales, technician
   4) Farmer, owner/manager of 100 square acres
   5) Skilled craftsman, foreman
   6) Operative, semi-skilled
   7) Service worker
   8) Unskilled; farm laborer
   9) Homemaker

4. How many children live with you? ___

NAMES	AGE	BIRTHDATE	SEX	OWN	PLANNED

5. Sometimes pregnancies are planned, other times not. Which have yours been? (Indicate in "PLANNED" column in Item #4.)

   1) Planned
   2) Became pregnant while using birth control
   3) Had no plans for baby, but did not use birth control.

6. Have you had any other pregnancies? YES NO If yes, could you tell me about that?

7. Now let's talk about your family life. Some families do certain things together. What activities are done together in this family, e.g., eating meals, taking walks, etc.?

8. Families work out many different plans for taking care of children and doing household tasks. How do you manage the child care responsibilities?

   1) Share responsibility equally or have a great deal of help.
   2) Give most of care with occasional help from partner.
   3) Assume most responsibility with little or no help from partner.

   Comments:

9. How do you manage the household responsibilities?

   1) Share responsibility equally or have a great deal of help.
   2) Give most of care with occasional help from partner.
   3) Assume most responsibility with little or no help from partner.

   Comments:

10. Now let's talk some about your four year old. Could describe him/her?

11. Has he/she been like you expected, or not? YES NO If not, in what way has he/she been different?

12. Looking back over the last four years, how would you describe what becoming a mother is like?

13. Is being a mother what you expected it to be like? YES NO If no, in what ways has it been different?

14. What things bother you most about being a mother?

15. What things do you like best about being a mother?

16. What changes have occurred in your life as a result of having a child?

17. Would you consider being a new mother stressful for you? YES NO If yes, could you elaborate on this?

18. Some couples have considered having their first baby so stressful that they referred to that experience as a crisis. Using a scale of 1 - 5, with (1) being "no crisis" and (5) being "severe crisis", how would you rate your experience?

1 2 3 4 5

Comments:

19. Do you remember a period of time following the birth of your four year old when you felt like you were especially tired or irritable, had trouble making decisions, or in some way felt disorganized? YES NO If yes, could you describe what that was like for you?

What contributed to it?

20. Did you ever feel like you didn't know how to cope with the situation? YES NO

Do you remember how you did manage at the time?

21. Have you experienced any periods of depression since the birth of your four year old? YES NO If yes, could you tell me about that?

22. Have you experienced or felt like you had any other mental problems or been diagnosed with some type of mental illness? YES NO If yes, could you talk about it?

23. Have you experienced any periods of loneliness since you had your four year old? YES NO If yes, can you describe what that was like?

24. Was there ever a time since your first child was born that you felt abandoned by your husband, either physically or emotionally? YES NO If yes, could you tell me about that?

25. Has there been a time in the last four years when you "cut out" on your family, either physically leaving or emotionally withdrawing? YES NO If yes, could you describe this?

26. What are your plans now about having more children?

27. What kind of discipline do you use with your child?

    1) Sitting in the corner
    2) Send to room
    3) Restricting privileges
    4) Slapping hand
    5) Spanking
    6) Severe physical punishment
    7) Other (describe) ______________________________

28. Does it seem easier or harder to deal with your child now than, say a year ago?

29. How does this child behave when he/she is upset or angry?

    1) Pouting
    2) Crying
    3) Temper tantrum
    4) Other (describe) ______________________________

30. Does this behavior sometimes cause a problem for the family? YES NO If yes, describe.

How does the family handle these situations when they occur?

REPEAT QUESTIONS #27 - 30 for each child living in home. Record separately.

Now I'd like to ask you some questions regarding your use of medications and street drugs.

31. Do you or your partner smoke cigarettes or use other substances such as marijuana or valium? YES NO If yes, could you tell me about that? State which party and which substances.

32. What types of alcoholic beverages do you and your partner drink?

How much do you drink on the average?

Your partner?

33. Has anyone ever said that drinking might be causing a problem for either of you? YES NO If yes, what were the circumstances?

34. Have either you or your partner had to consider cutting down on the drinking? YES NO If yes, when was that?

Now I'd like to ask you some questions about yourself as a woman growing up and becoming a mother.

35. What was it like for you to grow up in your family?

36. Do you think you are raising your child differently from how you were raised? YES NO If yes, what are you doing differently?

37. Has having a child changed how you feel about yourself? YES NO If yes, could you describe how your feelings have changed?

38. Do you sometimes feel that being a mother makes it harder to be yourself? YES NO If yes, can you talk about that?

39. Have you changed some of your friendships since having a child? YES NO If yes, how have your friendships changed?

40. About how many people can you confide in about things that bother you?

    1) More than 4
    2) 3 to 4
    3) 1 to 2
    4) No one

    Comments:

41. How often do you ask for help for yourself?

    1) Sometimes
    2) Often/seldom
    3) All the time
    4) Never

    Comments:

42. How often do you make decisions for yourself without consulting your partner?

    1) Often
    2) Seldom
    3) Never

    Comments:

43. How often do you make decisions regarding your child (health, discipline) without consulting your partner?

    1) Often
    2) Seldom
    3) Never

    Comments:

44. Considering all the changes that have happened to women, what do you think is the most difficult part about being a woman and a mother?

45. Have you in the past four years, attended any groups designed to help you better understand yourself as a woman, e.g., YWCA classes? YES NO If yes, what kind?

46. Have there been any occasions in the last four years for you to seek counseling for personal problems, either for yourself or because of problems between you and your partner? YES NO If yes, personal or marital? Can you talk about that?

Now I'd like to ask you about changes in your marriage since your child was born four years ago.

47. Do you think having a child has changed your marriage? YES NO If yes, what things have changed?

48. Have there been changes in your social life? YES NO If yes, what kinds of things have changed?

How often do you go out?

What kinds of things do you do when you go out?

49. How would you compare your lifestyle to your friends' and neighbors'?

Has that changed since you had a child? YES NO If yes, in what ways?

50. How would you describe the way you and your partner do things in comparison to the way your parents did?

51. Has having a child changed how you feel about your partner? YES NO If yes, how have your feelings changed?

52. Sometimes couples find that their sexual relationship changes after they have a child. Has this been true for you? YES NO If yes, can you talk about some of the things that have happened?

53. When there is an important issue to settle, who has the final say in the matter?

1) Partner
2) Subject
3) Work it out together
4) Other ______________________________

Does that situation ever cause a problem? YES NO If yes, how do you usually deal with such a problem?

54. Over what issues have you and your partner had the most disagreement?

    1) Relationships outside the family, i.e., jobs, money, buying a car, finding a house, clothes
    2) Relationships within the family, i.e., child discipline, sex, mother-in-law
    3) Basically had no conflict

    Comments:

55. Have your arguments become more frequent? YES NO

56. Do you argue about different things than before? YES NO

    Comments:

57. To what length will you or your partner go to convince the other of a point of view, e.g., use of threat, etc.

58. Are there times when arguments get out of hand? YES NO If yes, what happens at these times?

    Does your partner ever get so angry that he loses control and "bops you one"?
    YES NO Comments?

59. What sorts of things keep you and your partner together?

60. In general, how do you think you are managing the changes in your life as a result of having a child?

    1) Very well
    2) Moderately well
    3) Very poorly

61. As you look into the future, what would you say are the important things you would like to accomplish with your life? (Write verbatim)

62. Has anything we talked about today given you any ideas about how to change your situation or caused you distress which you might like to talk about with someone else? YES NO If yes, could you explain?

63. I've asked you quite a few questions today. Are there some areas in your life that we haven't touched on that would help me understand what your life is like as a wife and mother?

Thank you for participating in this follow-up study. Do you have any questions about the interview or the questionnaires?

Time Ended: ________

APPENDIX G

Key to Interview Schedule

KEY TO INTERVIEW SCHEDULE

Scale	Item
I. Role complementarity (RC)	8, 9, 47, 48, 51, 52, 54, 55, 56
II. Alienation (A)	5, 6, 17, 18, 19, 20, 23, 26, 35, 37, 38, 40, 64
A-1 Retreatism (RT)	1, 21, 22, 24, 25, 31, 32, 33, 34
A-2 Ritualism (RI)	7, 10, 11, 14, 15, 36
A-3 Adjustment (AD)	39, 42, 43, 50, 53, 57
A-4 Ultraconformity (UL)	12, 13, 16, 41, 44, 49, 61, 62
A-5 Innovation (IN)	45, 46, 59, 60, 63
A-6 Rebellion (RB)	27, 28, 29, 30, 58, 59

APPENDIX H

Background Information

1	0	9	-	-				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)

Date ______________

BACKGROUND INFORMATION

1. Age ________ (10,11)

In answering the following questions, please circle the number in front of the answer which best applies.

2. Indicate the number of years of education you have completed. (12)

1) 0-7 years
2) 8-9 years
3) 10-11 years
4) 12 years
5) 13-15 years
6) 16 years
7) 17 years plus

3. Please indicate your marital status. (13)

1) married
2) single/never married
3) divorced
4) separated
5) widowed

4. Are you now pregnant? (14)

1) yes
2) no

5. How many children do you have? (15)

1) none
2) 1
3) 2
4) 3
5) 4 or more

6. Your present work status is: (16)

1) homemaker
2) employed, part time
3) employed, full time
4) student
5) unemployed

7. Your father's (or stepfather's) primary occupation while you were growing up was: (17,18)

01) professional
02) manager or owner of business
03) farmer (owner, manager of at least 100 square acres)
04) clerical person, salesperson, technician
05) skilled craftsman, foreman
06) operative, semi-skilled (truck driver, machine operator)
07) service worker (gas station attendant, cook, janitor)
08) unskilled and farm laborer
09) retired or disabled
10) no father in the home while growing up

8. Your mother's (or stepmother's) primary work status while you were growing up was: (19)

1) homemaker
2) employed part time or part of the time
3) employed full time

9. Your mother's education - indicate the number of years in school completed. (20)

1) 0-7 years
2) 8 years
3) 9-11 years
4) 12 years
5) 13-15 years
6) 16 years
7) 17 years plus

10. How many children were in the family in which you grew up? (21,22)

11. What was your position among your sisters and/or brothers? (23)

1) oldest
2) middle
3) youngest
4) only child

12. Approximately what is your yearly family income? (24)

1) $ 0 - $ 6,000
2) 6,001 - 10,000
3) 10,001 - 15,000
4) $15,001 - $20,000
5) 20,001 - 30,000
6) 30,001 - or above

13. What is your occupation? If you are a student, circle the number of the category in which you will be working when you finish school. (25)

01) professional
02) manager or owner of business
03) farmer (owner, manager of at least 100 square acres)
04) clerical person, salesperson, technician
05) skilled craftsman, foreman
06) operative, semi-skilled
07) service worker
08) unskilled and farm laborer
09) homemaker

14. What is your partner's occupation? If he is a student, circle the number of the category in which he will be working when he finishes school. (26)

01) professional
02) manager or owner of business
03) farmer (owner, manager of at least 100 square acres)
04) clerical person, salesperson, technician
05) skilled craftsman, foreman
06) operative, semi-skilled
07) service worker
08) unskilled and farm laborer
09) retired or disabled

APPENDIX I

Demographic Characteristics of Subjects

DEMOGRAPHIC CHARACTERISTICS OF SUBJECTS

SUBJECT	AGE	YEARS OF EDUCATION	MARITAL STATUS	YEARS MARRIED	WORK STATUS	OCCUPATION	HUSBAND'S WORK STATUS	OCCUPATION	YEARLY INCOME
1	27	13-15	M	5	Homemaker	Teacher's Aid	Full time	Job Counselor	15,000-20,000
2	24	12	M	6.5	Full time	Builder	Part time	Beautician	6,001-10,000
3	23	13-15	M	5.5	Unemployed	Assistant Accountant	Full time	Pipefitter	15,001-20,000
4	26	13-15	Sep.	5	Full time	Lab Tech	Part time; Student	Musician; Laborer	15,001-20,000
5	24	12	Wid.	4.5	Unemployed	Cannery Worker	Deceased	Musician; Laborer	6,001-10,000
6	30	16	M	5	Homemaker	Clerk	Part time	Musician	6,001-10,000
7	29	13-15	M	9	Part time	Merchandizer	Full time	Policeman	20,001-30,000
8	24	13-15	M	4.5	Homemaker	None	Full time	Restaurant Manager	15,001-20,000
9	28	12	M	5.5	Full time	Nurses's Aid	Unemployed	Mechanic; Yard work	6,001-10,000
10	27	16	M	6	Part time	Book-keeper	Full time	Dentist	30,001 or above
11	24	10-11	Sep.	7	Full time	Dormitory Assistant	Full time	Factory worker; Musician	10,001-15,000
12	23	12	M	4.5	Part time	Party Sales	Unemployed	Mechanic	10,001-15,000
13	23	12	M	4.5	Full time	Sales Clerk	Full time	Construction	10,001-15,000
14	26	13-15	Div.	3	Part time	Day care Assistant	Not available	Truck driver	0-6,000
15	22	12	M	4	Full time	Retail Sales	Full time	Computer technician	15,001-20,000
16	25	12	M	5	Homemaker	Clerical; technical	Unemployed	Mechanic	10,001-15,000

APPENDIX J

Case Study Prototypes

CASE STUDY PROTOTYPES

Group I: Non-alienated

(S-8) This subject was a 24 year old housewife who had been married about 4 1/2 years at the time of the interview. She had two children and was expecting a third within a few months. Her husband was manager and part owner of a restaurant and they lived in an attractively furnished small home. This subject spent most of her mornings doing housecleaning and involved her children in these activities. The family was actively involved in the Mormon Church and spend much time together going on walks, working in the yard, playing games, etc. Because of the husband's restaurant business and church activities several nights a week, he had little time at home, so the subject assumed most of the household and child care responsibilities. Having been one of nine children, domestic responsibilities and child care were not new to her. Still, when she did have her first child, she found it quite stressful because of a difficult delivery and being alone so much. She said, "It was a big change. You think it will be ideal". She found herself getting depressed at times, but never unable to handle the situation.

The subject stated that her feelings for her husband had not changed since having her first child, although they have less time and privacy for themselves and their sexual relationship. Her husband usually has the final say when there is an important issue to settle, but that is "not really" a problem to her, since most of the time they work things out together. Their arguments are no more frequent, but they do argue more about job related matters and money. Neither one ever loses control of their temper, although her husband was so angry once that he pounded the table with his fist. When asked what sorts of things help keep her and her husband together, she stated they have the same interests, same religious background, almost the same economic background, ideals and goals.

The following case example is included as another example of a non-alienated subject, as defined in the current study. The subject did experience feelings of alienation after the second child was born and the family moved to a fairly isolated area. Initially, however, the couple was able to move into a new level of role complementarity after becoming new parents, so the subject was assigned to the non-alienated group.

(S-1) The subject was a 27 year old housewife with two and a half years of college. She had been married for five years to a man who was employed full time as a job counselor to the handicapped. The subject had worked as a teacher's aide in a preschool the previous year but had otherwise been at home taking care of her two children, ages 4 and 2 1/2. The first child, a boy, was the result of a planned pregnancy, but the second, a girl, "was a total surprise". The subject had had no other pregnancies.

The children and husband were in and out of the room during the interview and smiled and laughed frequently. The children were busy and involved with a variety of activities while the interview was in process. The family lives in a rather isolated rural area and the members spend most of their time together, except when the husband is traveling--a frequent requirement of his job. The family members eat meals together and like to go shopping and visiting as a group. They attend church regularly.

The subject manages the child care and household responsibilities with occasional help from her husband, who assumes many of the weekend duties such as cooking and cleaning. During the interview, he supervised some of the children's activities, even though he was busy with some job related paperwork.

When asked to described what becoming a mother was like, the subject said, "It's the hardest thing I've ever done...It's frustrating--that combination of love and anger (I feel) sometimes...But it's also one of the most rewarding things I've ever done." This mother enjoyed hearing her children's stories and their views of the world. She was most bothered by having to discipline them, saying, "I guess I still expect them to do what they're told without me having to yell or spank, or whatever." The subject stated that she has periodic spells of depression related to her frustrations in managing the four year old who tends to be hyperactive. She stated, "I get real down and wonder what I'm doing wrong". To cope with his behavior, she said, "I pray and talk to my husband about it".

This subject thought that the biggest change in her life as a result of having a child had been "in learning to give up the things I'd want to do" although she quickly added, "I don't feel like a martyr or anything like that...When you have kids you have to settle down--grow up--you can't just live your life for yourself any more".

This subject did not recall feeling particularly stressed after the first baby, although she stated that she had gone through "postpartum blues" with him. At the four week well baby check-up, she remembers that she "was going through a kind of disorganized time". She said, "It's kind of a panicky feeling when you...never had any experience with kids and all of a sudden you're alone with one". In spite of these feelings, she always felt able to cope with the situation and said that this period of disorganization did not last very long. Life went along relatively smoothly until the second child was born when "things got twice as hard".

During the past year, this subject has experienced feelings of isolation and loneliness which resulted from moving to a new place in a rather secluded area where she didn't have any close friends. Her husband had started a new job which required long hours and about ten days of travel per month. She explained that it "was real difficult. I was lonely. I was resentful. To be frank, I felt like he could certainly find a little more time for me when logically I knew that he couldn't."

This subject remembers only happy things about growing up in her own family. Her mother didn't work and was always there when needed. When she was a teenager, though, her parents started having problems getting along and talked of divorce. There were problems then with her sister who was seven years younger. Her father died suddenly of a heart attack when the subject was only 16. Although she respects and enjoys her mother now as a friend, she views her as weaker than the "rock" she had been in earlier years. The subject sees her mother as indecisive and not making moves to better her life.

This subject is trying to raise her children differently than she was raised, e.g., being more fair, having a Christian home and having better communication. She and her husband are trying to "anticipate and agree" so that the children don't "play both parents against each other. We also try not to contradict one another or fight in front of the kids."

One of the most difficult things about being a mother today for this subject is "trying to justify my being a mother to working women who ask what do you do all day? She feels that having a child has helped her feel more capable and self-confident, adding, "I've grown up".

Having a child has changed this subject's marriage by bringing the partners closer together, although she says some of this might just be due to time. "We lean on each other more...I feel closer to (husband) now than I did when we were married, or a year ago, or last week...It seems like we're freer (in their sexual relationship) and...I think our communication is more open than it was before".

Since having children, the couple goes out together a lot less, usually taking the children with them when they do go out. Most of the outings have a purpose to them--like going shopping. "We don't usually go out for pleasure". Occasionally, they go out for a movie or go visiting. Most of their friends now have families. They "have a lot in common" with other friends and neighbors.

Generally, the husband has the "final say" in matters of importance and the subject denies any problem relative to this situation. She states that they basically have no conflict; that they rarely fight; adding, "I know that sounds so idyllic and everything, but it's true"; and that if anything, they argue less and about fewer things than before having children. The husband interjected that "they have different ideas about time spatialization--about when things happened--that and scrabble". The subject commented that "we used to argue about my taking responsibilities or initiative about things. I think since having kids, I have been doing that so that's one less thing to go over".

The subject credited the following with keeping their relationship going: love, respect, friendship and common interests. She felt that, in general, she had been managing the changes in her life since having a child very well. "They're pretty drastic changes to have come through. People nowadays don't seem to really think about getting married before they do it, or they think it's easily undone if they don't like it. And

I think that children put a big stress on marriages like that".

Group II: Alienated

(S-14) This subject is a 26 year old single parent who was nearing completion of an associate degree program in early childhood education at the time of the interview. She had been divorced for about a year, having left her husband when her child was about eighteen months of age. She had been pregnant only one other time, prior to having her daughter, and aborted while ill with pneumonia. She was not married at the time, and was "glad she lost it".

While married, her husband did not help her much with child care or household tasks. She "pretty much did everything". She found becoming a mother "a real hard time because she (the baby) would scream and cry and I didn't know why. It was real frustrating". She had "had no expectations" about what it would be like to be a mother or what her child might be like. She was most bothered about the lack of privacy and think time. She "loved the closeness", however, like when her daughter comes and gets in bed with her in the morning.

This subject considered being a new mother stressful "in the situation" she was in with her husband. Her marriage was not stable at the time her daughter was born and, looking back, she said she would have considered having the baby a crisis of 4 - 5 on a scale where (1) represented no crisis and (5), "severe crisis". She does not remember, however, feeling especially tired or disorganized, because "our life was all screwed up" and the baby was "the joy of my life. She was the only happiness I had. She was kind of like my doll. I enjoyed dressing her up in all these neat things".

The marital relationship disintegrated rapidly for this couple due to the husband's drug problem. Apparently he was on drugs all the time but he was a truck driver and on the road a lot, so the subject only saw him 3 - 4 days a week. She said, "I couldn't tell--like I didn't see him when he was coming down and needed more". The subject discovered after they were married that there were a lot of things about him that she didn't know, even though they had gone together over a year prior to getting married. He had evidently been married three times before and had had drug problems since being in Vietnam. According to the subject, he had a hatred for women which she attributed to problems his mother had. He used to say "all women are dishonest". She stated that his mother had hated him at first and turned to alcohol and other men. When she was pregnant with his younger sister, his mother used to go up and down stairs trying to lose it (the pregnancy).

Having a child changed this subject's feelings about her husband. She said she "would have stuck it out" if it had just been her. They had "terrible communication", and she "gave in a lot". She had been used to making her own decisions, so this did cause a problem. Although their arguments did not increase in frequency, the context changed because the subject felt more of a "need for financial improvement after she (the baby) came along". His violent outbursts which started after they were married increased after the baby was born. Sometimes "he'd throw things or put his fist through a wall. He never got real violent with me, but once when I did leave him, he completely wiped everything off my dresser--just completely knocked everything against the wall". When asked what kept them together as long as they were, she said "a childhood fantasy. I didn't want to get divorced". Although this subject was quite willing to talk about some of her life experiences, she said, "It brings back old memories I don't like to think about. It's stressful."

APPENDIX K

Comparison of Crisis Ratings

COMPARISON OF CRISIS RATINGS IN SEVEN SAMPLES REPORTED IN PERCENTAGES

Category*	Investigators							
	LeMasters (1957) Interview N=46 C Non-Rand.	Dyer (1963) Quest. N=32 C Non-R.	Hobbs (1965) Quest. N=53 C Random	Hobbs (1968) Int. & Quest. N=27 C Random	Beauchamp (1968) Interview N=18 C Non-Random	Beauchamp (1968) Question N=19 C Non-Random	Russell (1973) Quest. N=27 C Random	
							H	W
None		0.0	0.0	0.0	5.5	10.5	3.3	0.3
Slight		9.0	86.8	85.2	38.3	57.9	75.1	57.5
Moderate		38.0	31.2	14.8	33.0	10.5	16.8	39.1
	17.0	47.0	100.0	100.0	76.8	78.9	95.2	96.9
Extensive		28.0	0.0	0.0	11.1	5.3	1.1	3.1
Severe		25.0	0.0	0.0	11.1	15.8	3.7	0.0
	83.0	53.0	0.0	0.0	22.2	21.1	4.8	3.1

*Roughly comparable classification KEY: C - Couples W - Wives H - Husbands

SOURCES: Jacoby, A.P. Transition to parenthood: a reassessment. Journal of Marriage and the Family, November 1969, p. 721 and Russell, C.S. Transition to parenthood: problems and gratifications. Journal of Marriage and the Family, May 1974, p. 296.

ABSTRACT

ABSTRACT OF THE THESIS OF

BARBARA L. IRVIN

For the MASTER OF NURSING

Date of Receiving this Degree: June 12, 1983

Title: FEMININE ROLE ORIENTATION AND FAMILY ADAPTATION PATTERNS FOUR YEARS AFTER BIRTH OF THE FIRST CHILD

Approved: ______________________________

Patricia S. Tomlinson, M.N., Thesis Advisor

An exploratory study of sixteen middle-class subjects participating in a longitudinal study by Tomlinson was done four years after delivery of the first child at an Oregon medical center. The purpose of the study was to generate hypotheses for further investigation into the changing roles of women and family patterns of adaptation during the first four years of parenthood. The birth of the first child was viewed as a crisis and an alienation model was used to explore individual and family patterns of role reorganization.

Both quantitative and qualitative data were generated through in-depth case study analysis. Results showed that whether women hold new or traditional sex-role attitudes, their views may change in response to changing life situations. Other findings suggested that decreased marital adjustment may be associated with traditionality, role conflict and alienation in response to the advent of parenthood. The small size of this non-random sample coupled with data based only on the woman's perception severely limit the generalizability of these findings. Further research is recommended in order to clarify the relationship of role orientation to family relationship patterns during the critical transition to parenthood.