

**ADAPTATION IN NEW PARENT MARRIED COUPLES: KEY QUALITIES AND
PROCESSES OF RESILIENCE**

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DECLARATION

By submitting this dissertation electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner of the copyright thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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SUMMARY

Couple resilience refers to the abilities and relational processes of a couple that enable them to endure, persevere, and negotiate adversarial circumstances. Most literature on the transition to parenthood tend to focus on negative factors of this normative stage. Scholars emphasise the distinct drop in marital satisfaction, individual well-being and relationship quality, postpartum depression as well as individual and joint losses (Bateman & Bharj, 2009; Cavanaugh, 2006). An important contribution to marital literature will be to establish which factors help couple relationships to excel and succeed.

The primary objective of this qualitative study was to identify, explore and describe resilience qualities and processes of new-parent married couples associated with positive adaptation to the arrival of their firstborn. The secondary objective was to determine the resemblance in qualities and processes of resilience as identified among African and White couples. The theoretical foundation of the study resides in the *Resiliency Model of Family Stress, Adjustment and Adaptation* (McCubbin & McCubbin, 1996), the *family life cycle perspective* (Carter & McGoldrick, 2003) and the *Key Family Processes* as outlined by Walsh (2012).

Twenty-two new-parent married couples (13 White and 9 African) living in Cape Town, South Africa took part in semi-structured interviews. The analysis generated 21 themes as foundation to their couple resilience. These 21 themes represent five categories, each structured according to the identified themes. Under **couple factors** eight themes emerged: communication, couple time, duration of relationship before childbirth, boundaries, shared hardships, healthy lifestyle, prioritisation of the couple relationship, and time for own and couple growth and fulfilment. **Individual factors** comprised four themes: spousal personalities, ‘me time’, background and

upbringing, and physical attributes. **Baby factors** presented a single theme: characteristics of the child. **Parenting factors** entailed: the parenting unit, routine, involved father, planning and preparation, flexibility, and practical parenting style. **External factors** described two themes: social support and spirituality.

Despite the inclusion of two cultural groups in this study, 19 common (typical) themes (qualities and processes) were identified that new-parent married couples may exhibit. The findings give additional insight into the transition to parenthood and couple resilience by recognising an interconnectedness among different themes. This research on positive adaptation, obtained useful information on how protective and recovery resources function in South African first-time parents. Thus, the present study contributes towards the body of knowledge on the resilience construct, whilst simultaneously generating knowledge relevant to the South African context. The findings have practical implications for preventative and therapeutic interventions, which focus on either new-parent married couples, or prospective parents.

OPSOMMING

Egpaar-veerkragtigheid verwys na 'n egpaar se vermoëns en verhoudingsprosesse wat hulle help om ongunstige omstandighede te verduur en te hanteer en end-uit daarmee vol te hou. Die meerderheid literatuur oor die oorgang tot ouerskap is geneig om op negatiewe aspekte van hierdie normatiewe fase te fokus. Navorsers beklemtoon die afname in huweliksbevrediging, persoonlike welsyn en verhoudingsgehalte, postpartum-depressie en die verliese wat egpare individueel en saam ondervind (Bateman & Bharj, 2009; Cavanaugh, 2006). Dit sal 'n belangrike bydrae tot huweliksliteratuur lewer indien faktore vasgestel kan word wat egpare help om uit te styg en in hulle verhoudings te slaag.

Hierdie kwalitatiewe studie se primêre doelwit was om veerkragtigheidskwaliteite en -prosesse van getroude nuwe-ouer-egpare wat bydra tot positiewe aanpassing met die koms van hul eerste kind te identifiseer, ondersoek en beskryf. Die sekondêre doelwit was om vas te stel hoe die veerkragtigheidskwaliteite en prosesse ooreenstem vir swart en wit egpare. Die teoretiese grondslag vir hierdie studie is in die volgende raamwerke gevind: *Resiliency Model of Family Stress, Adjustment and Adaptation* (McCubbin & McCubbin, 1996), en die Gesin-Lewensiklus-Perspektief (Carter & McGoldrick, 2003) en die *Key Family Processes* soos beskryf deur Walsh (2012).

Semi-gestruktureerde onderhoude is gevoer met 22 getroude nuwe-ouer-egpare (13 wit en 9 swart), wat in Kaapstad, Suid-Afrika woon. Op grond van die data-ontleding het vyf kategorieë met 21 temas na vore gekom wat grondliggend is aan die veerkragtigheid van hulle verhoudings. Onder **pare-faktore** het agt temas na vore gekom: kommunikasie, saamtyd as egpaar, duur van die verhouding voor kindergeboorte, grense, gedeelde ontberings, gesonde leefstyl, voorrang aan

die egpaar se verhouding, en tyd vir persoonlike en egpaargroei en -vervulling. **Individuele faktore** bestaan uit vier temas: gade se persoonlikheid, 'eie tyd', agtergrond en opvoeding, asook fisieke eienskappe. **Baba-faktore** het slegs een tema: die kind se kenmerke. **Ouerskapsfaktore** behels ses temas: die ouerskapseenheid, roetine, betrokke-pa, beplanning en voorbereiding, buigbaarheid, en praktiese ouerskapstyl. **Eksterne faktore** bestaan uit twee temas: sosiale ondersteuning en spiritualiteit.

Ten spyte van die feit dat twee kultuurgroepe in die studie betrek is, is daar 19 algemene (tipiese) temas (kenmerke en prosesse) by die deelnemende egpare aan hierdie studie gevind. Hierdie bevindings bied verdere insig in die oorgang na ouerskap en egpaar-veerkragtigheid deur die onderlinge verbondenheid en wisselwerking tussen die onderskeie temas te erken. Hierdie navorsing oor positiewe post-partum aanpassing bied nuttige kennis oor beskermings- en herstelfaktore van Suid-Afrikaanse egpare wat pas ouers geword het. Gevolglik dra hierdie studie by tot beskikbare kennis oor veerkragtigheid in die breë, terwyl dit terselfdertyd relevante kennis vir die Suid-Afrikaanse konteks bied. Die bevindinge het praktiese implikasies vir voorkomende en terapeutiese intervensies wat fokus op óf getroude egpare met 'n eerste kind óf voornemende ouers.

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To my two loving parents, I want to say thank you for your eminent wisdom and for believing in me. Francois and Henriëtte, I feel so privileged that you are still part of my life. You inspired me to dream and gave me the tools to reach those dreams. Thank you for giving love so openly and unconditionally. Thank you for your prayers that have supported me throughout this process. Your support has been a major reason why I made it to this point.

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To all my dearest friends and relatives who have waited steadfastly on me to finish. Thank you for keeping me whole and sane through your love and generosity.

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I could not have completed this study without the steadfast support of my husband. Naldo, you know I would never have survived this without you. You made this whole crazy, wonderful adventure possible. Thank you for your constant encouragement to push through the tough part and ultimately finish. Thank you for your constant support and love. Your strength lifted me up when I was tired and felt defeated, and your humour and perspective kept matters manageable. Thank you for your unwavering faith which provided me with the conviction that no dream is out of reach. I thank God for you every day. I am amazed at the way you blend love, laughter and tenderness to bring out the best in me. Thank you for being my inspiration.

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“U was waarlik elke tree saam met my, in die vuur, in die storm en die stilte. Sy genade is genoeg vir my. Hy vul my aan waar ek tekort skiet.”

DEDICATION

I dedicate this dissertation to my husband, Naldo Olckers.

Thank you for meaning the world to me.

Somehow, out of all the twists and turns our lives could have taken,

And out of all the chances we might have missed,

It almost seems like we were given a meant-to-be moment...

That turned out to mean the world to me.

Anonymous

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CHAPTER 1

INTRODUCTION AND MOTIVATION FOR THE STUDY

1.1 Introduction

The transition to parenthood can be described aptly by the metaphor of dance. Dancing to the music of parenthood is rewarding and life changing, prompting couples towards a bittersweet surrender to the rhythm of this life stage. A newborn child brings a novel rhythm into a couple's life, as their relationship changes dramatically after the arrival of their firstborn. During this transitional stage the marital dyad can be placed under an enormous strain. The birth of a firstborn child is a truly joyous and miraculous event and represents the creative product of a relationship. Couples, nevertheless, often buckle under the pressure of becoming parents for the first time. In the midst of the stress of balancing parental workloads, the realities of finances, routine-time challenges, fatigue, differing expectations, individual and relationship losses, role-clarification and childcare, couples often struggle to hear the beat of the 'marital music'.

With regard to parenting the nuances of dancing shine through in many ways. First-time parenthood makes it necessary for parents to adapt to a new dance when compared, for example, with 'the dance' of marriage. They must adapt to a different tempo and the numerous melodies comprising the transition to parenthood. These may include times when:

- 'The dance' of first-time parenthood is graceful as they feel self-assured and content and are moving in sync with each other; at other times this 'dance' seems clumsy and strained

as new parents may tread on each other's toes, act uncertain and at times are apprehensive about this life stage.

- First-time parents need to change to a traditional style of dancing (such as the waltz or salsa); at other times, they must perform to a contemporary move (such as the electric slide), seeing that flexibility is vital in this transitional stage.
- The parents dance alone by relying exclusively on each other and, as a couple, making decisions best suited to their unique context; at other times they need to dance with a group, embracing their support structure.
- The couple must move to a melody they never heard before, creatively making up the dance steps when encountering novel challenges of parenthood for which they may have not been prepared, nor expected it. As first-time parents they may be under-prepared for the reality of life with a baby, which includes: isolation, the work/life balancing act, role and relationship change, financial strain and concerns about being a 'good parent'.
- As partners they must lead (through nurturing and by building on latent resources in their relationship); at other times they must allow themselves to be led (e.g. in acquiring relevant knowledge and useful skills, which will empower them to adapt successfully to first-time parenthood).

By accentuating married couples' lives that are attuned to the 'the dance' of parenthood, the significant contribution of this study will be to understand how and why these couples manage their 'dancing' in the face of the major transition that first-time parenthood brings. This study explores married couples' adaptation to the novel rhythm brought about by the arrival of their first baby, how they adapt to this major developmental transition when discovering a new balance and then move on to a 'new normal' in their lives.

To provide orientation for the present study, the relevant terminology is defined early in the contextualisation of the study, followed by a brief exposition of the background to the study, motivation for the study, as well as the research question and objectives of the study.

1.2 Definitions of key terminology

For the purpose of this study the following key concepts are defined: new-parent married couples, transition to parenthood, resilience, couple resilience, qualities and processes of resilience, and postpartum.

- New-parent married couples: Refers to first-time parenthood; or differently put, married couples who had their firstborn child.
- Transition to parenthood: Refers to the most dramatic change that couples face during the first decade of marriage. The transition to parenthood is defined as giving birth to the first child (Belsky & Hsieh, 1998; Katz-Wise, Priess, & Hyde, 2010).
- Resilience: On the most basic level, resilience in the context of this study refers to the positive/successful adaptation of new-parent married couples to the challenges of the transitional period (Greeff & Human, 2004; Mackay, 2003; Sameroff & Rosenblum, 2006).
- Couple resilience: Resilience has been studied from different perspectives, each with its own definition. The broad categories of resilience include: individual resilience, family resilience, community resilience, systemic resilience, relational resilience and couple resilience (Venter, 2009). Seeing that the present study focuses on new-parent married couple relationships, the research reflects qualities and processes that suggest resilience in the couples' relationship, thus couple resilience will be the focus. Despite the limited

research exploring this topic, some definitions of ‘couple resilience’ has been put forward (Connolly, 2005; Patterson 2002; Solomon, Rothblum, & Balsam, 2004; Venter, 2009).

The seminal definition of couple resilience as proposed by Venter (2009, p. 18) is used for the purpose of this study:

Couples’ resilience refers to the abilities and relational processes of a couple that enable them to endure, persevere, and negotiate adversarial circumstances. Resilience in intimate relationships implies that the couple as a system is able to rebound from shared difficulties as more resourceful, thereby increasing each partner’s mobility (individuation) within the relationship, strengthening the relational bond (connectedness) and improving the overall quality of their relationship.

- Qualities and processes of resilience: The literature sheds light on several qualities and abilities deemed important in facilitating the process of adaptation brought about by the presence of a child in the couple relationship. Some of the qualities include: communication, humour and laughter, as well as patience, flexibility and improved organisation (Ahlborg, Dahlöf, & Hallberg, 2005; Miller & Sollie, 1980). Processes of resilience refer to those in the couple’s relationship such as collaborative problem-solving and conflict management (Lopez, Riggs, & Pollard, 2011; Walsh, 2003).
- Postpartum: According to the *Oxford English online dictionary* the word ‘postpartum’ is derived from the Latin words *post* referring to after, and *partum* referring to birth (Postpartum, 2016).

In this section the explication of the key concepts for conceptual clarity are central. In the following section the focus will be on the background and contextualisation of this study.

1.3 Background

When asked about their newly born child, couples show a typical ambivalence: on the one hand radiance and pride; on the other hand complaints about extreme feeding times and physical exhaustion (Cavanaugh, 2006). This reaction indicates that the transition to parenthood is not all 'plain sailing'. It implies a developmental process taking place within a relational context (Florsheim et al., 2003).

Each year millions of couples around the world become parents for the first time (Lawrence, Rothman, & Cobb, 2008). The most dramatic change that couples face during the first decade of marriage is the transition to parenthood (Katz-Wise et al., 2010). The majority of couples does not adapt well to this dramatic change and period of distress (Cowan & Cowan, 1995).

Most literature on the transition to parenthood, tend to focus on negative factors of this normative transition. Scholars emphasise the distinct drop in marital satisfaction, individual well-being and relationship quality, postpartum depression, as well as the losses that couples experience individually and collectively (Bateman & Bharj, 2009; Cavanaugh, 2006). An important contribution to marital literature will be to establish which factors help couple relationships to excel and succeed. As a consequence, the study was undertaken from a positive stance (strength-based approach).

The focus is on resilience qualities and processes that keep married couples together, and even help them thrive and grow through the difficult first four postpartum years. When strengths of new-parent married couples are identified, these factors can be helpful in facilitating growth and positive change in couple relationships. A strength-based approach allows couples to recognise

and identify processes and qualities of resilience, which enabled them to adapt during this transitional period. This also will help couples acknowledge their own ability to show endurance and to foster healthy growth as individuals and within the relationship when facing the challenges of new parenthood (Gray, in Walters, 2009).

The study investigates, therefore, how and why married couples as first-time parents cope well, thus aiming to understand resilience in the context of the transition to parenthood. The construct of resilience is used in this study as a conceptual framework to help identify and describe how married couples as first-time parents adapt to this new stage in their lives. The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) serves as the theoretical departure point of this study. The family life cycle perspective (Carter & McGoldrick, 2003) is the second theoretical framework underpinning the study. By means of this perspective the third predictable life stage (families with young children) of the family life cycle can be explored (Carter & McGoldrick, 2003). Walsh's (2012) work about family resilience is also relevant in explaining key qualities and processes that strengthen couples' ability to withstand the challenges and demands of first-time parenthood.

This study is essentially exploratory and descriptive in nature, with the aim to contribute to existing knowledge and theory in the field of family resilience. The present study explores in detail how 22 new-parent married couples in South Africa, from diverse cultural groups (White and African), manage to navigate their way through the transition to parenthood.

Against this background, the purpose of the present study is to answer the following research question: *Which resilience qualities and processes enable married couples as first-time parents to adapt to the addition of their first child?* In light of this focus, the research will offer a unique

lens through which I focus specifically on couple resilience, especially within the multi-cultural South African context.

1.4 Motivation for the study

The present study is relevant for a number of theoretical, practical and empirical reasons. Firstly, the transition to parenthood signifies an important normative transition in the family life cycle (Levy-Shiff, Dimitrovsky, & Shulman, 1998; Ventura & Boss, 1983). The first occurrence of a life transitional event is uniquely important, as for example the impact of the first baby on the couple relationship compared to second-time parenthood (Michaels & Goldberg, 1988). First-time parents have been found to experience more changes following the transition to parenthood, than established parents having their next child (Harriman, 1983). Terry (1991), as well as Grochowski and Karraker (2006), emphasise the fact that the transition to parenthood is identified as a major moment on most life-event scales.

Secondly, the transition to parenthood provides an important window to identify strengths associated with resilience. This is because couples are at the greatest risk for divorce in the first five years of marriage – the time during which most couples undergo the transition to parenthood (Bramlett & Mosher, 2001). South African statistics reveal important divorce trends for 2011, according to which 135 315 White couples and 198 363 African couples divorced when their child was younger than one year old (Statistics South Africa, 2012). These grim statistics emphasise the significance of proactive, preventative interventions that assist couples to adapt positively to life with a newborn.

Healthy marriages have a ripple effect in contributing towards well-functioning families and well-being in society (Aboagye, 2012). The quality of the marital relationship has far-reaching consequences for a child's development (Fennie, 2001; Schulz, Cowan, & Cowan, 2006). This indicates that disruptions in couples' relationships during the transition to parenthood may create difficulties for a great number of children (Cowan & Cowan, 1995; De Goede, 2012; Fennie, 2001; Schulz et al., 2006). This underscores the practical value of strength-based and resilience-enhancing programmes. The findings of this study can, thus, be applied in programmes for marriage preparation and marriage enrichment.

Thirdly, there is a gap in the international and South African literature regarding a focus on couple resilience related to the transition to parenthood. Seeing that this transition is shared, a *couple-focus* is presented (Salmela-Aro, 2012). Most research on transition to parenthood focuses solely on the mothers' perspective, which implies an individual viewpoint (Delmore-Ko, Pancer, & Hunsberger, 2000). The present study addresses this silence by focusing on the couple by including the fathers' perspective, which to date has been neglected (Deave, Johnson, & Ingram, 2008).

Fourthly, the available literature reveals scant knowledge of resilience qualities and processes, which would enable married couples as first-time parents to adapt successfully to the birth of their first child. Most researchers seem to focus on negative aspects, or the impact of the transition on the couple relationship. Also, with a few exceptions, the bulk of the available literature referred to American studies (Fincham & Beach, 2010). The present study will add value to the understanding of resilience qualities and the processes helping married couples from diverse cultural groups to thrive in the midst of this particular transition period.

Fifthly, parenthood is frequently romanticised in society and the media, with the result that couples often are caught unprepared (Kluwer, 2010). Various researchers have suggested the importance of preparing couples for parenthood and hopefully counteracting the potentially negative impact that children have on the couples' relationship (Deave et al., 2008; Galatzer-Levy, Mancini, & Mazursky, 2011; Neff & Broady, 2011; Twenge, Campbell, & Foster, 2003; Wright, Henggeler, & Craig, 1986). Thus, understanding resilience qualities and processes of new-parent married couples may help prepare other married couples better for parenthood and help strengthen the resilience within marriages to cope better with this transition. The findings of the present study can be used by clinicians to provide couples with a foundation from which to enter parenthood.

Further motivation for this study is that the research will help determine priorities and focus-areas for future research (Babbie & Mouton, 2010). Lastly, it is important to highlight the potential benefits this study holds for participants and/or society in large. Participation in this study gave a couple the opportunity to reflect on the resilience in their relationship; as such they can be led to recognise ways in which they have successfully endured the major normative transition of becoming new parents. Furthermore, their participation in the study may help them to deal with future challenges, such as the adaptation to the addition of their second child.

By taking part in the present research study and sharing their narratives, participants had the fulfilling opportunity of being part of a bigger picture. The present study's aim is ultimately to enrich other first-time parents' marriages by highlighting the importance of recognising and enhancing strengths in couples' relationship. The findings of the study can be helpful to other first-time parents by equipping them with insight on how first-time parent couples did manage to

adapt successfully to parenthood. Upon completion of this study, the findings will be shared with the couples who participated in the study. I will send the couples a summary of the all the aspects which helped first-time parent couples to adapt positively to parenthood.

1.5 Scope of this study

The impact of this study in essence is to contribute to the overall body of knowledge on couple resilience. More importantly, the aim is to generate new knowledge on this topic applicable to the South African context. By focusing on the resilience of first-time parents, relevant qualities and processes can be identified that contribute to the adaptation of these couples.

1.6 Research question and objectives of this study

New parenthood is described in the literature as a developmental transition that is experienced by approximately 90% of contemporary married couples (Cowan & Cowan, 1995). It is usually associated with a decline in marital satisfaction, and in some cases may lead to divorce. It also may compromise children's optimal development during this life-phase. In light of this fact, the present study holds academic and practical importance.

From the context of the research problem, the research question is: *Which resilience qualities and processes enable married couples as first-time parents to adapt to the addition of their first child?* Flowing from this formulation, the following objectives of the study are expounded below.

Primary objective

To identify, explore and describe resilience qualities and processes of new-parent married couples associated with positive adaptation to the arrival of their firstborn.

Secondary objective

To determine the resemblance in qualities and processes of resilience as identified among African and White couples.

1.7 Chapter layout of the dissertation

The first chapter is concluded with an outline of the dissertation's remainder. I discuss briefly how the dissertation unfolds and points out the main topics to be examined in each remaining chapter. The dissertation as a whole is presented in terms of six chapters:

This **introductory chapter** commences with an introduction to the study focus, followed by the background setting and outlining of the research problem; the rationale for the research and possible value which the research holds; the research aims; objectives of the study and the specific research question that was investigated.

Chapter 2 is structured according to the theoretical framework in which the study is grounded.

Chapter 3 encapsulates a detailed literature review, which focuses on the key concepts related to the research question, and integrates the findings of previous relevant research on couple resilience.

Chapter 4 provides an outline of the research methodology employed when conducting the study.

Chapter 5 presents an overview and discussion of the findings. The findings are contextualised, linked to previous research and interpreted against the backdrop of theory and relevant literature.

Chapter 6 makes some concluding remarks on the research. Limitations of the study are pointed out, and suggestions and recommendations are made for future studies.

1.8 Chapter conclusion

Becoming a parent is a profound developmental transition. The transition to parenthood is an ubiquitous occurrence, instigating a shift in the marriage whereby couples are expected to experience a relatively abrupt, qualitative change in their relationship. This study on postpartum adaptation will be undertaken from a positive stance (strength-based approach). The research purpose will be aligned with the theoretical framework that informs the study (resilience theory and positive psychology). In light of this approach, the relevant theoretical points of departure are discussed in the following chapter (chapter 2).

CHAPTER 2

THEORETICAL BACKGROUND

A good half of the art of living is resilience.

Alain De Botton

2.1 Chapter overview

In this chapter I provide a discussion of the theoretical points of departure for the present study. The main focus of chapter 2 is to explore the paradigm shift encountered from focusing on pathogenesis to resilience. The aim is to emphasise the importance of a strength-based approach, particularly related to the context of couples' adaptation to the transition to parenthood as they move from couplehood to parenthood. The theoretical framework of choice is resilience theory, embedded in positive psychology and will be used to contextualise the findings of the present study in chapter 5. The multifaceted construct of resilience is examined and definitions of resilience are reviewed. My focus is on couple resilience with regard to the transition to parenthood. Seeing that the transition to parenthood is shared, a *couple-focus* will be presented, and couple resilience will be discussed.

Walsh (2012) has been a prominent figure in the study of family resilience and developed a family resilience framework, which I will discuss briefly. Walsh's (1996; 1998; 2002; 2003; 2006; 2012; 2016) work is relevant in explaining key qualities and processes that strengthen couples' ability to withstand the challenges and demands of first-time parenthood.

I report on the development of the Resiliency Model of Family Stress, Adjustment and Adaptation (including Hill's ABCX Model, The Double ABCX Model, The Family Adjustment and Adaptation Response Model (FAAR) and The Typology Model of Family Adjustment and Adaptation). Thereafter I comprehensively discuss the Resiliency Model of Family Stress, Adjustment and Adaptation (hereafter referred to as Resiliency Model), seeing that the latter model serves as the theoretical basis for the present study.

The family life cycle perspective (Carter & McGoldrick, 2003) is the second theoretical framework underpinning the study. By means of this perspective the third predictable life stage (families with young children) of the family life cycle can be explored. The family life cycle perspective incorporates the transition to parenthood as an important normative life stressor that couples experience (Carter & McGoldrick, 2003).

I conclude the chapter with a motivation why the Resiliency Model is relevant to and suitable for the context of the present study.

2.2 Introduction

Pregnancy and birth constitute important developmental life experiences, which result in substantial changes and challenges for first-time parents. Parenthood is characterised by crucial transformations regarding routine, personal identity and couple identity, body image/appearance (for the mother), sexuality and the couple's relationship (Abrams & Curran, 2010; Bailey, 2001; De Judicibus & McCabe, 2002; Mickelson & Joseph, 2012; Patel, Lee, & Wheatcroft, 2005). The birth of a first child ushers in a period of imbalance and disequilibrium (Levy-Shiff et al., 1998; Walters, 2009). Reorganisation is required, as well as the redefining of gender roles,

division of labour and of couple expectations (Levy-Shiff et al., 1998; Meijer & Van den Wittenboer, 2007; Wallace & Gotlib, 1990).

The literature suggests that contemporary marriages are threatened by the arrival of a taxing newborn (Dew & Wilcox, 2011). The transition to parenthood may thus be seen as one of the most precipitous and crucial changes in the context of a marital relationship (Alexander, Feeney, & Hohaus, 2001). Grochowski and Karraker (2006) argue that perhaps no other life cycle transition has more far reaching and deeper consequences than the addition of the first child. A study was also done by Dohrenwend, Krasnoff, and Askenasy (1978) on more than 2 500 adults between the ages of 21 and 64. Interestingly, these respondents evaluated the birth of the first child as the sixth most stressful event on the list of 102 events. The respondents placed this event between separation from a spouse and the inability to acquire treatment for an illness or injury, which further emphasises the importance of this transition.

However, the most challenging and demanding period in a couple's marriage, the transition to parenthood, can also become the most gratifying stage in their relationship (Walsh, 2012). This has important implications for understanding the paradox of resilience, suggesting that adversity may have an upside by fostering resilience and thereby fortifying marital well-being (Seery, 2011; Walsh, 2012).

A demanding life-transition such as the transition to parenthood can be a wake-up call for couples. The reason is that such a transition may potentially direct their attention to what really matters, creating an opportunity to reappraise their priorities. It also stimulates further investment in their marital relationship, as well as deepens their commitment and intimacy (Walsh, 2012). The challenges that couples face during this normative transitional stage can turn into

opportunities for significant growth as individuals as well as a couple (Piontkowski, 2011). The transition to parenthood also presents couples with a unique opportunity to mobilise previously untapped resources in their relationship, forge new strengths they might not have developed otherwise, and increase confidence in their ability to surmount stress as a resilient couple unit (Updegraff & Taylor, 2000). Stressful life events can thus provide benefits or offer ‘a silver lining’ in that it may help foster resilience (Seery, 2011).

The transition to parenthood is often linked to deterioration of marital functioning and marital quality, and in some cases, even to separation or divorce. Nevertheless some married couples as first-time parents cope well, and adapt positively to this new life stage. They even thrive and grow through the difficult first four postpartum years. Thus, the following questions were posed, central to the postpartum period:

- What enables new-parent married couples to overcome the normative crisis of the transition to parenthood? How are their rebounding strengthened as a couple, and how do they manage to cope successfully during the major transition to parenthood?

This clearly involves resilience, which is an ongoing and active process that requires time and effort and engages couples to move beyond mere survival. It yields opportunities for growth and maturation, learning and transformation as couples integrate the experience of first-time parenthood into their lives, and thereby mobilise previous untapped resources and strengths. Resilience signifies a process of coping well and ‘bouncing forward’ rather than ‘bouncing back’, unscathed from adversity (Walsh, 2012).

The focus of the present study is to capture a resilience perspective on how couples adapt to the addition of their firstborn child. The study adds to the South African knowledge base on ‘transition to parenthood’ by examining couples’ perspective on postpartum adaptation. This is done by eliciting a thorough description from 22 couples from different cultural backgrounds (White and African couples) on how they managed to navigate their way through the transition to parenthood. The aim of the study is to identify qualities and processes of resilience that enabled these first-time parents to thrive in the midst of such a life-changing transition and shed light on their resilience as a couple.

As a consequence, the study was undertaken from a positive stance (salutogenic perspective). In the following section I explore the paradigm shift from a pathogenic perspective to a resilience perspective. The importance of a strength-based approach (salutogenic perspective), particularly related to the focus of the present research, is also highlighted.

2.3 Paradigm shift: Why a focus on health is important

In the present study the transition to parenthood will be approached from the viewpoint of positive psychology, which includes the salutogenic perspective. The field of positive psychology has grown significantly in the past decade (Fincham & Beach, 2010). The three pillars of positive psychology includes: positive experiences, positive individual traits and positive institutions. Marriage and family fall under the rubric of the third pillar, which is by far the least developed category in positive psychology (Fincham & Beach, 2010). When reviewing the research landscape on marriage in the context of the transition to parenthood, it is apparent that the present study, undertaken from within a positive psychology framework, is necessary. The reason is that previous studies have focused mostly on factors that cause marriages to fall

apart, but not as much on those that keep them together, especially during the difficult first four years of postpartum adaptation.

First introduced by Antonovsky (1996), the salutogenic perspective of health, emphasises a paradigm shift from a pathogenic, limitation and deficit-oriented perspective to one that is health-oriented, strength-based and competency-based. This means a perspective that amplifies positive qualities, capabilities, resources and strengths (Antonovsky, 1996; Hawley, 2000; Walsh, 2012). Such a positive and future-oriented stance shifts the emphasis from how married couples as first-time parents have failed, to how they can succeed, excel and function well (Walsh, 2012). Therefore, the focus is on acknowledging couples' resources and building their relationship strengths to enhance their functioning and well-being as couple-units.

The salutogenic perspective also shifts the attention from a focus on intervention to that of prevention. Divorce is an alarming global reality, including South-Africa, of which families and society at large experience the consequences on a daily basis (Statistics South Africa, 2012). As a result, there is substantial value in exploring the factors that helped couples thrive in the marital relationship after the birth of their first child. This entails preventing unnecessary separations or divorces after couples enter the stage of becoming parents. Erwin Lutzer (cited in Olivier, 2014, p. 161) summarised the overwhelming reality of the divorce culture in current society worldwide:

We have put men on the moon but have not found a solution for moral decay. We have made gigantic strides in medicine but cannot stop the alarming number of divorces and the near dissolution of the family unit.

With regard to divorce trends for the population groups particularly relevant to the present study, statistics in South Africa indicate that 135 315 White couples and 198 363 African couples divorced when their child was younger than one years old in 2011 (Statistics South Africa, 2012). Possible reasons for divorce include an extramarital affair, changed behaviour in a partner and/or new parents' inability to adjust to novel/changed situations, unrealistic expectations, and a lack of sexual intimacy throughout the postnatal period (Olivier, 2014; Truter, 2004).

Divorce is evidently a reality in the South African context and its consequences can be far-reaching. However, the aim of the present study was to explore and describe strengths of marriages, particularly those in which couples have gone through the transition to parenthood, endured it, chose to stay together (i.e. not to divorce), and as a result experienced a satisfying marriage relationship. The emphasis is on the factors that contributed to resilience of the marriage, leading to a healthy, satisfying relationship, instead of reasons for separation and eventually divorce. By acknowledging the divorce culture in South-Africa, the practical value and importance of a proactive, preventative and resilience-based approach can facilitate the successful adaptation to life with a newborn.

Preparation on the dyadic level is necessary on various domains regarding the realities of life with a baby, well prior to the arrival of the child. This preparation forms part of crucial preventative efforts. Various researchers have pointed out the importance of preparing couples for parenthood and providing them with an optimal foundation from which to enter parenthood (Deave et al., 2008; Galatzer-Levy et al., 2011; Neff & Broady, 2011; Twenge et al., 2003; Wright et al., 1986).

First-time parents are prepared through anti-natal classes on common and well-known domains affected by the transition to parenthood, for example the birth process, breastfeeding, sleep deprivation, baby preparation (e.g. room and clothes) and the financial impact of becoming parents (Van Niekerk, 2013). When the household grows from two to three persons, the parental relationship is bound to change. However, often first-time parents are unprepared for the enormous impact the newborn will have on the *marriage*, and more importantly on how to remain in a fulfilling marriage and thrive during the difficult first four postpartum years.

Preventative interventions hopefully create the prospect to counteract the potentially negative impact that children may have on couples' relationship; thus preventing new parents to slide towards the problematic end of the risk-resilience continuum (Zastrow, 2010). A focus on prevention rather than cure could increase couples competence and self-efficacy. The salutogenic perspective is closely linked to empowerment. It seeks to identify, use, build, and reinforce the strengths and abilities, which people already have. The salutogenic perspective is useful across the life cycle and throughout the various stages of the helping process – assessment, intervention, and evaluation. It emphasises people's abilities, values, interests, beliefs, resources, accomplishments and aspirations (Zastrow, 2010).

The transition to parenthood provides an important window for identifying factors that enhance resilience. The identification of these qualities and processes can serve as the focus of prevention, improving the quality of marriages and preventing over-stretch of relationship distress over the postpartum adaptation period and the first years of rearing the child. Couples should become more resourceful when they are able to shift from a crisis-reactive mode to a proactive stance.

The construct of *resilience* is grounded within the salutogenic approach. The transition to parenthood is challenging and the mentioned construct has been applied to couples' successful adaptation to life with a baby (Ahlborg & Strandmark, 2006; De Goede, 2012; Walters, 2009). In the literature the construct of resilience has also been applied to South African families in a wide range of diverse demanding and difficult situations (Brown-Baatjies, Fouché, & Greeff, 2008; Der Kinderen & Greeff, 2003; Greeff & Aspeling, 2007; Greeff & Du Toit, 2009; Greeff & Holtzkamp, 2007; Greeff & Human, 2004; Greeff & Joubert, 2007; Greeff & Loubser, 2008; Greeff & Ritman, 2005; Greeff & Van der Merwe, 2004; Greeff & Van der Walt, 2010; Greeff, Vansteenwegen, & De Mot, 2006; Greeff, Vansteenwegen, & Ide, 2006; Greeff & Wentworth, 2009; Jonker & Greeff, 2009; Wickens & Greeff, 2005).

To summarise, the present study thus focusses on a qualitative exploration of couple resilience and how and why new-parent married South African couples cope well and adapt positively to the transition to parenthood. This confirms the practical importance of a salutogenic perspective and alters the deficit-based lens of viewing first-time parents as failing, to viewing them as challenged by hardship. In this sense, the present study makes an important contribution to the field of marital research as there is a paucity of data on resilience and South African first-time parent couples. Where such data does exist, the focus is often on deficiencies, dysfunction and calamities in the couple's relationship rather than on marital health and contexts of positive relationships (Fincham & Beach, 2010). Once qualities and processes of resilience have been identified, these may also serve as guidelines for couples who are struggling with the adaptation process that is part of the transition to parenthood.

In the following section, I examine the multidimensional construct of resilience and explore definitions of resilience. Thereafter I discuss resilience as a valuable conceptual framework and lastly I briefly outline the broad categories of resilience.

2.4 A resilience framework: An overview of resilience and definitions

Resilience is like the keel of a sailboat. As the winds of life blow, resilience keeps you balanced and moving forward. And when the really big squalls come - no life is without them - resilience lets you right your boat as soon as possible.

Rick Hanson

I approached the following questions systematically in this study:

- What is resilience? Is it a characteristic, a process or an outcome?
- When does resilience come to the fore in a couple relationship?
- Is resilience a phenomenon that must coincide with unusually difficult circumstances, or can resilience be observed as normative or everyday challenges that individuals, families and couples encounter?
- Is resilience only experienced by individuals, or does the phenomenon of relational or family resilience exist?

The construct of ‘resilience’ is studied by researchers from diverse disciplines, including for example, psychology, sociology, psychiatry, neuroscience, epigenetics and endocrinology. However, there is no consensus on an operational definition (Herrman et al., 2011). Definitions of resilience evolved over time as scientific knowledge increased. Fundamentally resilience is

understood as referring to positive adaptation despite experiencing adversity (Luthar, Cicchetti, & Becker, 2000; Wald, Taylor, & Asmundson, 2006). In the following subsection I review definitions of resilience.

2.4.1 Conceptualisation of resilience: Definitions

In an interview with Froma Walsh, Professor and Co-Director of the Center for Family Health at the University of Chicago, the essence of resilience is captured as follows: “Resilience, in the simplest definition, involves strengths in dealing with adversity, strengths under stress” (McDonald, 2013, p. 236). It is important to acknowledge that Walsh’s work (1996; 1998; 2002; 2003, 2006; 2012; 2016) is much quoted in the literature on resilience and is evidently highly regarded by other researchers in this field of study. In Walsh’s book, *Normal family processes: Growing diversity and complexity*, Walsh (2012) defines resilience as “the ability to withstand and rebound from disruptive life challenges” (p. 399). She offers important remarks on the construct of resilience. Walsh (2012) describes resilience as an ongoing and active process over time that engages individuals, families or couples to move beyond mere survival, by coping well and ‘bouncing forward’ rather than ‘bouncing back’ unscathed from hardship. Resilience signifies a process that creates opportunities for growth and maturation, learning and transformation. This occurs when people integrate the experience of adversity into their lives and mobilise latent resources and strengths (Walsh, 2012).

It is worth to note that resilience is forged through adversity, not despite of it. Life crises and adversities can bring out the best in families and couples as they rise to these challenges (Walsh, 2006). Albert Camus wrote: “In the midst of winter I finally learned that there was in me an invincible summer” (quoted by Walsh, 2016, p. 3).

Additional definitions are put forward by other authors. According to Strümpfer (1995), resilience is a “comprehensive, positive concept that implies strength, forcefulness and defensibility” (p. 140). Masten (2001) noted that resilience refers to “a class of phenomena characterized by good outcome in spite of serious threats to adaptation or development and the ability to move to a new life phase effectively” (p. 150). The *Merriam-Webster’s online dictionary* defines resilience as “an ability to recover from or adjust easily to change or misfortune” (Resilience, 2011).

Several authors (e.g. Cicchetti, 2003; Cowan, Cowan, & Schulz, 1996; Davidson, 2009; Pryor, 2004) suggest that for the construct ‘resilience’ to be used appropriately in the field of academic research and literature, there must be “evidence of good outcomes in a situation difficult enough to make poor outcomes probable” (Masten & Coatsworth, 1998, p. 19).

Other investigators define resilience as: “The protective factors and processes or mechanisms that contribute to a good outcome, despite experiences with stressors shown to carry significant risk for developing psychopathology” (Hjemdal, Friborg, & Stiles, 2006, p. 195). In turn Connor and Davidson (2003, p. 76), defines resilience as “a multi-dimensional characteristic that varies with context, time, age, gender and cultural origin, as well as within an individual subject to different life circumstances”.

In the *Encarta World English Dictionary*, the idea of elasticity is fittingly used to create a mental image of what the construct of resilience entails (Resilience, 2005). According to the *Encarta World English Dictionary*, resilience refers to elasticity, in other words, the ability of matter to spring back into shape quickly after being bent, stretched or deformed (Resilience, 2005).

Similarly, other researchers describe the construct of resilience as “the ability to jump (or bounce) back, thus implying an ability to return to an original form after being bent, compressed, or stretched, as well as being able to rise above adversity and survive stress” (Hawley & DeHaan, 1996, p. 283; Walsh, 1996, p. 261). The online unabridged *American Heritage Dictionary* defines resilience as “the ability to recover quickly from illness, depression, change, or misfortune; buoyancy; the property of a material that enables it to resume its original shape or position after being bent, stretched, or compressed; elasticity” (Resilience, 2005).

Although the definitions above differ in emphasis and focus, taken together they acknowledge the following points:

- Firstly, the definitions of resilience do not, as in the case with the deficit-model, imply the presence of pathology. Therefore, resilience in this sense, affirms the ability of individuals, couples or families, and the potential of recovery and adaptation by making use of available or latent resources.
- Secondly, resilience comprises a quality of rebounding and moving on in life after adversity is present, implying a positive direction or response (Earvolino-Ramirez, 2007). Resilience stretches beyond mere survival and to ‘bounce back’ unscathed from adversity; it rather signifies a process of ‘bouncing forward’ and coping well. Resilience involves more than coping or adapting: it is about thriving in the face of adversity and forging personal and relational growth. A resilience perspective encapsulates a sense of recovery and rebounding in spite of adversity and change. Thus, such an approach yields opportunities for growth and maturation, learning and transformation as couples integrate

this experience and thereby mobilise previously untapped resources and strengths (Walsh, 2012).

- Thirdly, the main antecedent to resilience is adversity, or a significant stressor (Walsh, 2012). Terms such as endurance, withstanding, and coping, imply that individuals, families or couples are confronted with adversity.

It is important to draw a distinction between normative and non-normative stressors. *Normative* stressors are those that are common and predictable, such as the typical developmental life cycle transition, namely the birth of a first child. *Non-normative* stressors refer to stressors that are uncommon, unexpected or “off-time” in the life cycle. The latter tend to be more traumatic for families as for example, the untimely death of a child (Walsh, 2012).

- Fourthly, the significant outcomes or consequences of resilience can be seen as effective coping, positive adaptation and mastery of the situation (Earvolino-Ramirez, 2007). Greeff and Human (2004) draw a ‘plausible’ conclusion from the literature that “family resilience in crisis situations depends on the degree of successful adaptation to the crisis” (p. 31).
- Fifthly, a consistent theme when defining resilience is the reference to a modifiable, emergent and dynamic process, rather than a static personal trait (Earvolino-Ramirez, 2007). Rutter (1987) suggests that the term ‘process’ is preferable, because traits or variables are relative terms. Luthar et al. (2000) makes an important distinction between the constructs of *resiliency* and *resilience* in order to differentiate between resilience as a trait and a process. Luthar et al. (2000) proposes that the construct *resiliency* should be used to denote a specific personality trait, and *resilience* to signify the process of

successfully overcoming hardship, or the processes by which people are able to adapt and function competently after exposure to significant adversity. Resilience will thus be conceptualised in this study as the ability to overcome and recover from adversity. It will be regarded as a *process* that culminates in adaptation.

- Sixthly, the concept of resilience combines the interaction between risk factors, protective factors and recovery factors (Greiff & Du Toit, 2009).

Risk factors refer to demanding and stressful life events, or adverse environmental conditions that increase the vulnerability of individuals, whereas *protective factors* protect people against such vulnerabilities (Norman, 2000). Risk factors (biological, social, financial or psychosocial risks) increase the possibility of negative consequences for the family system (McCubbin, McCubbin, & Thompson, 1997). Silliman (1995) suggests that the presence of risk factors does not indicate a dysfunctional family unit, but does increase the chances that family problems would develop among the relatives. With reference to the focus of the present study, Cox, Paley and Burchinal (1999) propose that there exist an extensive history of exploration on the transition to parenthood as a normative crisis for couples. The premise of much of this research is that becoming a parent is a risk factor for individual and marital distress.

Protective factors serve as buffers against the possible influence of risk factors, and increase the family's ability to endure successfully during a time of crisis. Protective factors thus shield families from the potential impact of risk factors and increase the family's capacity to endure challenging circumstances and adapt to it positively (Mangham, McGrath, & Reid, 1995; McCubbin et al., 1997).

Recovery factors refer to those strengths which are evident during the adaptation process. These factors function to help a family restore effective family functioning after a crisis period (Greeff, Vansteenwegen, & Herbiest, 2011). Stated differently, recovery factors help a family recuperate after facing hardship. Possible recovery factors include free time, building of self-confidence, optimism and a feeling of being in control (McCubbin & Patterson, 1983).

- Lastly, resilience is essentially an ‘ordinary phenomenon’ (De Haan, 2011). In the popular culture, famous people of social standing, for example, Oprah Winfrey or Deloris Jordan (mother of basketball player Michael Jordan), are at times associated with resilience and labelled by society as ‘models of resilience’ with the focus on spectacular success or ‘supernormal functioning’ (Rutter, 1999). However, these types of examples set the bar far too high. Ongoing research suggests that resilience is essentially an ‘ordinary phenomenon’, entailing a common process of getting through a challenging time and emerging with increased competence (Masten & Powell, 2003). In other words, resilience refers to normal developmental processes or a common pattern of adaptation to a unique set of circumstances (Cicchetti, 2003). Research has indicated that marriages and families that show strong resilience are found in diverse cultures and socio-economic backgrounds across the world (Olivier, 2014). This quality is not limited to one group, it is found where marriages and families are challenged, but remain strong and keep on coping in the midst of for example, challenges and crises and – important to the present study – during the transition to parenthood.

As seen in the discussion above, resilience as a construct can be considered multidimensional as several previous researchers have emphasised (Kotzé & Nel, 2013). The definitions of resilience have evolved throughout the literature and encompass several consistent themes.

The construct of resilience is employed in the present study as a conceptual framework to investigate how married couples adapt as first-time parents. In the following subsection I discuss the construct of resilience as a valuable conceptual framework, especially when applied to the transition to parenthood. Also, I accentuate the advantages of such a framework.

2.4.2 Resilience as conceptual framework

The construct of resilience is presented in the literature as a helpful framework to guide research, intervention and prevention (Von Eye & Schuster, 2000). In the present study I used this conceptual framework to help identify, explore and describe how married couples as first-time parents adapt to this new stage in their lives.

In the academic literature, the notion of resilience has been used to explore the experience of people who cope successfully with challenging circumstances, including life transitions. On the most basic level, resilience in the context of the present study refers to new-parent married couples' positive/successful adaptation to the challenges of the transitional period (Greeff & Human, 2004; Mackay, 2003; Sameroff & Rosenblum, 2006). Accordingly, the notion of resilience is relevant to the present study because it provides a certain lens from which to explore qualities and processes that have the potential to help new parents gain competence after a period of possible disequilibrium and disharmony.

The concept of resilience is a valuable framework, especially when applied to couples' transition to parenthood, and holds several advantages (Walsh, 2012):

1. A resilience framework emphasises strengths forged under stress, in the context of adversity. Such a framework is useful in identifying and facilitating processes and qualities of resilience in the couple relationship within the context of the stressful and challenging transition to parenthood.
2. Resilience involves unfolding key processes, which foster the ability to 'struggle well', thus incorporating a developmental perspective. Such a perspective focuses on how families (couples) deal with stress over time. This is relevant, seeing that the transition to parenthood indeed requires ongoing individual and dyadic adjustments. Therefore, the transition should not be approached as a period in isolation and a unitary static event, but rather as a dynamic unfolding process, hence the focus on the major normative *transition* to parenthood.
3. The resilience framework has wide applicability, which emphasises the importance of including concepts of culture and ethnicity in the understanding of family resilience, a feature that makes this model relevant for the South African context.
4. The framework can be helpful to target intervention and prevention efforts on key processes, yet is flexible regarding diverse family values, structures and resources.
5. Hardships have the potential for greater resilience in mastering life challenges.
6. A resilience-based approach goes beyond coping, adaptation or competence in managing the difficulties to recognise and seize the opportunities for transformation that can emerge from crisis situations.

2.4.3 Documenting resilience: From steel dolls to multiple sources and pathways to resilience

From a review of the literature, it is apparent that resilience is not a novel concept (Greeff & Aspeling, 2007). Even though the literature on resilience is well established in the fields of psychology and social work, it has proved to be underplayed. This is namely due to two overriding factors: past research focused mostly on individual resilience (Holtzkamp, 2010; Walsh, 2012), and secondly, the literature indicates a severe lack of research relevant to the South African context.

Personal traits for resilience or hardiness stand central in early studies, with an emphasis on the ‘rugged individual’ (Walsh, 2012, p. 400). Initially, resilience was regarded as innate, according to the concept of ‘the vulnerable child’, who, like a ‘steel doll’, was taught to be impervious to stress because of character armour (Anthony & Cohler, 1987).

Researchers tended to hold a pessimistic and constricted view of the family’s influence regarding resilience (Walsh, 2012). Although there was a movement towards recognising interaction between the aspects of nature and nurture in the emergence of resilience, families were predominately seen to contribute to risk, not to resilience (Walsh, 2012). Only later resilience was to be viewed in terms of an interplay of multiple risk and protective processes over time, involving individual, family and larger sociocultural influences. Notably several emerging studies on individual resilience remarked on the fundamental influence exerted by significant relationships with mentors, family and intimate partners. This extended the research to include a family-resilience perspective, grounded in a systemic orientation (Walsh, 2012).

The foundation of such a systemic orientation is built on the premise that taxing crises and persistent challenges impact significantly on the whole family, and in turn, key family processes facilitate the recovery of all family members and their relationships (Walsh, 2012). By tapping into resilience processes, a means is found to assist the family as a system to flourish in times of crises. This is done by buffering stress, reducing the risk of dysfunction and supporting optimal adaptation. As a result, the family emerges stronger and more resourceful in order to meet future crises (Walsh, 2012).

The importance of a family-resilience perspective became central in research when the notion of resilience was applied to families. Initially, researchers focused on characteristics of families who were deemed resilient and on ‘family typologies’ (McCubbin & McCubbin, 1988). Thereafter the focus shifted to relational processes (e.g. Canary, Stafford, & Semic, 2002; Walsh, 2002; 2003, 2006; 2012), which were considered helpful in equipping families to overcome adverse circumstances.

Currently, three distinct perspectives can be pointed out within the literature on family resilience, namely *therapeutic*, *structural* and *situation-focused* (De Haan, 2011). Each perspective favours a different type of protective factor.

- The therapeutic perspective: focus on relational processes as protective factors.
- The structural perspective: ‘Changing the odds’ is the focus of this perspective, in which structural factors are central.
- The situation-focused perspective: involves the applications of resilience to the situation of families in specifically potentially problematic situations, such as the transition to

parenthood. The latter viewpoint places the family as the focal point of the discussion and centers on what families do and what they find helpful when faced with a particular type of challenge.

It is important to take into consideration the relational, social and developmental contexts in which risk and resilience feature. A family-resilience framework combines an ecological and developmental perspective to view the functioning of a family in relation to its broader sociocultural context and evolution over the multigenerational life cycle (Walsh, 1996).

Currently, resilience is increasingly studied in innovative ways among diverse populations and has received significant attention from various domains (Earvolino-Ramirez, 2007). In light of this fact, a brief overview of the broad categories of resilience is the focus of the next subsection.

2.4.4 Overview of the broad categories of resilience

Resilience has been researched from different perspectives, each with its unique definition. I briefly report on the broad categories of resilience in order to form a foundation that can facilitate the conceptualisation and deepen the understanding of couple resilience. In light of this, the present study focuses on how the couple as a unit may be resilient, cope well and adapt positively to first-time parenthood. The broad categories of resilience include individual resilience, family resilience, community resilience, systemic resilience, relational resilience, and couple resilience (Venter, 2009).

Individual resilience

Ungar, Lee, and Callaghan (2005) describe individual resilience as either a state of well-being reached by an individual at-risk, or the characteristics and mechanism by which well-being in general is achieved. For example, in a study by Greeff and Ritman (2005) individual characteristics associated with resilience were explored in families dealing with the loss of a parent. The following individual characteristics were identified: optimism, perseverance, faith, the expression of emotion, and self-confidence.

Family resilience

A family-resilience perspective seeks to recognise the family's ability for self-repair in the midst of overwhelming adversity (Walsh, 1996). Family resilience is defined as, "the family's capacity to cultivate strengths to positively meet the challenges of life" (National Network for Family Resiliency, 1993, p. 3). Walsh (2006) refers to family resilience as relational hardiness, but emphasises that 'relational hardiness' does not suggest a problem-free family as a result (p. 15).

Walsh (2006) identifies the key processes in family resilience as follows: family belief systems, organisational patterns and communication processes in a family. These processes of resilience proposed by Walsh (2006), provide a conceptual map to help identify and target key family processes. Key family processes, according to Walsh (2006), can decrease stress and vulnerability in times of adversity, foster healing and growth out of a crisis, and empower families to overcome persistent adversity. Processes of family resilience is applicable to our times since it enable families to cope with situations in which they encounter uncertainty and impending challenges, by providing reciprocal support, flexibility and innovations (Walsh, 1996).

Community resilience

Community resilience is another facet of resilience, which includes the wider context and focus on the macro level of a system (Venter, 2009). Landau (2007, p. 352) defines community resilience as “the community’s inherent capacity, hope and faith to withstand major trauma, overcome adversity, and to prevail, with increased resources, competence and connectedness”.

Systemic resilience

In this perspective, resilience is viewed as a systemic concept, according to which a family or couple redefine themselves as a resilient system instead of a bundle of deficits. Walsh (2006) advanced a systemic view of resilience with a shift from individual traits to transactional processes that foster resilience over time. It is vital to consider the interplay between the dynamics within the family/couple system and the wider social and political context (Venter, 2009).

Relational resilience and couple resilience

Relational resilience and couple resilience are closely related constructs. *Relational resilience*, also referred to as capacity-based resilience, represents the manner in which couples safeguard their relationship from external stressors. It also involves those strengths or resources in couples’ functioning that protect them against stressors and challenges (Connolly, 2005). In a different vein to relational resilience, Connolly (2005) refers to *couple resilience* or process-based resilience to emphasise the processes that a couple uses to overcome adversity successfully and to rebound in their relationship. Accordingly, resilience in this context is viewed as a relational process.

As mentioned previously, a distinction can be made between resiliency and resilience. Therefore, this distinction can also be applied to couple processes. *Couple resiliency* describes the capacity of a couple to manage their life circumstances successfully, and *couple resilience* describes the processes by which a couple is able to adapt and function competently after exposure to significant adversity (Connolly, 2005; Patterson, 2002). In other words, the process of couple resilience fundamentally implies dyadic coping.

Since the present study focused on new-parent married couple relationships, the research reflects qualities and processes that implies resilience in the couple relationship, thus couple resilience. Seeing that transition to parenthood is shared, a *couple-focus* will be presented. In the current study I focus on how the couple as a unit may be resilient, cope well and adapt positively during this transition time.

Despite the limited research exploring this topic, some definitions have been put forward of 'couple resilience'. Connolly (2005) refers to resilience as an important relational process and defines couple resilience as "processes that the couple uses to successfully overcome adversity and rebound in their relationship" (p. 266). Furthermore, couple resilience could be defined as "successful coping and cohesiveness in the face of adverse circumstances" (Solomon et al., 2004, p. 17).

The seminal definition of couple resilience as proposed by Venter (2009) was used for the purpose of this study:

Couples' resilience refers to the abilities and relational processes of a couple that enable them to endure, persevere, and negotiate adversarial circumstances. Resilience in intimate

relationships implies that the couple as a system is able to rebound from shared difficulties as more resourceful, thereby increasing each partner's mobility (individuation) within the relationship, strengthening the relational bond (connectedness) and improving the overall quality of their relationship. (p. 18)

The latter definition exemplifies certain important points on couple resilience (Venter, 2009): It (1) implies the aptitude or ability of the couple to endure adversity, (2) involves the relational capacity to adapt, grow, and recover from crises or from challenging circumstances, and (3) includes relational processes that allow the couple as a system to rebound from shared difficulties and to become more resourceful in the process.

In laying down the foundation for the present study, the shift to couple resilience as a relational process is emphasised, seeing that the exploration of individual resilience has progressively pointed to the significance of a relational viewpoint (Walsh, 2006). A relational study on resilience seems to be pertinent for three important reasons. Firstly, the majority of people are involved in intimate relationships and/or marry in their lifetime (Bjorksten & Stewart in Karney & Bradbury, 1995). Secondly, Graham and Conoley (2006) suggest that the exploration of married couples' adaptation processes to stress, is key to uncover the reasons why some marriages end in divorce or dysfunction, whilst other marital relationships are strengthened, growing and thriving despite exposure to stress and adversity. Lastly, it is important to acknowledge that couples' adaptation to external stressful events can potentially impact on the marital quality, stability and overall well-being of the family members (Graham & Conoley, 2006).

In the next section I comprehensively discuss couple resilience, particularly related to the research question and research focus of this particular study.

2.5 Couple resilience: Strengths forged through adversity

In joining together, we strengthen our ability to overcome adversity

Froma Walsh

Parents struggle to adapt to parenthood as individuals and as a couple (Ahlborg & Strandmark, 2006; Ceballo, Lansford, & Abbey, 2004; Galatzer-Levy et al., 2011). In the present study couple resilience is investigated from the supposition that transition to parenthood is a shared stressor. Badr (2004) mentions the significance of examining and understanding marital adaptation and the ways in which spouses cope together in the face of a shared stressor, thus considering the relational contexts in which adaptation and coping occur. This is pertinent seeing that the majority of coping research has focussed on individual aspects of coping.

The current study focuses on how new-parent married couples as a unit may be resilient, coping well and adapt positively during the postpartum transition time. Recently there has been renewed interest in working with couples for the reason that a stable relationship has been identified as an important factor contributing to optimal functioning and well-being of families (Olivier, 2014). Thus in the following subsection I will pay closer attention to the relational context of resilience.

The relational context of resilience

The relational nature of resilience is central to the exploration of the research question in the present study, where the mentioned *couple*-focus on resilience is presented. The world of couples

is unique and has its own rules, language and customs. In a couple relationship one finds the deepest experience of intimacy in life. Being a member of a couple can lead to personal growth and self-awareness, whereas the failure of such a relationship can cause wounds that take years to heal (Young & Long, 1998).

The main focus of the present study is on the marital-couple relationship, the realm in which married couples are faced with the normative transition to parenthood. The marital relationships of couples navigating their way through the adaptation to parenthood must be preserved. The reason is that stable, healthy and flourishing marital relationships have a ripple effect on the development of the child and contribute towards well-functioning families and well-being in society (Aboagye, 2012).

Marriage is one of the fundamental building blocks of society (Olivier, 2014). Pope John Paul as quoted by Olivier (2014, p. 26), highlights the undeniable importance of marriage when he said: “The family, grounded on marriage freely contracted, monogamous and indissoluble, is and must be considered the first and essential cell of human society”. An important realisation is that when the marriage and young family does not fare well, the nation at large will not be well (Olivier, 2014). Strong and stable marriages provide the optimum framework for children’s well-being and form the foundation of parents developing into responsible adults (Wolcott, 1999). Given the widespread concern about the breakdown of the family and marriages, resilience as a conceptual framework is imperative in guiding efforts to strengthen couple and family relationships (Walsh, 2012).

In summary, couple resilience denotes how couples overcame adversity and rebounded in relationships. Resilience is part of an important relational process for married first-time parent

couples who face the major transition to parenthood. Seeing that marital and family research has tended to focus mainly on distressed relationships, there is value in viewing the transition to parenthood from a dyadic perspective and to extend the understanding of couple resilience during the stressful postpartum period.

In the following section I discuss the transition to parenthood in relation to family life cycle perspective (Carter & McGoldrick, 2003). I also highlight the importance of incorporating this transition into a developmental perspective.

2.6 Family life cycle and a developmental perspective

The family life cycle perspective (Carter & McGoldrick, 2003) is the second theoretical framework underpinning the study. This perspective enables me to explore the third predictable life stage (families with young children) of the family life cycle (Carter & McGoldrick, 2003). The transition to parenthood is a developmental process taking place within a relational context. Both the family life cycle perspective and developmental perspective will thus be discussed below.

2.6.1 The family life cycle perspective

In this subsection I firstly focus on a general discussion of the family life cycle perspective. Thereafter I specifically focus on the third predictable life stage (families with young children) of the family life cycle, as this stage is relevant to the present study. I conclude this subsection with a summary of critique on the family life cycle perspective.

2.6.1.1 An introduction to the family life cycle perspective

The family life cycle perspective (Carter & McGoldrick, 2003) is particularly significant to the present study as this approach incorporates the transition to parenthood as an important normative life stressor experienced by couples. Therefore, pregnancy and childbirth are regarded as expected and normal life processes in the family life cycle (Carter & McGoldrick, 2003). As Cowan and Cowan (2003) explain, the term *normative* does not specify that only normal, well-adjusted families experience this event. It simply implies that the transition to parenthood is an expected and predictable life event experienced by most families because of social, psychological and physiological trends (De Goede, 2012).

Normal family development is conceptualised in terms of processes that help couples adapt and involve their mastery of life-stage tasks and transitional stress. The concept of ‘normal’ or ‘typical’ is valuable in that this conceptualisation can be used as a systemic description of expectable strains and transactional patterns over the course of the family life cycle. The family life cycle perspective incorporates the transition to parenthood as an important normative life stressor that couples experience (Carter & McGoldrick, 2003)

It is important to revisit subsection 2.4.1, where normative stressors are distinguished from non-normative stressors. *Normative* stressors are those that are common and predictable, such as the typical developmental life cycle transition, namely the birth of a first child. *Non-normative* stressors refer to stressors which are uncommon, unexpected or ‘off-time’ in the life cycle. The latter type of stressors tends to be more traumatic for families, for example the untimely death of a child (Walsh, 2003). A family life cycle perspective thus centers on a family’s adaptation to nodal events including both expectable, normative transitions and unexpected events.

The family life cycle perspective (Carter & McGoldrick, 2003) is important, seeing that it assumes that family life is changing constantly and is influenced by psychosexual development and rites of passage such as marriage, divorce, child-rearing or retirement.

A life cycle perspective (Carter & McGoldrick, 2003) allows for a comprehensive examination of life events, family crises, processes and challenges related to age, gender, roles and responsibilities of each family member. This perspective helps to promote an understanding of an ideal and desirable progression through life's stages.

Within a family life cycle perspective, processes in the multigenerational system as it moves forward in time, can be considered. At each developmental stage, the balance shifts between demanding events that increase vulnerability and protective processes, which enhance resilience (Walsh, 2003).

It should be emphasised that there are numerous possible adaptation pathways. Each family's experience of a crisis will have common (typical) and unique features. Similarly, each family's adaptation processes will be typical and show unique features. Although the sample in the present study was relatively homogenous, it is vital to remember that parenthood does not represent a unified phenomenon, but rather entails a diverse and complex shared experience (Galatzer-Levy et al., 2011; Lawrence et al., 2008).

The present study emphasises the uniqueness of each couple's journey through the transition to parenthood. Couples follow different pathways of resilience as they adapt to the birth of a first child (Demo & Cox, 2000). This idea is supported by Walsh (1996). She mentions that the pathway each family follows to resilience is idiosyncratic, which indicates that no two families

act out resilience in the same way, as families must find their own pathways through adversity that fit their situation, their cultural orientation and their personal strengths and resources. This fact negates the possibility of discovering a finite singular model of resilient first-time parent couples. Nevertheless, couples' unique pathways of resilience can be collapsed into categories. This method may offer the possibility of discovering aspects about common (typical) processes exhibited by couples who follow similar paths (e.g. new parenthood) (Hawley, 2000).

2.6.1.2 Families with young children: Third predictable family life stage

With the transition to parenthood, the family moves from being a dyad to a triad, which makes it a permanent system for the first time (Walsh, 2012). Thus, symbolically and in reality this transition is key in the family life cycle.

Carter and McGoldrick (2003) point out that the nuclear family experiences predictable and unpredictable developmental changes as the family progresses through life. Unpredictable events refer to traumatic incidents and unpredictable societal stressors. Examples of traumatic events include unexpected job loss, the untimely death of a family member, or the inconvenience of a chronic illness. Examples of unpredictable stressors include natural disasters, war, economic recession and social policies that may influence the family (Carter & McGoldrick, 2003).

Carter and McGoldrick (2003) propose that the predictable changes resulted in six developmental stages that most families will experience, regardless of their composition or cultural beliefs. The consecutive stages are:

1. young adulthood when single young adults leaves home;
2. the joining of two families when the young couple gets married;
3. becoming parents with young children;
4. being parents with adolescents;
5. midlife, when children are launched into the world and parents move on;
6. parents living together in later life.

Table 1 below depicts these stages.

Table 1

The Stages of the Family Life Cycle (Goldenberg & Goldenberg, 2008)

Family life cycle stage	Emotional processes of transition: key principles	Second-order changes in family status required to proceed developmentally
Leaving home: young adults	Accepting emotional and financial responsibility for self	<ul style="list-style-type: none"> a. Differentiation of self in relation to family of origin b. Development of intimate peer relationships c. Establishment of self in respect to work and financial independence
Joining of families through marriage: the new couple	Commitment to new system	<ul style="list-style-type: none"> a. Formation of marital system b. Realignment of relationships with extended families and friends to include spouse
Families with young children	Accepting new members into the system	<ul style="list-style-type: none"> a. Adjusting marital system to make space for children b. Joining in child rearing, financial and household tasks c. Realignment of relationships with extended family to include parenting and grandparenting roles
Families with adolescents	Increasing flexibility of family boundaries to permit children's independence and grandparents's frailties	<ul style="list-style-type: none"> a. Shifting of parent/child relationships to permit adolescents to move into and out of system

(Table continues)

Table 1 (continued)

Family life cycle stage	Emotional process of transition: key principles	Second-order changes in family status required to proceed developmentally
Families with adolescents	Increasing flexibility of family boundaries to permit children's independence and grandparents' frailties	<ul style="list-style-type: none"> b. Refocus on midlife marital and career issues c. Beginning shift toward caring for older generation
Launching children and moving on	Accepting a multitude of exits from and entries into the family system	<ul style="list-style-type: none"> a. Renegotiation of marital system as a dyad b. Development of adult-to-adult relationships between grown children and parents c. Realignment of relationships to include in-laws and grandchildren
Families in later life	Accepting the shifting generational roles	<ul style="list-style-type: none"> a. Maintaining own and/or couple functioning and interests in face of physiological decline b. Support for more central role of middle generation c. Making room in system for wisdom and experience of the elderly, supporting the older generation without over-functioning for them d. Dealing with loss of spouse, siblings, and other peers and e. Preparation for death

Each stage illustrated in Table 1 includes primary and secondary tasks that the family must accomplish. These tasks are parallel to Erikson's psychosocial theory of individual human development (Wait, Meyer, & Loxton, 2005). The primary and the secondary tasks cause and require shifts in several dimensions, including the following: cognition within each individual; the roles and tasks they must execute within the family structure, the interpersonal rules and boundaries between and within various subsystems; and in the psychological and emotional distance between members (Carter & McGoldrick, 2003).

As a result, substantial distress and disequilibrium within the family may be experienced during these developmental stages (Carter & McGoldrick, 2003). The family is faced with periods marked by a process of constant evolution as the family try to reach new, steady states. This is the family's task to implement the necessary changes in adapting to the situation, while at the same time re-establishing stability and keeping appropriate aspects constant (Carter & McGoldrick, 2003). Family dynamics from preceding stages are carried over to succeeding stages. If developmental tasks in one stage are hindered or disrupted, this may impede the family's ability to cope successfully with challenges of the next stage, thus inhibiting optimal family growth and functioning.

The present study centers on the third predictable life stage that was presented in Table 1, which is the family with young children. In this life stage, the couple's primary task is to accept a new member into the family structure. Parents face the following secondary tasks in this life stage: transformation in the couple system and the marital relationship to make room for the newcomer, as well as accommodating new child-rearing responsibilities through negotiation of new and

suitable household roles and rules, and financial and domestic responsibilities (Carter & McGoldrick, 2003).

2.6.1.3 Critique of the family life cycle perspective

It is important to note some cautions when using the family life cycle perspective.

- This perspective is grounded in generalisations from a particular context, namely 21st century America (Goldenberg & Goldenberg, 2013). Thus, even though this perspective attempts to depict a fairly universal prediction of a development course and thereby aims to accommodate families from diverse cultural and geographical environments, it does favour a specific historical period, class and culture. Carter and McGoldrick (2003) also acknowledge this tendency:

Most descriptions of the typical family life cycle, including our own, fail to convey the considerable effects of culture, ethnicity, race, religion, and sexual orientation on all aspects of how, when and in what way a family experiences various phases and transitions. Although we may ignore these variables for theoretical clarity and focus on our commonalities, a clinician working with real families in the real world cannot ignore them. (p. 395)

- Additional criticism points to the fact that the family life cycle approach presents a specific perspective of development, implying nuclear, traditional and intact family life. This is problematic, seeing that a diversity of functional family lifestyles can be pointed out around the world (Goldenberg & Goldenberg, 2013).

- Further critique stresses the tendency that transitions from one stage to the next are rarely accomplished as smoothly in real life as the family life cycle perspective portrays (Goldenberg & Goldenberg, 2013). Often stages overlap and families have to manage the developmental tasks simultaneously.

Bearing these points of critique in mind, a family life cycle perspective still offers researchers and clinicians an integrated, workable and organised scheme to help assess a family's functioning. In the following subsection the developmental perspective will be discussed.

2.6.2 A developmental perspective: Parenthood as a developmental stage

Families encounter various periods of stress and changes throughout their development. Transitions such as first-time parenthood, produce numerous new positive experiences but also require the restructuring of routines, roles and relationships (Bornstein, 2002). As a result, the transition to becoming a parent represents a major life change, which leads to universal interest in this developmental change (Heinicke cited in Bornstein, 2002).

Parenthood as a developmental stage was first conceptualised in the psychoanalytic literature by Benedek (1959). Parenthood in particular was first seen as a powerful stage in the development of women (e.g. Benedek, 1959; Chodorow, 1978); thereafter more generally for women and men (Anthony & Benedek, 1970). Early psychoanalytically driven theory and research made numerous essential contributions to the study of stages in parental development. These contributions included conceptualisation of parenthood in terms of the following aspects (Bornstein, 2002): (1) A major life stage with powerful potential for parents' reorganisation of the self and environment, (2) a life stage of some duration with at least a clear beginning, middle

and end, (3) a stage with significant current and future developmental implications, and (4) a general framework within which parenthood consist of several stages.

Walsh (2003; 2006), Cowan and Cowan (1995), as well as Aboagye (2012), emphasise that the study of resilience should incorporate a developmental perspective in order to understand this phenomenon in a social context and in the long-term. Such a perspective focuses on how families (couples) deal with stress over time. This is relevant, seeing that the transition to parenthood indeed requires ongoing individual and dyadic adjustments. Therefore, resilience should not be approached as a period in isolation and a unitary static event, but rather as a dynamic unfolding process (Lawrence et al., 2008), hence the focus on the major normative *transition* to parenthood.

Luthar et al. (2000) highlight the importance of research on resilience at different points in human development, as resilience can be eminent at any point in the life cycle. Therefore, a research-based understanding is valuable, seeing that knowledge derived from resilience studies can allow practitioners to capitalise on periods of developmental change (e.g. the transition to parenthood) as inimitable opportunities to promote positive adaptation (Cicchetti, 1993; Cicchetti & Toth, 1992).

In summary, the integration of both the family life cycle and developmental perspectives forms an overarching framework to explore the present study's research question. It also provides a foundation for the contextualisation of this study's findings (see Chapter 5).

In the following subsection I will provide a brief discussion of Walsh's family resilience framework.

2.7 Walsh's Family Resilience Framework

Walsh's work is also relevant in explaining key qualities and processes that strengthen couples' ability to withstand the challenges and demands of first-time parenthood. Walsh (2006) identified three key domains of a family's functioning that influence family resilience, namely: family belief systems, organisational patterns and communication processes. These three domains serve as a conceptual map to identify and target key family processes, which can decrease stress and vulnerability in times of adversity, foster healing and growth out of a crisis, and empower families to overcome persistent adversity (Walsh, 2006).

2.7.1 *Family belief systems*

Family belief systems influence how the family views a crisis and assist members to make sense of the situation. Making sense of adversity, in turn, has an influence on whether the family copes or not (Hawley, 2000). Fundamental to resilience is that the family approach the hardship/crisis as a shared challenge and thereby hold a relational view of strength. When faced with a crisis, families perform optimally when helped to gain a sense of coherence (Walsh, 2012). Families are then able to redefine their situation as manageable, meaningful and comprehensible. It also involves efforts to clarify and evaluate the nature and source of problems and available options. As a result, the distress is normalised and contextualised (Walsh, 2012). According to McCubbin and McCubbin (1996), this outcome is facilitated by the family's existing schema. A family schema contains the shared values, beliefs and expectations of the family, which help the family to import meaning to the situation (McCubbin & McCubbin, 1996).

Family belief systems in general mostly facilitate a positive outlook (Walsh, 2012). Considerable research has documented the strong effects of a positive outlook in coping with stress and recovery from crisis (Walsh, 2012).

Transcendent beliefs and spirituality provide meaning and purpose. Most families find strength, comfort and guidance in adversity through connections with their cultural and religious traditions. Shared faith is able to provide the family with a framework that help them find perspective and import meaning (Walsh, 2012). Wellsprings for resilience were found to be spiritual resources sprouting from deep-set faith, rituals and ceremonies, practices such as prayer and meditation, as well as religious/congregational affiliations (Walsh, 2012).

2.7.2 Organisational patterns

Family organisation refers to the family's flexibility, connectedness, as well as their social and economic resources (Walsh, 2012). In times of stress, families need to activate their resources, buffer the stress and reorganise themselves in order to meet the ensuing challenges (Walsh, 2006). Flexibility is a core process in resilience (Walsh, 2012). Families who are flexible are able to change when necessary, or just as able to maintain their stability through their existing patterns of functioning (Walsh, 2006). Connectedness or cohesion is essential for a family to function effectively. A crisis shatters a family's cohesion if members are unable to turn to one another. Connectedness among family members allows for mutual support and collaboration (Thiel, 2005). Family and social networks are vital in times of trouble because they can offer practical and emotional support (Walsh, 2012). Families who are isolated, typically struggle to deal with a crisis, whereas resilient families have been found to reach out to others in times of

need. Connectedness among family members is also vital, as it enhances support and cooperation, while members also respect differences, boundaries and autonomy (Thiel, 2005).

2.7.3 Communication/problem-solving

Communication processes help to strengthen resilience by bringing clarity to crisis situations, encouraging open emotional expression and fostering collaborative problem-solving (Walsh, 2012). Communication has been described as being the backbone of a family (Freeman, Dieterich, & Rak, 2002). In times of crisis, it is crucial to clarify the stressful situation as much as possible in order to enhance the decision-making process and facilitate a shared understanding among family members (Orr, Cameron, & Day, 1991; Walsh, 2016). When communication is vague, the result could well be confusion and misunderstanding (Walsh, 2016).

Open communication, supported by a climate of mutual trust and empathy, is also important, as a crisis can evoke a wide range of feelings (joy and pain; hopes and fears) and when emotions are intense, conflict is likely to ensue (Walsh, 2012). Couples and families must be able to share their feelings and comfort with one another. Finding enjoyment and moments of humour in the midst of a crisis can also offer respite and lift people's spirit (Walsh, 2012).

Collaborative problem-solving and conflict management are essential for family resilience. Communication also enhances problem-solving by way of open disagreement and problem-solving skills (Thiel, 2005). Collaborative problem-solving and creative brainstorming open up new possibilities to overcome a crisis and allow the family to become proactive rather than crisis-reactive (Frey, Greenberg, & Fewell, 1989; Taanila, Syrjälä, & Kokkonen, 2002; Walsh,

2012). Avoiding problems could cause unresolved issues to become even more disruptive in the long term.

According to Walsh (2012), resilience does not mean that the family recovers from the crisis unscathed. The family's structure and functioning may very well have changed, but the resilience process implies that members work through the hardship, learn from it, and integrate the experience into their family's life story. This confirms the view that instead of referring to resilience as 'bouncing back', a more appropriate metaphor would be 'bouncing forward' (Walsh, 2012). This means that the family has made changes in order to meet the challenges and to grow and re-establish balance and harmony within the system.

In the following section I report on the development of the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996).

2.8 The development of the Resiliency Model of Family Stress, Adjustment and Adaptation

Over a number of decades, various researchers have contributed to the development of a theoretical model that could illuminate and describe processes involved when families are faced with adversities/stressors. In the final section of this chapter I review the development of five models of family resilience, namely:

- Hill's ABCX Model (Hill, 1949);
- Double ABCX Model (McCubbin & Patterson, 1983);
- Family Adjustment and Adaptation Response Model (FAAR) (McCubbin & Patterson, cited in McCubbin & McCubbin, 1996);

- Typology Model of Family Adjustment and Adaptation (McCubbin & McCubbin, 1989)
- Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996).

Firstly I will briefly discuss the first four models. In addition, I discuss the Resiliency Model of Family Stress, Adjustment and Adaptation (henceforth referred to as Resiliency Model) in more detail (see section 2.9), seeing that this model serves as the theoretical basis for the present study. I conclude the subsection with a motivation for using the Resiliency Model in this particular study.

2.8.1 Introduction to the development of family resilience models

The Resiliency Model served as the theoretical basis for the present study, focusing on married couples' adaptation to new parenthood. The Resiliency Model originates from Reuben Hill's ABCX Model and was extended into the Double ABCX Model (McCubbin & Patterson, 1983), which was further developed into a process model, namely the Family Adjustment and Adaptation Response Model (FAAR) (McCubbin & McCubbin, 1996). The FAAR Model was followed by the Typology Model of Family Adjustment and Adaptation (McCubbin & McCubbin, 1989), which emphasises family typology, problem-solving and the family's coping mechanisms during the adjustment process (Greeff & Aspeling, 2007).

Each of these models resulted from research that revealed the limitations of its predecessors and improved on it (Brown-Baatjies et al., 2008). The Resiliency Model of Family Stress, Adjustment and Adaptation, which was developed in 1993, is the most recent model of family processes during stressful conditions (McCubbin & McCubbin, 1996).

2.8.2 Hill's ABCX Model

The first model, the original pre-crisis ABCX Model (Hill, 1949), was proposed by Hill in 1949 (McCubbin & McCubbin 1996). The model was developed from Hill's research studies, which focused on family adjustment to the crisis of war, separation and reunion during and after the Second World War. According to this model, the stressor event (A) interacts with the resources of the family's strengths to deal with the stressor (B), as well as with the family's appraisal of the event (C), to produce the extent of the crisis situation (X) (De Goede, 2012).

The ABCX Model suggested that families encounter several stages when faced with a stressor event, namely: (a) a period of disorganisation, which may be characterised by increased conflict, a search for solutions, and feelings of anger, confusion and resentment; (b) a period of recovery, during which the family members discover means of adjusting to the crisis, and (c) a period of reorganisation, in which the family reconstructs itself either at, above, or below its pre-crisis level of functioning (De Haan, Hawley, & Deal, 2002; Hawley, 2000). Although families will vary in the length of time it takes them to progress through this process, the model postulates that most families will pass through a similar process when confronted with a crisis.

2.8.3 Double ABCX Model

Building on the ABCX Model, the Double ABCX Model of adjustment and adaptation is an adaptation of Hill's ABCX model. Initially McCubbin and Patterson (McCubbin & McCubbin, 1996) utilised Hill's ABCX model as a guide for their studies on families during the Vietnamese War. However, their investigation noted certain additional factors that have an impact on family adaptation over time, such as a family's coping strategies and attempts to gain and utilise social

support (McCubbin & McCubbin, 1996). In order to include these factors, the Double ABCX model was developed reflecting dual stages of resilience.

Thereafter, Hill's ABCX components became known as pre-crisis factors and the idea of post-crisis variables was introduced to describe the additional factors (Brown-Baatjies et al., 2008). Accordingly, studies that focus on pre- and post-crisis factors from adversities could utilise the Double ABCX Model (Greeff & Du Toit, 2009).

Both Hill's ABCX-model and McCubbin and Patterson's Double ABCX-model suggest that stressful events necessitate a family's adaptation, which is based on the family's definition or appraisal of the stressful event, and the adequacy of their resources to cope with the stressor as they defined it. Hill's ABCX-model and McCubbin and Patterson's Double ABCX-model posit that stressors have an indirect influence on the family unit. If the family's definition of the stressor prompts the use of the existing resources, they can adapt positively to the stressor. If their definition of the stressor activates the family's weakness, the potential for positive adaptation is jeopardized (McCubbin & McCubbin, 1996). Both models indicate that the occurrence of stressful events does not imply an unavoidable destruction of the family structure; rather, some families may redefine the stressor into less destructive terms (Graham & Conoley, 2006).

2.8.4 The Family Adjustment and Adaptation Response Model (FAAR)

Extending the Double ABCX Model, the Family Adjustment and Adaptation Response Model (hereafter referred to as FAAR) was developed by McCubbin and Patterson (Brown-Baatjies et al., 2008; Greeff & Du Toit, 2009). The FAAR is a process model, acknowledging that

adjustment and adaptation are complex processes unfolding over time (McCubbin & McCubbin, 1996).

Patterson (2002) also highlights the importance of the meaning a family attach to a situation, since their appraisal influences their coping. In FAAR three levels of family meanings have been put forward (Patterson, 2002), namely (1) situational meanings, (2) family identity, and (3) family world view (how they see their family in relationship to systems outside the family context). Therefore, the process of adapting to major, non-normative stressors often involves changing a family's prior beliefs and values.

FAAR asserts that the adjustment phase usually includes a process of resistance to change. In the adaptation phase the restructuring and consolidation of the family is central (McCubbin & McCubbin, 1996).

2.8.5 The Typology Model of Family Adjustment and Adaptation

After ongoing research, exploration and theory development, the Typology Model of Family Adjustment and Adaptation (hereafter referred to as the Typology Model) was introduced by McCubbin and McCubbin (1988). This model provided added emphasis on the family patterns of functioning and appraisal and its role in the adjustment and adaptation processes when encountering adversity and crises (Greeff & Du Toit, 2009; McCubbin & McCubbin, 1996). This model examines the reasons why some families are able to manage and even flourish in the midst of stressful family events and adversities (McCubbin & McCubbin, 1988, 1989).

Research done with the Typology Model furthermore underlined the significance of social class and ethnicity as important considerations in understanding families' adjustment and adaptation

processes (McCubbin & McCubbin, 1996). On the one hand research utilising the Typology Model did include aspects such as ethnicity, culture and social class as important aspects to consider in family adaptation. However, on the other hand, it is important to note that this research was limited to strengths, resources and community support employed by ethnic minority families, in comparison to Caucasian families (McCubbin & McCubbin 1988).

The Typology Model thus centers on the family types, strengths and capabilities that explain why some families are better suited than others in adjusting to minor changes. The model can be utilised to identify family types, strengths and capabilities needed and generated to cope with substantial changes (McCubbin & McCubbin, 1989; McCubbin, Thompson, & Pirner, 1988). The Typology Model retains all the components discussed in the Double ABCX Model and FAAR Model. The Typology Model also includes the dual phases: adjustment (characterised by first-order change) and an adaptation (marked by second-order change).

In summary, in this section I outlined each of the Resiliency Model antecedent models. In the following section I will comprehensively discuss and report on the Resiliency Model.

2.9 The Resiliency Model of Family Stress, Adjustment and Adaptation

The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) (hereafter referred to as the Resiliency Model), which follows on the Typology Model, is the focus of this section. Embedded in the salutogenic approach, the Resiliency Model served as the theoretical foundation in this study to identify key qualities and processes of resilience which foster positive adaptation in first-time parents' transition to parenthood.

The Resiliency Model has an extensive history and is substantiated by research studies dating back to 1946. This model is the most recent one investigating family processes evident during demanding circumstances. The features comprising the model have been empirically tested, and related measuring instruments have been established in order to evaluate processes and qualities of resilience within the family context. This is a strength-based model, which has been developed over a number of years through the collaboration of numerous researchers (Brown-Baatjies et al., 2008).

The Resiliency Model offers a contextual framework to understand family resilience, as the model acknowledges the importance of the context in which families are situated. The model recognises the family unit as a social system, and also accentuates social, cultural and ecological influences on the family (McCubbin & McCubbin, 1996). The Resiliency Model emphasises the importance of harmony and balance, because of the systemic nature of family life. Additionally, the model expands on the elements of family appraisal, culture and ethnicity involved in the recovery processes (McCubbin & McCubbin, 1996). Finally, the model highlights relational processes in a family during adjustment and adaptation, not only on an individual level, but also in terms of the community (McCubbin & McCubbin, 1996).

The Resiliency Model's unique contribution is characterised by four factors. Firstly, this model highlights four domains of family functioning that are crucial to family recuperation (namely, interpersonal relationships and development, well-being and spirituality, community ties, and structure and functioning). Secondly, the model presents the goal of balance and agreement in the face of adversity. Thirdly, it emphasises the importance of the five levels of family appraisal

in shaping recovery. Fourthly, the importance of a family's relational processes of adjustment and adaptation are a central focus in this model (Holtzkamp, 2010).

Established through extensive family resilience research, the model draws on five essential principles (McCubbin & McCubbin, 1996):

1. As the family advances through time, there is bound to be changes and subsequent adversity within the family – which is normative and should be expected.
2. All families have a number of existing assets, capabilities and well-designed patterns of functioning. These competencies and strengths advance the well-being, maturation and growth of individual family members and the family as a whole. These strengths also protect the family unit during anticipated and normative life transitions.
3. The assets mentioned preserve the family during times of unpredicted, non-normative adversities and help the family to overcome these hardships.
4. Families obtain support from their surrounding social and community networks, but also contribute to these networks, especially during times of stress, distress and crisis.
5. When confronted with a stressful event that demands major changes in their functioning, the family will put in the effort to regain an adequate balance, a state of equilibrium harmony and order in the midst of change and disequilibrium.

McCubbin and McCubbin (1996) propose that the Resiliency Model involves two related but distinguishable phases, namely adjustment and adaptation. *Adjustment* reflects short-term, temporary family changes, whereas *adaptation* evokes long-term changes in a family's behaviour patterns, roles, rules and perceptions (Boss, 1988).

The adjustment phase describes the family's functioning prior to the crisis and the influence of resources, resistance factors and protective factors (such as spending time together, communication, having a functional routine and conflict resolution). These factors facilitate the family's ability and efforts to remain functioning and fulfil their developmental tasks in the midst of certain risk factors (Holtzkamp, 2010; McCubbin & McCubbin, 1996). These resources and protective factors thus buffer and protect the family from the impact of a stressor and help the family system to resist disruption.

Outcomes of the adjustment phase vary along a continuum from the more positive *bonadjustments* (established patterns of functioning are maintained) to the other extreme of *maladjustments* (a family crisis that demands changes in the established patterns of functioning) (Danielson, Hamel-Bissell, & Winstead-Fry, 1993) When the family has to deal with everyday, normative stressors and strains, the members make minor, short-term adjustments to manage demands with as little disruption to the family unit as possible. When the system's equilibrium cannot be maintained successfully and these adjustments become insufficient to meet demands, the family experiences a crisis (Holtzkamp, 2010; McCubbin & McCubbin, 1996). The adjustment process ends and more permanent alterations are needed to re-establish the family's stability (Der Kinderen & Greeff, 2003). As a result, the family enters the adaptation phase – which will be discussed subsequently.

The adaptation phase, on the other hand, encompasses the influence of recovery factors, enabling the family to 'bounce back' from the impact that the stressor has placed on their relationships (McCubbin & McCubbin, 1996). The recovery factors, in other words, help the system to restore equilibrium, harmony and balance after a crisis has caused disequilibrium. The adaptation phase

contains better restructuring and reorganising so that balance and productive functions are regained. The outcome of the adaptation phase is either *bonadaptation* (in which patterns of functioning are largely maintained, suggesting successful adaptation and an exit from crisis) or *maladaptation* (unsuccessful adaptation, characterized by remaining in crisis) (McCubbin & Patterson, 1983; McKenry & Price, 1994).

In the following subsection I will provide an in-depth discussion of the adjustment and adaptation phases.

2.9.1 The adjustment phase of the Resiliency Model

The adjustment phase of the Resiliency Model is displayed in Figure 1 below.

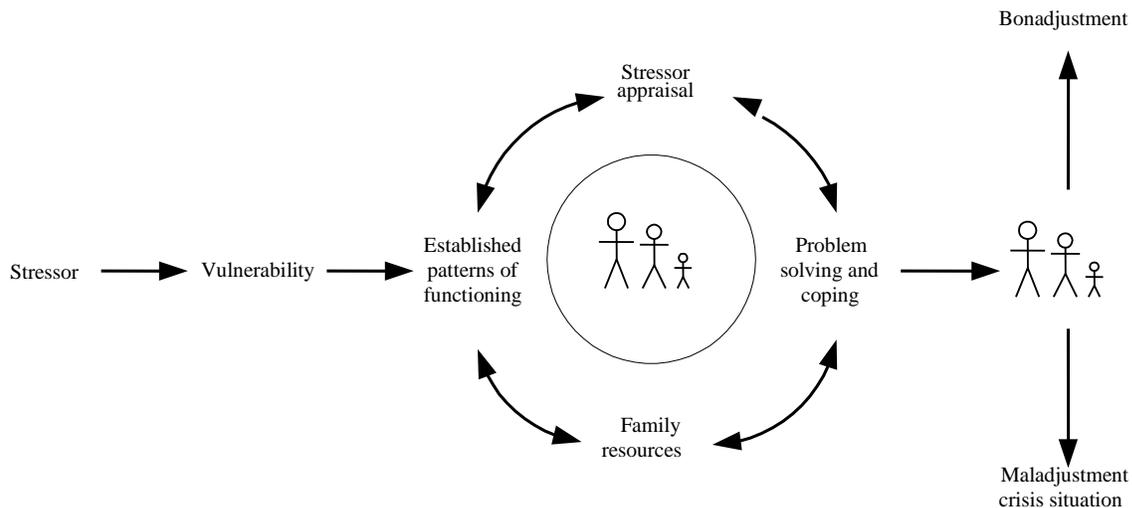


Figure 1. Adjustment phase of the Resiliency Model of Family Stress, Adjustment and Adaptation (adapted from McCubbin & McCubbin, 1996).

The adjustment phase (see Figure 1) of the Resiliency Model proposes that when a family have to manage an adverse stressor, a sequence of components (the stressor, family vulnerability,

family's typology, family resistance resources, family appraisal of stressors, and family problem-solving and coping) interact to produce a specific family outcome (McCubbin & McCubbin, 1996). As indicated previously, this outcome can be found on a continuum, with successful *bonadjustment* at the one end, and *maladjustment* at the other end (McCubbin & McCubbin, 1996).

The term 'bonadjustment' refer to a situation in which a family has preserved its patterns of functioning to a large degree and has recovered balance and harmony in the four areas of family functioning – (1) interpersonal relationships; (2) development, wellbeing and spirituality; (3) structure and functioning; and (4) community relationships and nature. These four areas of family functioning are critical for restoring and maintaining the harmony and balance within the family unit (McCubbin & McCubbin, 1996).

The term 'maladjustment' denotes the condition when a family experiences a crisis, which necessitates more far-reaching and permanent alterations to family patterns in order to recover and regain optimal functioning (McCubbin & McCubbin, 1996).

Each of the components will be defined further and discussed briefly in the following subsections.

2.9.1.1 The stressor

A stressor can be defined as an event (e.g. the death of a child) or life transition (e.g. the transition to parenthood) that confronts the family unit. This event or stressor either produces, or has the potential to produce, modifications and changes in the family system. Therefore, the stressor may affect some domains of family life, or all of them (e.g., the marital relationship, the

family's goals and values, the parent-child relationship, family-system boundaries). The severity of the stressor is evaluated by the degree of risk that it poses to the family unit's stability and the extent to which it disturbs the family's functioning. The threat may also be considered severe if it places all-encompassing stress and demands on the family's resources and capabilities (McCubbin & McCubbin, 1996). The severity may vary among family types, contingent on the adversities that may arise.

2.9.1.2 Family vulnerability

Family vulnerability refers to the existing relational and organisational situation/condition of the family system (McCubbin & McCubbin, 1996). This condition, ranging from 'high' to 'low' is determined by (1) the pile-up or accumulation of *intra-familial* demands (e.g. financial debt, or poor health status of relatives) and *extra-familial* demands (e.g. relocation to another city), and (2) the family's current life cycle stage that imposes certain normative tasks and difficulties on the members (McCubbin & McCubbin, 1996).

2.9.1.3 Family typology of established patterns of functioning

The family typology relates to the manner in which the family as a system typically functions and thus refers to a pattern of predictable, basic and expected attributes, qualities and behaviours of the family system (McCubbin & McCubbin, 1996). Four main family types can be pointed out, namely traditionalistic, rhythmic, resilient and regenerative (Holtzkamp, 2010).

It is essential that a family has the capacity to endure disruption of these patterns of functioning (McCubbin & McCubbin, 1996). Flexibility is also important as the family system must be able to allow new operational strategies and patterns of functioning. These patterns are fundamental

to the process of preserving and restoring harmony and balance within the family unit (McCubbin & McCubbin, 1996).

2.9.1.4 Family resistance resources

Family resistance resources are defined as the abilities, strengths and assets that help the family unit to manage and cope with the demands the stressor places on them (McCubbin & McCubbin, 1996). These resources assist the adjustment process of the family by promoting harmony and balance within the family system, thus buffering the members against a crisis event. The family's resistance resources shield the members against major disturbance to the established functioning patterns, thus helping them to stand firm and provide coping in the face of adversity (McCubbin & McCubbin, 1996). The following factors are examples of resistance resources: social support networks, flexibility and cohesiveness, financial stability, healthy and open communication patterns, shared spiritual values, hardiness and family routines (McCubbin & McCubbin, 1996).

2.9.1.5 Family's appraisals of the stressor

The family's appraisal of the stressor refers to the family members' definition of the stressor. This is approached in terms of the stressor's importance and magnitude, as well as the potential adversities that could result from the crisis event. The family's views can be found on a continuum: on the one end they may interpret the stressor as moderately insignificant, manageable and a challenge. The family recognizes the potential of growth and maturation which the stressor holds (Hill, cited in McCubbin & McCubbin, 1996). Conversely, on the other end of the scale, family members may view the stressor as devastating, uncontrollable and unmanageable. The members may perceive the stressor as potentially so damaging and

destructive, that it could result in the dissolution of the entire family unit (Hill, cited in McCubbin & McCubbin, 1996).

2.9.1.6 Family problem-solving and coping

In order to meet the demands of a stressor, the family system utilises numerous resources, as the family system is considered to be a resource-exchange network. Problem-solving and coping presupposes the family's capacity to produce and apply effective strategies by employing suitable abilities, assets and strengths in order to either minimise, manage, or eliminate the demands of the stressor they encounter (McCubbin & McCubbin, 1996).

Problem-solving entails breaking down and organising the stressor into manageable parts, applying flexible and appropriate strategies to each of the various components, taking action to solve interpersonal issues, and developing and promoting positive communication patterns conducive to effective problem-solving (McCubbin & McCubbin, 1996).

Coping includes both the active and passive strategies of individual family members, as well as the safeguarding of the family as a unit. It also entails easing and resolving the adversity introduced by the stressor, and seeking and harnessing novel resources (either from within the family or the community) to promote coping (McCubbin & McCubbin, 1996).

2.9.1.7 Family response: Distress or eustress

It is clear that whenever a family is confronted with a stressor it produces tension within the family system, causing stress. The amount of stress experienced may reflect a state of *distress* (a negative reaction to stress) or *eustress* (a positive reaction to stress) (McCubbin & McCubbin,

1996). Several factors mediate which type of stress the family members' experience. These factors include (McCubbin & McCubbin, 1996):

- the severity of the stressor they face;
- the family members' assessment of the stressor;
- the pile-up of concurrent strains;
- the family members' psychological and physical well-being at the onset of the stressor;
- the resources and capabilities available to them.

In a cyclical process the family members attempt to alleviate the tension by using their established patterns of functioning, resistance resources, stressor appraisals, as well as problem-solving and coping skills (McCubbin & McCubbin, 1996).

The family unit encounters a state of distress when these interacting factors produce a situation of disharmony and imbalance. In such conditions the family as a unit is unable to reduce or eliminate the damaging and destructive conditions. As a result, the members experience the stressor as a threat to the family unit (McCubbin & McCubbin, 1996). On the other hand, when a family unit embraces the disharmony and imbalance experienced by the system and views this as an opportunity for growth and maturation, the family unit encounters a state of eustress (McCubbin & McCubbin, 1996).

2.9.1.8 Bonadjustment, maladjustment and crisis

Most stressors do not necessitate significant transformation and restructuring within the family system. This is because the family's typology, appraisals, resistance resources and problem-

solving and coping strategies are applied effectively to moderate the threat or perceived threat (McCubbin & McCubbin, 1996). *Bonadjustment* occurs when a family system preserves or regains its balance and harmony, although some necessary adjustments are made in the patterns of functioning (McCubbin & McCubbin, 1996).

In contrast, some stressors are substantial and require overall change and restructuring within the family system in order to reach balance and harmony (McCubbin & McCubbin, 1996). When this takes place, the family is faced with a crisis situation (McCubbin & McCubbin, 1996). The term 'crisis' can be defined as a continuing state of disturbance, disorganisation and ineffectiveness in the family system (McCubbin & McCubbin, 1996). It is important to note that crisis in this sense should not be viewed or used as a derogatory term, that may label the family system in this phase as dysfunctional and in need of therapy. In addition, McCubbin and McCubbin (1996) view a crisis as a normative process as most families at this stage effectively navigate the crisis situation and adapt positively to the stressor.

In order to transcend this cycle and overcome the crisis, the family must make fundamental changes (adaptations) (McCubbin & McCubbin, 1996). When a family finds itself at this juncture, the adaptation phase of the Resiliency Model is initiated (McCubbin & McCubbin, 1996). I discuss this phase (adaptation phase) in the following subsection.

2.9.2 The adaptation phase of the Resiliency Model

The adaptation phase of the Resiliency Model is displayed in Figure 2. This figure illustrates the processes of resilience that is intricate to the second stage of recovery, as the family system attempts to regain harmony and balance after failing to do so in the adjustment process (McCubbin & McCubbin, 1996).

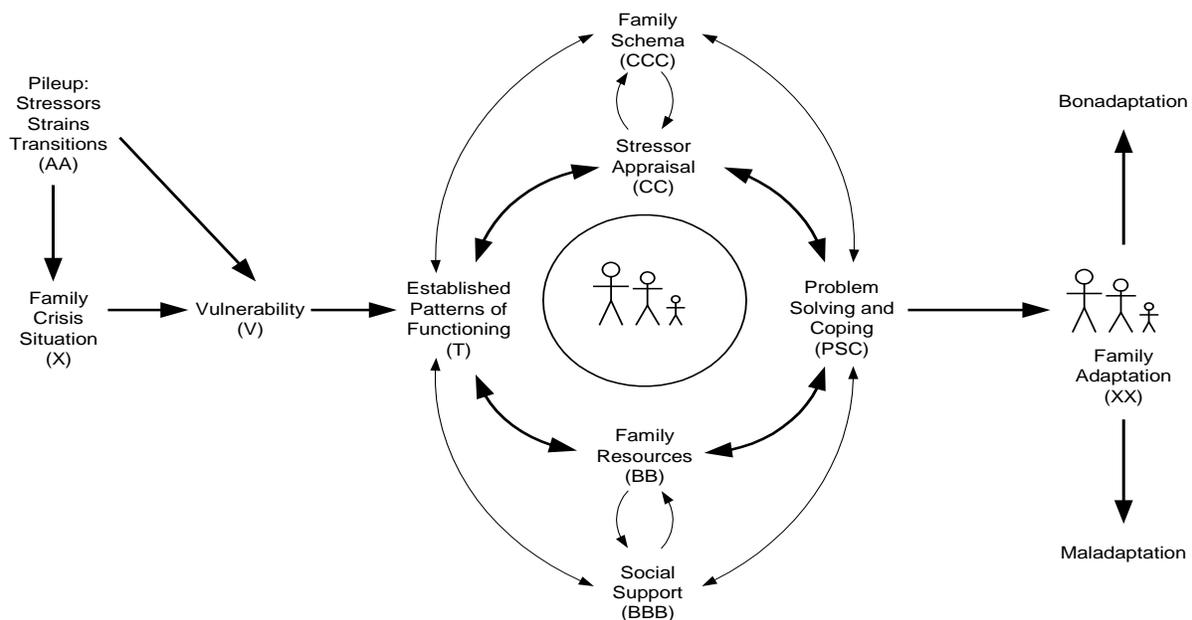


Figure 2. Adaptation phase of the Resiliency Model of Family Stress, Adjustment and Adaptation (adapted from McCubbin & McCubbin, 1996).

As is clear from Figure 2, the family's established functioning patterns were previously insufficient in addressing the stressor and as a result, are deteriorating. Consequently, the beginning of the second phase (adaptation phase) is marked by a situation of maladjustment and crisis (McCubbin & McCubbin, 1996). The crisis situation is intensified further by the pile-up of simultaneous/concurrent demands and strains. Concurrent demands may include the following:

- the unfolding of the family life cycle, causing further life transitions;
- current strains caused by previously unresolved stressors;
- situational and contextual demands (e.g. poverty or war).

At this juncture, further modifications are essential if the family system is to succeed in restoring balance and harmony (McCubbin & McCubbin, 1996).

Once more the outcome of the adaptation process is situated on a continuum, with bonadaptation at the one end and maladaptation at the other end of the spectrum (McCubbin & McCubbin, 1996). Through bonadaptation, the family is successful in regaining harmony and balance in the four domains of interpersonal relationships. These entail the family structure and functioning; its development; well-being and spirituality; and its relationships with the community and the natural environment (McCubbin & McCubbin, 1996). Maladaptation denotes the failure to achieve these goals. The processes affecting the eventual outcome of the adaptation are the following:

- family typology;
- family resources;
- social support;
- family appraisal processes;
- problem-solving and coping.

Each of these components subsequently will be defined further and discussed briefly.

2.9.2.1 Family typology

A clear adaptation-oriented process comes into play as the family continues along the line and begins to confront the situation – family typology. On the one hand, the family retains some of its established patterns of functioning, carried over from the adjustment phase (McCubbin & McCubbin, 1996). On the other hand, some of these established functioning patterns need to be eradicated, but others provide continuity to family life and are preserved, modified and restored (McCubbin & McCubbin, 1996). In contrast, the family system also needs to establish new and innovative patterns that could successfully regain balance and harmony within the family environment (McCubbin & McCubbin, 1996).

2.9.2.2 Family resources and social support

The strengths and capabilities possessed by the family unit as well as each individual member are referred to as family internal resources. These resources possessed by the family unit may include: cohesion, sense of unity, time spent together, and healthy communication patterns. On the other hand, there are internal resources possessed by individual family members. These include psychological health and effective coping strategies, self-esteem, knowledge and skills. These resources, internal to the family, promote change in order to help restore balance and harmony (McCubbin & McCubbin, 1996).

Adaptation thus relies on the family's own internal resources, as well as on their network of social support. The network of social support is a vital crises-meeting resource and entails community institutions and people outside the family system who provide support and assistance in gaining harmony and balance within the family environment (Holtzkamp, 2010; McCubbin & McCubbin, 1996). Families who utilise and develop social support are more resistant to stressors

and are more capable to recover after hardships. Examples of social support include: family and friends, and assistance offered by various support organisations (Holtzkamp, 2010).

2.9.2.3 Family appraisal processes

The processes of the family's appraisal refer to the members' perception or evaluation of their situation, which plays a key role in the family's adaptation. This presupposes that a family's interpretation of a certain stressor will have a major impact on their response to it (Holtzkamp, 2010). A family's appraisal processes can be divided into three constituents (McCubbin & McCubbin, 1996):

1. Family schema: defined as the family's shared values, convictions, goals, beliefs, expectations and priorities (including cultural values and ethnic identity).
2. Family coherence: relates to the family's dispositional world view. This displays their level of confidence in the world's comprehensibility and meaningfulness.
3. Family paradigms: refer to the shared expectations and rules about how the family will function in various domains (e.g. child rearing or labour division).

These three elements jointly affect how the family appraises the situation and appraises the stressor (McCubbin & McCubbin, 1996).

2.9.2.4 Problem-solving and coping

Similar to the adjustment phase, problem-solving and coping strategies also play an important role in the adaptation phase. Problem-solving and coping strategies ensure that the family employs resources successfully and suitably to meet each demand posed by the stressor (McCubbin & McCubbin, 1996).

2.9.2.5 A dynamic, cyclical process

The family's typology, resources and appraisals, together with the family's problem-solving and coping abilities, converge in a dynamic relational and cyclical process over time (McCubbin & McCubbin, 1996). Therefore, the family first evaluates the situation. With their problem-solving and coping strategies they utilise their resources efficiently and modify their functioning patterns with the goal of relational balance and harmony within the family context. The family experiences bonadaptation when the members achieve their goal and the outcome lies at the positive end of the continuum (McCubbin & McCubbin, 1996). In contrast, maladjustment occurs when balance and harmony are not restored and the family outcome is maladaptive. As a result, the cycle starts anew. In such a case the alterations to the system were not adequate in meeting the demands, and additional change is vital. Accordingly, the family appraises the situation for a second time and considers whether their previous amendments were effective. Once again the family system engages in problem-solving and coping, strategising on which resources needed to be applied next to address systematic demands. In other words, maladaptation does not denote an outcome of permanent crisis, negativity and the dissolution of the family. Rather, it is merely one step on the path to recovery and the family undergoes these efforts until the crisis is resolved (McCubbin & McCubbin, 1996).

2.9.3 Summary of the Resiliency Model

The Resiliency Model demonstrates how the family as a system progresses through time. The family system involves developing individuals who are surrounded by an unstable, changing environment. Therefore, to be confronted with change and navigating through demanding life-events, is an unavoidable and predictable reality of family life. The processes of adjustment and

adaptation signifies a family's efforts to react to these challenges, recover balance and harmony, re-establish emotional and physical well-being and encourage development on both individual-to-family and family-to-community level (McCubbin & McCubbin, 1996).

In order to meet systemic challenges, transformation and change in the family's life must both be resisted where appropriate, and embraced when necessary. Therefore, when faced with a stressor, the family at first attempts to resist systemic disruption during the adjustment period and only makes minor changes to keep its balance and harmony intact. When maladjustment occurs and it is impossible to regain stability and satisfactory functioning with minor amendments, the family follows a dynamic process of major systemic reorganisation and transformation. It becomes a crucial endeavour if the family is to respond to both intra-familial and extra-familial demands. In both these processes, family typology, appraisals, resources and problem-solving and coping abilities affect success. Importantly, within this perspective, stress is not automatically pathologised, but rather viewed as a normative reaction to the stresses and demands of family life (McCubbin & McCubbin, 1996; Walsh, 2012).

In this subsection various models of family resilience have been reviewed and a thorough discussion was conducted on the Resiliency model. A resilience perspective relating to first-time parenthood is an important approach by which to understand how married couples as a dyadic system navigate this transformative and normative transition, to reach positive adaptation within this developmental life-stage.

In the following subsection I systematically discuss a motivation for the present study's use of the Resiliency Model.

2.9.4 Motivation for using the Resiliency Model as theoretical framework in this study

Researchers and clinicians progressively utilise the Resiliency Model (McCubbin & McCubbin, 1996) to determine the outcome of the resilience process. The construct of resilience is complex and the Resiliency Model allows researchers the opportunity to operationalise the concept of resilience in terms of stressors, risks, protective factors and adaptation.

The Resiliency Model fits into the current trend of focusing on strengths, resources, health and competencies, rather than having a pathogenic, limitation and deficit-oriented focus. This model furthermore supports the perspective of family resilience as a process (Walsh, 1996).

Such a model emphasises the importance of including concepts of culture and ethnicity in the understanding of family resilience, a feature that makes the Resiliency model appropriate for the South African context (Brown-Baatjies et al., 2008). The Resiliency model was previously used in various cultural contexts, which are particularly important in a culturally diverse society such as South Africa. A range of South African studies utilised this model to study resilience in diverse family forms and family situations. These include the following: remarried families (Greeff & Du Toit, 2009), families in which a parent has died (Greeff & Human, 2004), South African and Belgian single-parent families (Greeff & Aspeling, 2007), families that have experienced heart-related trauma (Greeff & Wentworth, 2009), families with a member who is suffering from a psychological disorder (Greeff, Vansteenwegen, & Ide, 2006), young families in transition to parenthood (Walters, 2009), and divorced families (Greeff & Van der Merwe, 2004).

According to Luthar and Zelazo (2003), research must continually strive to be ‘fine-grained’ and undertaken among a wider range of cultures. They also suggest that “... there is a need for greater consideration of cross-cultural variation in resilience processes” (p. 525). In this sense, culture is a wide-ranging inclusive construct that is influenced by the context. Slattery (cited in Long & Burnett, 2005, p. 34) discussed culture as involving “race, ethnicity, class, gender, age, religion, affectional orientation and ability”. As a result, culture shapes many communication styles, feelings, thoughts, conducts, practices and behaviours about roles and rules in couples’ relationships (Long & Burnett, 2005).

The present study explored in detail how new-parent married couples in South Africa from diverse cultural groups (13 White and 9 African couples) managed to navigate their way through the transition to parenthood. Although the sample was relatively homogenous, it should be kept in mind that parenthood does not represent a unified phenomenon, but that it is a rather diverse and complex experience (Galatzer-Levy et al., 2011; Lawrence et al., 2008). The various contexts in which married couples exist – e.g. developmental, historical and cultural – interconnect with their unique dynamics such that no two couples show resilience in the same way (Hawley, 2000). The mentioned Resiliency Model allows for unique coping styles as well as multiple pathways for adaptation.

The Resiliency Model is clearly grounded in the salutogenic perspective. This positive, future-orientated viewpoint is especially relevant to the present study, seeing that this approach shifts the emphasis from how married couples as first-time parents have failed, to how they can succeed, excel and function well (Walsh, 2012). Therefore, the focus is on the acknowledgement of a couple’s resources and how to build their relationship strengths to enhance their functioning

and well-being as a couple-unit. The Resiliency Model provides an important basis for the development of guidelines and interventions that focus on enhancing resilience qualities and processes. The aim of such guidelines and interventions will be to foster processes of better adaptation in new-parent married couples who are experiencing the transition to parenthood.

2.9.5 Conclusion to the Resiliency Model

The question about ‘What accounts for why some families and couples stay healthy and do well in the face of risk and adversity and other do not?’ is of extraordinary importance, not just in the South African society, but around the world. Gangong and Coleman (2002) propose that people globally may be entering the Age of resilience. A resilience perspective is especially prevalent in the current era where families and couples are increasingly confronted with new developments of disruptions and hardships (Van Vuuren, 2012).

In this sense the Resiliency Model offers a suitable theoretical framework for the present study. The transition to parenthood has a fundamental impact on a couple, affecting the various areas of their lives and turning the experience into a stressful event. In most previous literature on this topic, the transition to parenthood has not been framed explicitly from a resilience perspective. However, in this study the emphasis is on qualities and processes in the couple relationship that contribute to positive adaptation during the transition to parenthood. Research of this nature can add to the understanding why some couples are resilient, and also give indications how couples embrace the transition to parenthood as a manageable challenge, rather than an insurmountable crisis.

2.10 Chapter summary

This study was motivated by the phenomenon that some couple relationships emerge from the transition to parenthood with a sense of growth and maturation, by navigating this transition remarkably well. From this follows that the transition to parenthood need not be a crisis, as previous research in this field suggested (Dyer, 1963; Hill, 1949; LeMasters, 1957; Levy-Shiff, 1999). This can also be a transition in which some couples adapt successfully to and even thrive in the situation where they grow together as a couple and build confidence as they redefine themselves as a resilient parental unit.

Theoretical models such as Walsh's (2012) resilience framework are becoming increasingly essential in guiding efforts to strengthen couple relationships. Marital research and programmes of proactive intervention concerning the transition to parenthood must be rebalanced from a focus on how couples fail when challenged, to how they can succeed. A resilience perspective involves a crucial shift in emphasis from a couple's deficits to challenges, coupled with a belief in the potential for recovery and growth out of adversity.

Chapter 2 positioned the research within a theoretical framework. An integration of the family life cycle perspective and the developmental perspectives forms an overarching framework to explore the present study's research question. This integration also provides a foundation for the contextualisation of the findings of the present study that will be done in chapter 5. The Resiliency Model has also proven to be applicable to the present study because of its thorough research base and because it provides the most comprehensive model of family resilience to date.

The construct of resilience extends one's understanding of healthy couple functioning and positive adaptation to the parenthood transition. Many married first-time parent couples do show remarkable resilience in the postpartum period. They do this by drawing on a wide array of resources, capabilities and strengths in their relationship as they adapt to this new life stage, displaying healthy and optimal functioning as a couple.

2.11 Conclusion

Two basic questions launched the present study. Firstly: Why, when confronted with hardship or change, do some relationships not only survive, but also thrive and grow stronger and more resourceful? What can be deduced from such resilient relationships and well-functioning families and couples? The value of these questions lies in the asking as well as in the answers. At a time of widespread concern about family breakdown, there is a dire need to understand and promote the processes that can foster resilience in family and couple systems.

Resilience has become an important concept during the last three decades where a shift in the study of families from describing 'what is wrong with' to seeking 'what works in' couple relationships and families are witnessed. This shift from *pathogenesis* (disease-focused orientation) to *salutogenesis* (health-focused orientation) offers a fresh alternative to the previous emphasis placed on dysfunction. This shift invites professionals studying the family to view families in their diversity as competent systems. Such a paradigm shift accentuates resilience and also challenge researchers who study families and couples to move beyond a deficit approach.

The present study did not start off in a theoretical vacuum, but was informed by prior research within the broad spectrum of family psychology. This chapter presented an overview of family

resilience theory and outlined the salutogenic perspective, which is embedded within the framework of Positive psychology. The emphasis is on a broad use of a resilience perspective as conceptual framework for efforts of intervention and prevention aimed at strengthening married first-time parent couples who face the major developmental transition to parenthood. The Resiliency Model of Family Stress, Adjustment and Adaptation is the theoretical framework of this study and represents a paradigmatic shift from a pathological to a strength-based view of new-parent married couples. Given the focus of the present study, this framework seemed to be best suited as theoretical lens on the transition to parenthood and an outstandingly useful model within this field of study.

The key to understanding couple resilience in the context of the transition to parenthood is the identification of processes and qualities of resilience, which contribute to positive adaptation in this transformative transition. In the next chapter (chapter 3) the main focus will be to understand the transition to parenthood within a resilience framework. Such an approach highlights the key qualities and processes of resilience that foster positive adaptation, by drawing together relevant research findings on resilience in the context of postpartum adaptation.

Come to the edge, Life said.

They said: We are afraid.

Come to the edge, Life said.

They came. It pushed them ... and they flew.

– Guillaume Apollinaire

CHAPTER 3

LITERATURE REVIEW

3.1 Chapter overview

The purpose of this chapter is to provide a detailed literature review focusing on key concepts of the research question, and integrating the findings of previous research on couple resilience in the context of first-time parenthood. The key to understanding couple resilience in the context of the transition to parenthood is to identify qualities and processes of resilience, which contribute to positive adaptation in this transformative transition. This is done by integrating relevant research findings on resilience in the context of postpartum adaptation.

In the introduction of this chapter I give a brief summary of the background and scope of the present study. Thereafter, I firstly report on the main topics that are recurrent and prominent in the literature on transition to parenthood. Secondly, I explore South African and international studies that are related to the research question of the present study. Thirdly, I highlight some limitations of earlier studies on the transition to parenthood.

3.2 Introduction

Pregnancy and childbirth are associated with numerous changes and various new challenges in the couple relationship (Dew & Wilcox, 2011). The transition to parenthood is considered one of the most precipitous and crucial changes in the context of a marriage (Alexander et al., 2001). According to Terry (1991, p. 527) the transition to parenthood is “one of the sharpest and abrupt

changes that takes place in most people's lives" – underscoring the fact that becoming a parent is a life-changing experience.

The majority of parents struggle to adapt to parenthood as individuals and as a couple (Ahlborg & Strandmark, 2006; Ceballo et al., 2004; Galatzer-Levy et al., 2011). The present study investigated, therefore, how and why certain married couples as first-time parents adapt well, in order to understand resilience in the context of the transition to parenthood.

The purpose of the study in essence is to contribute to the overall body of knowledge on couple resilience. More importantly, the aim is to generate new knowledge on this topic that would be applicable to the South African context. By focusing on the resilience of first-time parents, relevant qualities and processes could be identified that helped these couples adapt. In the following section I focus on an overview of literature dealing with the transition to parenthood.

3.3 Literature on the transition to parenthood

An overview of the literature contextualises the present study within the broader literature about the transition to parenthood. Generally, literature on the transition to parenthood tends to focus mostly on negative factors of this normative transition. Scholars emphasise the distinct drop in marital satisfaction, individual well-being and relationship quality, postpartum depression, as well as the losses that couples experience individually and collectively (Bateman & Bharj, 2009; Cavanaugh, 2006). An important contribution to marital literature, therefore, would be to determine factors that assist couple relationships to excel and succeed. As a consequence, the present study was undertaken from a positive stance (strength-based approach).

The theme of transition to parenthood is not new (Ward, 2004). This transition entails one of the most fundamental changes within the marital context. Hence, this transition has been a topic of continuing interest, especially to those researchers concerned with familial development (Belsky & Kelly, 1994; Cox et al., 1999; Wallace & Gotlib, 1990). Researchers highlight different aspects of the transition to parenthood. Within the overall research on transition to parenthood a large proportion of studies address four distinct, yet interrelated themes:

1. Transition to parenthood as crisis versus a normative transition.
2. The impact of the transition to parenthood on the individual parents and the underlying couple relationship.
3. Marital quality, marital satisfaction and the transition to parenthood.
4. New parenthood, the division of labour, conflict issues and differing expectations.

The four themes listed above presents the core of the knowledge-base up to date on the transition to parenthood. The rest of this section is structured according to a brief discussion of each of these four themes.

3.3.1 Theme one: Crisis versus a normative transition

Earlier research on the transition to parenthood has predominantly focused on the apparent negative impact childbirth has on the couple relationship and has often been considered as a crisis for the new family (Cowan et al., 1985; Duvall, 1971; Hill, 1949; LeMasters, 1957; Ward, 2004). Earlier researchers portrayed new parenthood as a ‘crisis event’ (Dyer, 1963; Hill, 1949; LeMasters, 1957), with the premise that becoming a parent presents a risk factor for individual and marital distress (Cox et al., 1999). For example, LeMasters (1957), reported that having a

first child, produced a moderate or severe crisis in the marriages of 83% of the couples he interviewed. Several studies on 'parenthood as a crisis' exist in the literature (Beauchamp, 1968; Dyer, 1963; LeMasters 1957; Osofsky, 1982; Wainwright, 1966). However, these studies have shown limited insight into the possible resilience of couples, and, therefore, provide only a partial picture of the transition to parenthood (Cox et al., 1999; Demo & Cox, 2000; LeMasters, 1957; Piontkowski, 2011). Such a 'crisis' orientation regarding the transition to parenthood frames the birth of the first child as a negative and detrimental event for the couple relationship and the individual parents, with the strains and challenges of first-time parenthood apparently outweighing the benefits (Ward, 2004). Thus, the term *crisis* might be an oversimplification and could place undue emphasis on negative aspects of this developmental phase (Cowan & Cowan, 2003).

More recently, scholarly examinations have questioned this idea, arguing that the transition to parenthood, while stressful, does not necessarily constitute a crisis; rather a normative, predictable transitional event that are considered as essentially manageable (Hobbs & Cole, 1976; Levy-Shiff, 1999; Miller & Sollie, 1980; Nyström, 2004). Moreover, it is even considered to be an enriching transition as this life-event may hold the potential for couples to thrive and flourish. Research indicates that the impact is not as negative for some because of various protective and recovery factors. Parents may mature, acquire new coping skills and progress to higher levels of functioning if they utilise their resources and adapt successfully (Belsky & Rovine 1990; De Goede, 2012; Gottman & Notarius, 2000; LaRossa & LaRossa, 1981; Rossi, 1968; White & Booth, 1985).

The explanation for such a re-focusing may be that pregnancy and childbirth are seen as anticipated, expected and normal developmental life processes, however still significant, since the family system becomes a permanent structure for the first time (Delmore-Ko et al., 2000; Goldenberg & Goldenberg, 2013; Miller & Sollie, 1980). This conceptualisation paints a more dynamic picture of new parenthood as variable and diverse (Levy-Shiff et al., 1998).

In the following subsection the impact of the transition to parenthood on the individual parents and couple relationship will be discussed systematically.

3.3.2 Theme two: The impact on the individual parents and couple relationship (his, hers and their transition)

It has been established that the transition to parenthood is a stressful event, requiring ongoing adaptation at both individual and dyadic levels (Alexander et al., 2001). Couples' transition from childlessness to childrearing has a formidable impact on the parents individually but, more importantly, also jointly on the couples' relationship (Ahlborg & Strandmark, 2006; Bateman & Bharj, 2009; Belsky, Lang, & Rovine, 1985; Cavanaugh, 2006; Ceballo et al., 2004; Fennie, 2001; Galatzer-Levy et al., 2011). In order to emphasise the necessity and relevance of a study focusing on couple resilience – especially in the context of first-time parenthood – a brief discussion of the impact of the transition from a dyad to a triad on the individual parents (see 3.3.2.1 and 3.3.2.2) and the couple relationship (see 3.3.2.3) is outlined.

Furthermore, it is important to note that the birth of a first child affects males and females differently, and with varying intensities (Bateman & Bharj, 2009; Keizer, Dykstra, & Poortman, 2010). In most marriages, two transitions develop as his-and-hers phases due to different

expectations, needs and priorities (Fennie, 2001). Men and women do not become parents in the same way as certain differences exist in their individual biology and upbringing. These differences are united by similarities such as common concerns, positive feelings about being parents, economic worries and the effect of all these matters on the marriage (Fennie, 2001). For a nuanced picture of the impact of becoming a parent, the transition to parenthood need to be assessed through a gendered lens as men and women experience this transition differently (Adamsons, 2013).

3.3.2.1 Her transition to parenthood

An integral part of being a woman entails the experience of pregnancy and childbirth. A majority of women can expect to undergo this significant experience at least once in their lives (Bailey, 1999). Stern (1995) highlights the shift in identity that takes place when a woman enters motherhood: “The new mother must shift her center of identity from daughter to mother, from wife to parent, from careerist to matron, from one generation to the preceding one” (p. 8). Parenthood is usually more salient for women’s self-concept than for men’s, as the role of motherhood is viewed by society as central to women’s identity. Interestingly, men tend to see fathering as something they *do*, while women view mothering as something they *are* (Katz-Wise et al., 2010).

Scholars argue that women typically experience the overall impact of new parenthood more intense, seeing that new mothers tend to have a more prominent role in caring for the baby. As a result, more of their life domains are affected by having a child and they need to make more lifestyle changes compared to new fathers (Belsky & Pensky, 1988; Levy-Shiff, 1994; Pancer, Pratt, & Hunsberger, 2000). Furthermore, Barnett and Shen (1997) suggest that overall, women

still seem to be completing most of the household and care duties. One study found that women's total workload (paid employment, child care and housework) after the birth of their child increased significantly more (by 64%) than that of their male partners' (by 37%) (Gjerdingen & Center, 2004). Hochschild (1997) reports that one in five men did as much work in their home as their wives. She also found that women devote approximately a month per year more in their homework than their male partners. Based on this view of time invested, women are more likely than their male partners to include a daily 'second shift' (Hochschild, 1997).

After becoming parents, the mother tends to take on more new roles, thus they will inevitably experience increased conflict regarding roles than fathers (Worthington & Buston, 1986). Five primary roles that mothers may need to fulfil include: work, social life, marriage, housekeeping and childrearing (Cowan & Cowan, 1992).

In addition, women experience the most intense transition initially after the birth event (Fennie, 2001). Women tend to experience the most deep-set changes during the first six months postpartum, whereas men experience changes across the first two years (Cowan & Cowan, 2000).

Becoming a parent is considered one of the most demanding and stressful life transitions an individual faces (Cowan & Cowan, 2000). Therefore, it is not surprising that the transition to parenthood impacts parents' psychological well-being. The birth of a child brings an increased risk of depressive symptoms for both fathers and mothers (Cox et al., 1999; Dietz, Williams, & Callaghan, 2007; Matthey, Kavanagh, & Howie, 2004; Pancer et al., 2000). According to Beck (2001) up to 13% of women may experience major postpartum depression. Some women experience sadness, decreases in self-esteem, anger or anxiety after giving birth – feelings that

can last up to a month (Choi, Henshaw, & Baker, 2005; Keeton, Perry-Jenkins, & Sayer, 2008). Possibly due to a combination of hormonal, physical and psychological changes, 80% of mothers experience 'baby blues' (i.e., mild depression) two weeks after childbirth (Halbreich, 2005; Halford & Petch, 2010). Ross (2001) noted that women presented higher levels of anxiety than men during the postpartum period.

Women often try to fulfil the role of a 'superwoman' by being an excellent wife and mother, while also performing competently in their career. This can lead to physical and emotional exhaustion as well as low self-esteem. The reason is that fulfilling high performance standards at both home and work is virtually impossible (Kopala & Keitel, 2003). Moreover, by returning to the workplace new mothers may experience guilt feelings towards her baby and husband and towards her job and her employer. In this sense she can become torn between her roles of being a good wife and mother, and dedicated employer (Van Niekerk, 2013). Often women do not meet the expectations of society as 'women who can do it all', and then view themselves as bad mothers or failures for not living up to the dominant motherhood ideology (Hilfinger & DeJoseph, 2007; Sellers, Thomas, & Batts, 2005). Women have the impression that they must live up to the ideal of the 'superwoman' otherwise they do not fit the social constructs of 'good mother' and 'perfect mother'. Mothers must, therefore, juggle the 'multiple shifts' of childcare, domestic work, and employment (Choi et al., 2005; Kopala & Keitel, 2003; Hilfinger & DeJoseph, 2007; Piontkowski, 2011; Sellers et al., 2005).

To summarise, generally women tend to be affected more profoundly than men by having a child. Overall, new mothers experience deeper and more widespread disruption in their lives on various levels (social, psychological, physical and career) when their child is born.

On the other hand, the transition to fatherhood represents an equally important life event in which the male needs to negotiate drastic changes.

3.3.2.2 His transition to parenthood

In contrast to the numerous studies into woman's transition to motherhood, the documented experience of men during the transition to fatherhood is limited (Demo & Cox, 2000; Figueiredo, Field, & Diego, 2008; Halle et al., 2008). Keizer et al. (2010) propose that men are equally affected by the transition to parenthood as women.

Although new fathers report similar problems (less sleep and feelings of inadequacy) as compared to new mothers, new fathers experience issues such as added stress about providing economically for a growing family and being the one who "goes out to hunt the dollar" (De Haan 2011, p. 192; Walters, 2009). Fathers experience the tumultuous transition by an increasing concern about work and money. Dew and Wilcox (2011) make an important point in this regard: "Husbands may feel that working more hours in the wake of the arrival of a child is a manifestation of their willingness to be good providers for their families. In contrast, their wives may feel that their husbands increased work hours take the men out of the home where they are needed most" (p. 3).

While fathers may have to occupy fewer new roles, they do experience conflict between the financial reality and the striving to be an involved parent (Clulow, 1991; Henwood & Procter, 2003). According to Dolores (2014) the male participants in his study felt challenged by trying to balance work responsibilities and being home. As a result, the men felt guilty for not helping enough with the baby. Halle et al. (2008) proposed that the dilemma that men face is that they

still experience the role of ensuring economic stability and yet are expected to provide a high level of physical and emotional support to their partner during the transition to parenthood. Men who work longer hours to meet the financial needs of their family may feel that they are missing out, and are vulnerable to perceptions of being uncaring fathers (Henwood & Procter, 2003).

New fathers are sometimes left feeling disappointed that their role as a 'hands-on dad' is postponed and they cannot do much for the baby straight away (De Haan, 2011). Disappointment can be avoided by preparing prospective fathers to understand that their active role with the infant starts when the baby begins to interact. In addition, new fathers in the meantime should be encouraged to become involved in other creative ways (for example bathing, soothing, baby massage, altering the home in preparation for the baby becoming mobile, and importantly, supporting the mother) (De Haan, 2011).

Studies have revealed that not only women suffer from postpartum depression; but men also have shown symptoms of paternal postpartum depression (Condon, Boyce, & Corkindale, 2004; Kim & Swain, 2007). Thus, having children has a substantial impact on men's well-being (Keizer et al., 2010; Knoester & Eggebeen, 2006). In general, the incidence of self-reported depression in fathers is consistently lower than in mothers. Matthey, Barnett and Ungerer (2000) found that 5 to 13% of fathers show an increased level of depression. Men tend to become depressed when there is marital discord or changes in maternal personality style after the birth (Goodman, 2004; Ramchandani, Stein, & Evan, 2005).

Fathers often expect fatherhood to be more enjoyable than it actually is, hence disillusionment and slight disappointment follow. These factors add to the general sense of marital dissatisfaction (Twenge et al., 2003). The transition to parenthood is a time of substantial change for husbands

during which marital satisfaction almost always suffers (Pancer et al., 2000). A possible reason for this decline in marital satisfaction may perhaps be because husbands feel that they are competing with the baby for their wives attention (Cowan & Cowan, 2000). Additionally, particularly the husbands adapt less easily to the common pattern of deterioration in sexual intimacy after childbirth. A husband's marital satisfaction may also decline as a result of him feeling neglected and rejected by his wife, following childbirth and may view her as being too 'baby focused' (Belsky & Kelly, 1994; Cowan & Cowan, 2000).

Some women experience such an intense relationship with their new baby that this relationship begins to be all-consuming, thus they find it difficult to think of anything but the baby (Fennie, 2001). Often women's attention is dominated by the baby's emotional and physical needs and the mother and baby tend to be encapsulated as a unit, which is part of the normal developmental process. Yet, new fathers are unaware of this 'normal preoccupation' and are often surprised and frustrated at how abandoned and excluded they may feel (Clulow, 1991; Linton, 2004). Males may feel a sense of loss, frustration and rejection when they experience a changing relationship with their partners (Bateman & Bharj, 2009; Van Niekerk, 2013). Often the new feelings a first-time father uncovers may press him to overwork, a way of trying to escape from the possible pain of feelings about the transformation in the marital relationship (Linton, 2004).

Miller and Sollie (1980) described six coping strategies fathers of newborn babies most often use: taking time away from the baby, flexibility, patience, becoming more organised and seeking support from friends.

Fathers have acknowledged that they require information to help prepare them for the changes and challenges associated with the transition to fatherhood (Dolores, 2014). Preparing fathers for

fatherhood can potentially enhance the well-being of the mother, child and the family unit as whole (Gage & Kirk, 2002).

To summarise this section, giving birth to a baby has a definite and significant impact on new parents since wives become mothers and husbands become fathers. Not surprisingly, research on the transition to parenthood reveals a number of differences between the way males and females respond during this transition period. The birth of a first child transforms the lifestyle of married couples immensely and makes it necessary that they undergo dramatic changes in various domains of their lives (e.g., employment status, routine, social networks and financial situation). In the following section the impact of the transition to parenthood on the couple relationship will be discussed.

3.3.2.3 Their transition to parenthood

In this section I focus on research in the literature on transition to parenthood, centring on the impact this transition has on couples and their relationship. In order to understand resilience within the context of the transition to parenthood, it is vitally important to understand how the arrival of a baby impacts the couple relationship.

In a study by Cavanaugh (2006), one mother mentioned that her relationship with her husband had gotten worse during the postpartum period: “There is no time to connect, relax, and share fun things. The added responsibility makes for little else. We have very little support. I miss him as my friend and lover” (p. 98). This quote highlights the enormous strain the arrival of a newborn places on the marital relationship. Amid the various changes that new parents need to make, the couple relationship can often become vulnerable as the new mother and new father struggle to

maintain their pre-parenthood focus on each other (Parker & Hunter, 2011). Life in this stage is no longer solely about each other's careers, their relationship and activities. In this period their lives also include fostering their child's life and ensuring his/her welfare (Blackburn, 2006).

Having a baby brings numerous joys but also challenges, especially with respect to the relationship and the dynamics of the couple (Mickelson & Joseph, 2012). For most parents, parenthood brings many rewards, such as affection, a stable relationship, a sense of achievement as well as the fulfilment of reproductive needs and social expectations (Blackburn, 2006). At the same time, approximately 50% of couples report deterioration in relationship satisfaction after having a baby (Alexander et al., 2001; Shapiro, Gottman, & Carrère, 2000).

A recurrent theme in the literature on the transition to parenthood is the issue of loss. Several scholars emphasise the losses that couples experience individually and collectively (Bateman & Bharj, 2009; Cavanaugh, 2006). These include losses with regard to: intimacy, independence, time with spouse, sleep, freedom, one's figure (women), energy and of normal routines. Researchers identify the loss of being a couple as one of the common postnatal relationship changes, seeing that the relationship becomes a partnership and less of a romance (Feeney, Hohaus, & Noller, 2001; Kluwer, 2010; Knauth, 2001). Both parents undergo a shift in identity where the part of the self that is husband, wife or lover tends to decrease, and the role of parent turns into a larger part of the identity (Cowan & Cowan, 2003; Jankelson-Groll, 2014).

Another significant change that occurs in a couple's life is their financial situation. Caring for a baby introduces new financial demands such as expenses for their current needs, the necessity to provide for their future and careful budgeting (De Haan, 2011; Twenge et al., 2003). Most

couples experience a reduction in income, which causes financial strain and a source of potential difficulty and conflict for many couples (De Haan, 2011; Halford & Petch, 2010).

According to Feeney et al. (2001) new parents often experience a change in emotional quality of their relationship. Interaction contains less praise of one another, fewer expressions of affection and less mutual self-disclosure (Halford & Petch, 2010). The changing nature of marriages following childbirth is evident as the relationship becomes increasingly child-oriented and focused on instrumental functions, while decreasingly focused on emotional expression (Belsky, Spanier, & Rovine, 1983; MacDermid, Huston, & McHale, 1990). Couples experience an increase in negative interactions such as demand/withdrawal, and a decrease in adaptive processes such as emotional responsiveness, relationship maintenance and support from the spouse (Kluwer, 2010). Couples showed a higher degree of passive avoidance (becoming silent and drawing away from the partner) after childbirth. Many parents did not want to argue in front of the baby and generally reported having less time and energy to resolve conflicts (Crohan, 1996).

The transition to parenthood has shown to produce changes in the romantic relationship, for example the wives spend less quality time with their spouse (Dew & Wilcox, 2011). In addition, Belsky and Rovine (1990) point out that couples spend significantly less time in joint leisure activities (e.g. watching television together or dining out) and more time on household tasks and responsibilities surrounding infant care. Quality time is an important facet of a couple's relationship as it helps them to be emotionally closer and allows couples to deepen and sustain an emotionally intimate relationship (Dew & Wilcox, 2011).

New parents are faced with an absorption in a relentless and unremitting new routine, which becomes marked by chronic tiredness and ‘24/7’ responsibility where a couple’s life is suddenly dominated by the baby’s needs (De Haan, 2011). Many parents are surprised by the reality of caring for a baby who needs constant care and is totally dependent on them for food, shelter and clothing, as well as love (Vanzetti & Duck, 1996). Caring for a newborn adds approximately 35 hours of work per week to the average couple’s household responsibilities (Craig & Bittman, 2005).

Sexual intimacy is one important area of the relationship that is shown to be affected by the transition to parenthood (Halford & Petch, 2010; Kluwer, 2010; Mickelson & Joseph, 2012; Pacey, 2004; Polomeno, 2011; Von Sydow, 1999). First-time parents are often unprepared for the changes in their sexual desire and may, therefore, interpret these changes as being unique to them. Accordingly, absence of sexual desire should be emphasised as a natural tendency during the postpartum adaptation period (Ahlborg & Strandmark, 2001). In a study by Ahlborg et al. (2005) the mean time for resuming intercourse after delivery was 2.6 months. The most common frequency of intercourse was once or twice a month among first time parents.

Up to 50% of women experience some reduction in sexual responsiveness for 6 to 12 months after childbirth (Von Sydow, 1999), while men more often experience no changes in their sexuality as the couple enters parenthood (Ahlborg et al., 2005; Polomeno, 2011). The reasons for the decline in a couple’s sexual activity include the following: lack of sleep and overall fatigue, reduced libido, psychosexual problems, vaginal dryness, the presence of the baby, feelings of anger or resentment, and psychological changes in spouses’ role and identity (Halford & Petch, 2010; Von Sydow, 1999).

Renewing sexual relations weighs heavily on women in the postpartum period (Blackburn, 2006). The mother is tired, physically uncomfortable, feeling unattractive, or over-stimulated from breastfeeding. It is important for couples to remember that sexual energy is not limited to genital sex. Blackburn (2006) suggests that the couple must give each other room to adapt to the impact the baby has on the relationship. A fare degree of patience is needed in the postpartum period regarding sexual relations of the marriage partners. The importance of dyadic communication about sexuality must also be noted (Ahlborg et al., 2005).

To summarise this section, in order to understand couple resilience in the context of the transition to parenthood, a clear understanding is necessary of the impact of this major transition on the individuals as well as the couple. The transition to parenthood has been studied widely and one of the most consistent findings reported in the literature is an array of negative individual and relational outcomes, following the birth of a first child. Although marked by society as a generally glorious life event, research suggests that childbirth presents many first-time parents with a potentially difficult and complicated period of adaptation, as demonstrated in the discussion above. While change in the individual parents' existence and the marital relationship is certainly an important aspect of this transition, it remains just one aspect. In the present study I examined another fundamental aspect of the transition to parenthood, namely couple resilience.

An aspect that has received considerable attention in the literature is the quality of the marital relationship and marital satisfaction after childbirth, which will be explored subsequently.

3.3.3 Theme three: Marital quality and marital satisfaction during the transition

In this section I report on the third of the four identified themes (see 3.3) in the broad transition to parenthood literature by discussing marital quality and marital satisfaction during the transition to parenthood. Marital satisfaction refers to each of the spouses' subjective, overall evaluation of his/her marriage. Since the terms 'marital satisfaction' and 'marital quality' tend to be used interchangeably in the literature, these terms have also been used likewise in this study (Fincham & Rogge, 2010).

Decline in marital satisfaction has been highlighted as one of the most significant changes in the relationship across the transition to parenthood (Kluwer, 2010). This decline does not seem to be specific to a particular ethnic group or nationality. Decline in relationships after birth have been found in couples from various ethnicities in the United States of America (USA), as well as in couples living in Europe and Asia (Doss, Rhoades, & Stanley, 2009). It is also important to acknowledge the link between gender and marital satisfaction during the transition to parenthood. A growing body of evidence proposes that new mothers experience sharper and more abrupt declines in marital satisfaction, following the birth of the baby, as compared to new fathers (Doss et al., 2009).

Children appear to have an ambivalent effect on marriages, on the one hand promoting stability and reducing the likelihood of separation/divorce, while on the other hand also able to cause a deterioration of marital functioning and marital quality (Belsky & Hsieh, 1998; Bradbury, Fincham, & Beach, 2000; Pinquart & Teubert, 2010). Parents often describe the transition to parenthood as a positive life change filled with rewards, excitement and gratification (Belsky et al., 1985; Florsheim et al., 2003; Parker & Hunter, 2011; Pinquart, Stotzka, & Silbereisen, 2008).

However, parents also point out the strains, conflict, stresses and sacrifices they need to make (Levy-Shiff, 1994), as well as reorganisations that form part of such a transitional period (Levy-Shiff et al., 1998).

A few studies found that parents experienced a ‘baby honeymoon’ phase, which refers to a short period of increased relationship satisfaction directly following birth. This phase is then followed by a subsequent decrease in satisfaction – some weeks after the birth (Belsky et al., 1983; Dyrdal, Røysamb, & Nes, 2011; Miller & Sollie, 1980; Wallace & Gotlib, 1990).

During the transition to parenthood first-time parents are confronted with the challenge to cope with realities and ambiguities of living with a newborn. This new addition to the family entails requests for nurturing that requires extensive decoding and the baby’s sleep and waking patterns usually are unpredictable. This often results in couples placing their relationship on the ‘back burner’ during the postpartum period (Cowan & Cowan, 1995). As was already pointed out, parental fatigue and anxiety, the need to juggle family and work life, and simply the presence of a new resident in the household, certainly reduces the time, opportunity and actual investment in marital intimacy (Cowan & Cowan, 1995). Thus, the tendency is a significant decline in marital satisfaction after the arrival of a first baby (Bateman & Bharj, 2009; Cavanaugh, 2006).

It must be stressed that, while there is a likelihood of a decrease in relationship satisfaction and marital quality after childbirth, not all couples experience the transition to parenthood as impacting negatively on their relationship. Guttman and Lazar (2004) report increased marital satisfaction in first-time parents as compared to childless couples. Furthermore, Belsky and Rovine (1990) found that half of new parenting couples experienced negative changes in their relationship, while 30% experienced no change and 19% testified to an improvement in their

relationship. Thus the effect of parenthood is not the same for all couples. It is also important to note that a moderate decline in the majority of relationships does not mean the couple's satisfaction changes from full marital bliss to total chaos, despair and divorce (De Goede, 2012). It is important to understand why some relationships fare better than others, in order to identify qualities and processes that foster positive adaptation to the transition to parenthood (Kluwer 2010).

The various stressors and changes described above appear to be ostensive sources of difficulty for couples during such a transition. Many studies documented changes in new parents' relationships, especially within the context of the couple relationship (Florsheim et al., 2003; Galatzer et al., 2011; Keeton et al., 2008; Lawrence et al., 2008; Miller & Sollie, 1980). These changes are found to be directed towards conflict, dissatisfaction and disappointment, with the resulting erosion of intimacy over time.

An important marker of marital adaptation during the postpartum period is the tendency for marriages to remain either intact, or to dissolve. The excessive strain of new parenthood in some cases can result in separation or divorce. South African statistics reveal significant divorce trends. The data from 51 out of 63 courts that deal with divorce, indicated that 21 998 divorces were granted in South Africa in 2012 (Statistics South Africa, 2012). Beginning from 2007 to 2012, the data indicated higher proportions of divorces from the African population group than their White counterparts regarding annual total divorces. In many instances, couple's first steps towards divorce began with the decline in marital satisfaction after the birth of the first baby (Jankelson-Groll, 2014). In order to help reduce the risk of marital distress during the transition

to parenthood, the present study sought to identify qualities and processes of resilience that buffer couple's relationship from negative changes and facilitate positive adaptation.

To summarise, it is clear that the quality of a couple's relationship is an important factor for postpartum adaptation (Patel et al., 2005). The marital quality or marital satisfaction of the parental relationship suffers when a child enters the union (Blissett & Farrow, 2007; Dew & Wilcox, 2011; Dyrdal et al., 2011; Hilfinger & DeJoseph, 2007; Kluwer, 2010). The postnatal period is a time of intense stress as well as reassessment of the relationship for the couple (Blissett & Farrow, 2007). Thus, as the family shifts from dyad to triad, when partners become parents, the tendency is often that new fathers and mothers experience an unwelcoming drop in the 'temperature' of their relationship (Walsh, 2003).

The last theme focuses on new parenthood, the division of labour, conflict issues and differing expectations.

3.3.4 Theme four: New parenthood, division of labour, conflict issues and differing expectations

The question may be raised: what do new parents argue about? Researchers suggest that imbalances in the division of labour, or "who does what" within and outside of the home environment, is the main source of conflict and tension (Grochowski & Karraker, 2006; Kluwer, 2010). Often the couple did not consider beforehand who would be responsible for the details of parenting (such as temporary putting her/his career on hold, managing the diapers, feeding and bathing the baby, doing the dishes, preparing food and doing the laundry) (Belsky & Kelly, 1994). When the role clarification and role distribution of household responsibilities is not clear,

new parents tend to experience frustration and role confusion. Role consensus, redefinition of roles and shared division of labour is essential to maintain ongoing marital satisfaction (Knauth, 2001; Levy-Shiff, 1994).

The issue of the division of labour is more strongly linked to wives' dissatisfaction rather than husbands' relationship satisfaction. Research has shown that women's expectations regarding the division of labour are often disappointed, which affects marital satisfaction negatively (Levy-Shiff, 1994). Statistics South Africa (2010) indicates the largest gender difference was observed among married women and men, where women spent an average of 242 minutes on household maintenance compared with 77 minutes for men. Among women, those who were married spent more time than those who were widowed, divorced or single on household maintenance. According to Statistics South Africa (2010) the average time spent by both men and women on childcare was highest when they had their own children aged under 7 years living in the household. The biggest gender gap exists when own children aged under 7 years lived in the household (80 minutes for women compared to only 13 minutes for men). Even if first-time parent couples have more egalitarian relationships prior to childbirth, the vast majority of couples tend to fall back on traditional gender divisions after becoming parents (Cowan & Cowan, 2003; Goldenberg & Goldenberg, 2008; Katz-Wise et al., 2010).

In light of the above, another fundamental issue in the couple relationship is unfulfilled and unrealistic expectations (Kluwer, 2010; Knauth, 2001). The disappointment in certain expectations may vary for several dimensions of the relationship. For example, the wife may feel as though the partner does not help out enough with the baby and the housework, as she might have expected (Kluwer, 2010; Mercer, 1995). Additionally, the wife may feel distressed because

of the lack of intimacy and sex in the relationship; she may experience a lack of emotional support and appreciation from her partner and a lack of sympathy when she is exhausted or frustrated. These difficulties in the relationship may leave new mothers feeling disappointed and dissatisfied (Piontkowski, 2011). Mercer (1995) also introduces the idea of ‘violated expectations’, which explains a woman’s diminishing positive feelings about her husband, following the birth experience. Violated expectations breed difficulty and conflict between spouses (Belsky & Pensky, 1988).

Prior to childbirth, new parents may find themselves unaware of each other’s expectations. After the baby has arrived, this realisation becomes apparent with many couples fighting about their mutually unmet expectations. Possible reasons for this state of affairs are that they had no clarity of their mutual expectations and had differing expectations about each other’s role during the transition period (Fennie, 2001; Van Niekerk, 2013). In addition, couples’ expectations about themselves, their relationship and their support structure during the transition to parenthood, are important issues. More importantly, these expectations need to be communicated to the relevant people (e.g. the other spouse or support structure). Marital discord and conflict may arise when unspoken expectations surface in the couple relationship (Van Niekerk, 2013).

Generally, marital relationships are characterised by increased conflict following the birth of a child (Crohan, 1996; Hackel & Ruble, 1992; Rholes, Simpson, & Campbell, 2001). Kluwer (2010) highlights critical conflict issues that surface with the transition to parenthood: the amount of time partners spend together, how leisure time is spent, physical and emotional intimacy and paid work (working hours and working overtime). Moller, Hwang and Wickberg (2008) argues that another area of conflict include disagreements around the rearing of the child.

Marital conflict also arise from scheduling difficulties at work, accumulated fatigue, problems to locate appropriate child care and poor coordination of parenting roles (Lawrence et al., 2008).

Generally, regardless of where couples initially can be found on the traditional-to-egalitarian continuum, the division of labour has been found to become increasingly traditional after the birth of the first child (Levy-Shiff, 1999). Research on the transition to parenthood underscores the central importance of the division of labour in explaining why the early childrearing years are so stressful to marriages. When the reality of life with a baby does not match couples' expectations, it can negatively affect the marital relationship. Conflict between spouses increases during the transition to parenthood (De Haan, 2011).

To summarise, findings from various studies demonstrate clearly that becoming a parent entails a major life transition, which impacts significantly on men and women's lives as individuals, as well as on their intimate relationship as a married couple. Generally, previous research on the transition to parenthood has focused on different negative aspects of the transition to parenthood. This is largely due to the deficit-oriented approach that has been the dominant paradigm in the field of mental health. While objectives of most previous studies are commendable and the results of the literature are valuable in this regard, such studies often ignore the flipside of the marriage coin. It stands to reason that marriages can become distressed and even dissolve. However, marriages can also grow stronger and become more satisfying (Graham & Conoley, 2006). The specific aim of the present study is to advance research in the latter domain.

The present study explores a relatively new area of research by focusing on couple resilience, specifically within the transition to parenthood. The primary objective of this study is to identify processes and qualities of resilience, which are influential and critical in better adaptation after

becoming parents. This is particularly important, seeing that previous research has generally failed to identify determinants of spouses' adaptation to the arrival of their first child (Terry, 1991).

In the following section I discuss international and South African research relevant to the research question, on what helped married couples to adapt during this transitional stage.

3.4 International and South African research on adaptation to new parenthood

I could only find four studies that relates directly to the research question of the present study. As an orientation, a brief summary is provided below of these four studies. The first two studies are international studies and the other two were conducted within the South African context.

Firstly, a Czech study done by Prchalová (2010) with the title "Couple resilience after the birth of their first child" will be discussed. The aim of Prchalová's study was to draw attention to the relationship between partners after childbirth and to identify factors which helped partners to manage demands they face during the transition to parenthood. Secondly, a Swedish study done by Ahlborg and Strandmark (2006) will be discussed. The latter study focused on factors influencing the quality of intimate relationships six months after delivery and examined first-time parents' own views and coping strategies.

Thirdly, a South African study by Walters (2009) will be discussed that addresses the adaptation in families with young children and identifies key processes and factors of resilience. Lastly, the second South African study under discussion is by Jankelson-Groll (2014), investigating the changes in the marital relationship when couples become parents. Jankelson-Groll (2014) aims to

understand how these changes impacted on the marital relationship, by identifying factors that alleviate or exacerbated the negative effects of this transition on the couple relationship.

3.4.1 International studies about positive adaptation to new parenthood

Early in the 21st century, a large number of international research articles and theses were published on the transition to parenthood, yet only two studies focused on positive adaptation in the context of first-time parenthood. Therefore, relating directly to the research question of the present study. Key findings of these studies are discussed below.

3.4.1.1 Prchalová – Czech study

The title of the Czech study by Prchalová is “Couple resilience after the birth of their first child”. I could not get hold of the complete study as there is only an abstract of the thesis in English available. Databases such as WorldCat, SunSearch (University Stellenbosch), Proquest Dissertations & Theses Database, Scopus, World of Science, GoogleScholar and APA PsycNet did not yield any results for a translated copy of this thesis. The following description of the study was done based on the abstract of the thesis.

The Czech study by Prchalová (2010) focused on couple resilience in the context of the birth of the first child. The aim of the research was to draw attention to the relationship between partners after childbirth and to identify factors which helped partners to manage demands they face during the transition to parenthood. Attention was especially given to changes in the relationship between partners during this period. The method entailed a qualitative analysis of interviews with couples with young children – women and men separately. The analysis of the interviews revealed protective factors assisting the couples after the birth of the first child. No results were

reported in the abstract. The present study filled the gap in the research by interviewing couples (the dyadic perspective). It also identified qualities and processes of resilience that foster positive adaptation, with a view to the South African context and a specific focus on couple resilience.

3.4.1.2 Ahlborg and Strandmark – Swedish study

In a Swedish study by Ahlborg and Strandmark (2006), the focus was on factors influencing the quality of intimate relationships, six months after delivery. The authors examined first-time parents' own views and coping strategies. The method used was inductive and qualitative content analysis of two open-ended questions that form part of a larger quantitative questionnaire. This questionnaire focused on marital satisfaction and was based on an original version of an American instrument, the Dyadic Adjustment Scale (DAS). The DAS was supplemented with questions about mutual communication, the sensual and sexual relationship and some questions about the baby and breastfeeding. The questionnaire ended with two open-ended questions. During a period of seven months, nurses at family health centres distributed the questionnaire to all first-time parents, six months after the child's birth. The data was based on 535 completed questionnaires. Mothers and fathers were encouraged to answer the questions separately.

The factors affecting the quality of the intimate relationship were classified into four categories:

1. Coping by adjustment to parental role (e.g. mutual support and encouragement, loyal sharing and responsibility, realistic expectations, as well as respect and regard).
2. The couple's intimacy (i.e. togetherness and love, common goals and values, sexual and sensual affection).

3. Coping by communication (i.e. verbal and non-verbal mutual confirmation, feeling of being important to the partner, regular talks about different matters, ability of mutual listening, and a will to solve problems).
4. Coping with external conditions (e.g. by receiving social support from friends and relatives, reducing extensive working hours, sharing wakeful nights).

The results were presented as a model, which the researchers proposed as a basis for the promotion of family health care, with the possible aim of preventing unnecessary separations/divorces after couples become parents.

The study by Ahlborg and Strandmark (2006) contributes to the understanding of couples' coping strategies during the transition to parenthood. The parents described many different factors which affected the well-being and quality of the relationship. However, the study's data is based on short written statements. Another limitation of the study is a sampling bias - the selected respondents as a group had an above-average level of education. Lastly, mothers and fathers were encouraged to answer the questions separately, which led to differently formulated answers by partners. Sometimes the answers diverged completely. Additionally, more mothers than fathers answered the open questions, and the mothers in particular gave more detailed answers.

In the following section I focus on two research studies from within the South African context.

3.4.2 South African studies about positive adaptation to new parenthood

In this section two South African studies are discussed. The current study builds on this work. As far as I could ascertain, with the exception of these two studies, to date no other South African research were conducted that relates directly to the research question of this study.

3.4.2.1 A study by Walters

Within the overall literature covering the transition to parenthood, studies on how and why married couples as first-time parents cope well, are quite limited. The exception is a South African study that addressed the adaptation in families with young children and identified key processes and factors of resilience (Walters, 2009). Grounded within family systems theory, the Resiliency Model of Family Stress, Adjustment and Adaptation and Key Family Processes outlined by Walsh (2002), served as the theoretical framework that guided the execution of Walters' research. Eighty-nine families, in which the eldest child was no older than four years of age, took part in her study. Seven quantitative questionnaires were used in the assessment of factors associated with family adaptation, whilst the participating parents also completed a demographic questionnaire and answered an open-ended question.

Walters' (2009) study differs from the present study in several ways, including variation in the composition of the sample, sample size, research focus and methodology. Firstly the sample in Walters' (2009) study comprised 89 families with more than one child, and only one parent completed the questionnaires and interview. The majority of the participating families were White (51%), 26% were African and 11% were Coloured, while the ethnicity of 11 families (12%) was unknown. The present study explores the manner in which 13 White and 9 African new-parent married couples in South Africa manage to navigate their way through the transition

to parenthood. In addition, the focus of the present study was the adaptation of first-time parents, whereas some families in Walters' (2009) study had a second or third child. The parents in Walters's (2009) study were also not required to be married.

Secondly, one parent, the primary caregiver of the child or children, was required to complete the measuring instruments. Qualitative data was gathered by asking the participating family member to answer the following open ended question: "What were those qualities of your family, or what qualities in your family, help your family to adapt to a child and keep on functioning well as a family?" The quantitative data was collected by means of self-completing questionnaires. The majority of the parents who completed the questionnaires were female, with a substantially lower proportion of male participants.

A focus on family resilience was presented in Walters' (2009) research in contrast to the focus on couple resilience of the present study. A gap was uncovered in the international and South African literature regarding a specific focus on couple resilience during the transition to parenthood. Seeing that spouses share this transition, a *couple-focus* is central in the present study. Most research on transition to parenthood focuses solely on the mothers' perspective, which implies an individual viewpoint (Delmore-Ko et al., 2000). The present study addressed this gap by focusing on the couple and thus including the fathers' perspective as well (Deave et al., 2008).

Thirdly, Walters (2009) used both quantitative and qualitative methods to collect data from the participating families, whereas the present study employed only a qualitative method. In addition, Walters (2009) employed content analysis as method of analysis for the qualitative data, whereas thematic analysis was the chosen method of analysing data in the present study.

Although the study by Walters (2009) differs in many ways from the present study (e.g., methodology, sample and research focus), the former study does provide in-depth insight into qualities and processes of family resilience deemed important in the adaptation process within the context of parenthood. Walters' (2009) study is also grounded similarly in family resilience theory, like the present study, and thus confirms the chosen theoretical basis for the present study.

Walters's research (2009) did contribute to the understanding of family resilience in families with young children in the South African context. However, her study does not deal with couple resilience in the context of the transition to parenthood of first-time married couples.

The qualitative and quantitative results of Walters's study revealed that families considered the following resources important in the process of adapting to the presence of a young child in the family: (1) social and economic support; (2) effective and caring communication; (3) flexibility in family roles, rules and relationships; (4) commitment to the family; (5) spending time together; (6) routine; (7) acceptance; (8) affection; (9) cohesion; (10) connectedness; (11) state of the marriage; (12) spirituality; (13) parental emotions/ideologies; (14) coherence; (15) modelling; (16) choice; and (17) characteristics of the child. Each resilience resource is discussed briefly, as related to Walters' (2009) study, seeing that it creates a foundation for the present study's investigation of qualities and processes of resilience.

1. Social and economic support

The participants in Walters' study (2009) indicated that the most important adaptation resource following the addition of a child was that of social support received from friends, family and the

community, as well as the ability to provide financially for the family (economic support). A large proportion (62%) of the participants indicated that these resources helped them adapt following the addition of a child to the family.

2. Communication

The second important resilience quality reported by families according to Walters' (2009) was communication. Fifty-two percent of families regarded communication as an important resource. Communication can be characterised as open and honest interaction, which enables the sharing of affection and collaborative problem-solving (Grochowski & Karraker, 2006; Walsh, 2012).

3. Flexibility

Participating families in Walters' (2009) study reported that an important resource helping them adapt to parenthood, is the ability to be flexible and change their roles, rules and everyday routines according to the demands of a transitional situation (Walters, 2009). Flexibility allows changes and challenges to stimulate growth and health (Walters, 2009).

4. Commitment

Walters' study reported the following as valued resources in the process of adaptation: being in a committed relationship with one's partner as well as committed to the family as a whole (Walters, 2009). Commitment is characterised by working together toward shared goals through self-sacrifice, persistence and loyalty to the family. In this sense, commitment creates an environment of trust and dependability (Silliman, 1995).

5. Spending time together

The opportunity to spend time together and sharing activities as a family was mentioned by the participants in Walters' (2009) study as an important quality to enhance resilience.

6. Routine

The parents in Walters' (2009) study reported a facilitating quality of resilience namely, the adherence to a routine, which includes the practices and application of discipline. Daily family routines provide predictable events as well as emotional anchors that offer safety and connection for family members (Walters, 2009), thus reducing stress responses (Grochowski & Karraker, 2006).

7. Acceptance

A number of participants in Walters' (2009) study indicated acceptance as an important resource in the process of adaptation. Most of the participants referred to the quality of acceptance by mentioning that they have received and allowed the freedom of personal space.

8. Affection

Another quality valued as important in the adaptation process by the participants in Walters' (2009) study, was that of affection. This quality is a resource or strength when families regularly reveal and share love, care, concern and interest for each other by means of, amongst others, words, hugs, kisses and thoughtfulness (Silberberg, 2001).

9. Cohesion

In their responses to the qualitative question, 28% of the participants in Walters' (2009) study mentioned cohesion as of importance for their adaptation. Cohesion refers to the emotional bonding that couples and family members experience towards each other. It is the ability to maintain family identity and togetherness and to balance family priorities with support for individual member's esteem and achievement (Walters. 2009).

10. Connectedness

Participants in Walters' (2009) study also pointed out connectedness as a quality that aid them in the adaptation process. Connectedness can be defined as giving and receiving support to and from supportive networks, which fosters a sense of belongingness as well as accountability to others (Walters, 2009).

11. State of the marriage

The state of the marriage concerns the quality or dynamics of the pre- and postnatal couple relationship. It also includes strategies the couple employ to remain emotionally and romantically connected (Walters, 2009). The participants in Walters's (2009) study indicated that the quality of the relationship they shared with the spouse/other parent of the child, had helped them adapt to the presence of a new child.

12. Spirituality

The participants in Walters' (2009) study reported spirituality as an important facilitating resource. Spirituality refers to the following: a belief in a higher power; acting on a value system

beyond self-interest; spiritual resources of faith, rituals and prayers. Spirituality also adds purpose and divine support in everyday life and difficult events (Walters, 2009).

13. Parental emotions/ideologies

Participants in Walters' (2009) study highly rated parental ideologies and emotions as valued qualities of resilience. These qualities entail emotions about the child or parenthood and individual parent's ideals for him-/herself, and/or for the child (Walters, 2009). The ideals to which individual parents strive, or their emotional capability to cope with parenthood, is important in this regard.

The following four qualities (coherence, modelling, choice and the characteristics of the child) were mentioned less frequently by the participants in Walters' (2009) study in comparison to the 13 qualities discussed above.

14. Coherence

Coherence means to act with self-confidence and self-reliance, and applying optimism to make a difference and working through problems rather than giving up (Silliman, 1995). This quality was pointed out as a resilience resource by 21% of the participants in Walters's (2009) study.

15. Modelling

Modeling entails acquiring new forms of behaviour or thought by observation, and extends to acquiring of knowledge by word-of-mouth, and/or literary resources (e.g., literature on pregnancy, parenting and child-care) and speaking to and/or watching other parents (Walters, 2009). The responses of 21% participants to Walters' (2009) study indicated modelling as a resilience quality.

16. Choice

A number of participants in Walters' (2009) study mentioned another facilitating resource. This is the ability to choose the timing of pregnancy and issues around a planned or unplanned pregnancy (Walters, 2009).

17. Characteristics of the child

The characteristics of the child refers to the influence of the child's character on parental adaptation, for example the temperament and gender of the newborn (Walters, 2009). Merely 9% of the participants in Walters' (2009) study indicated how an uncomplicated or illness-free child made the adaptation to the child's presence easier and smoother.

In sum, the qualitative and quantitative findings of Walters's (2009) study reveal that families considered several resources to be important in the process of adapting to the presence of a child in the family. In the following section I discuss a second South African study relevant to the present study.

3.4.2.2 A study by Jankelson-Groll

The second South African study under discussion is by Jankelson-Groll (2014) who investigated changes in the marital relationship when couples become parents. The study aimed to understand how these changes were related to the marital relationship. Factors were identified and discussed that alleviate or exacerbated the negative effects of this transition on the couple relationship. More specifically, the Jankelson-Groll (2014) study had four objectives, with the third objective especially important for the current study:

1. Explore couples' perceptions of their relationship prior to and after becoming parents.
2. Investigate the perceived impact of the new roles and responsibilities on the relationship across the transition to parenthood.
3. Explore and identify factors that couples perceive as contributing positively to the relationship across the transition to parenthood.
4. Identify and explore factors that couples perceive as contributing negatively to the relationship across the transition to parenthood.

Data was collected from first-time parents by an exploratory qualitative method. Participants in heterosexual marriages with a baby aged between three months to a year old were recruited, using non-probability purposive sampling, followed by snowball sampling. Nine couples were recruited through midwives and doulas in private practice and through their clients. Individual face-to-face interviews were conducted. Tesch's (cited in Creswell's, 2009) method of data analysis was used. The findings reflect high levels of overall marital satisfaction amongst many participants both before and after the transition to parenthood. At the same time, participants reported negative changes in certain aspects of their relationship. Protective and risk factors were identified for the marital relationship across the transition to parenthood.

Important for the current study, Jankelson-Groll (2014) reported a number of positive factors that seem to have buffered many of the relationships in her study from being impacted significantly negatively by the transition to parenthood. This finding is in line with the third objective of her study. Participants identified various demographic, individual, relational, parenting and environmental characteristics that, according to them, helped them avoid higher levels of stress.

Owing to these characteristics they adapted more easily to parenthood as individuals and as couple. A brief discussion follows of each of these perceived protective factors.

Perceived factors that contribute positively to the relationship across the transition to parenthood

In this subsection the factors will be discussed that may have helped buffer the relationship during the transitional period to parenthood.

1. Positive demographic, relational and individual factors

According to Jankelson-Groll (2014), relationships seem less at risk due to positive demographic features (e.g., age and income). Certain personality factors (e.g., a relaxed or stable temperament in one or both partners) also played a role in reducing the amount of stress couples experienced in the transition to parenthood. This quality was reported more important for female participants who were appreciative of husband's capacity to remain calm when they felt stressed or irritable (Jankelson-Groll, 2014). One of the most significant factors contributing to participants' marital satisfaction was the strength of the relationship prior to parenthood. Participants felt it was easier to work together as a team because of the pre-existing close friendship and honest communication. The length of the marriage was pointed out by Jankelson-Groll (2014) as an important factor before becoming parents. Couples felt that they had time to get to know one another, improve their communication and work through conflict effectively.

2. Positive parenting factors

A number of parenting factors that made childcare more manageable, included a planned and wanted pregnancy, teamwork, the husbands' involvement and the use of a baby routine.

3. Positive environmental factors

It was also found that the couple relationship was sustained by various environmental resources such as social support, quality childcare, religion and flexible conditions of employment. Several participants indicated that practical and emotional support from parents, friends and mothers' groups was important to help reduce the amount of strain they experienced, particularly in the first few months after becoming a parent. Females reported that social support contributed to personal and relationship well-being (Jankelson-Groll, 2014). They especially appreciated grandmothers' assistance with childcare and cooking.

Participants commonly identified child-minders as one of the core positive factors assisting to manage the added duties associated with parenthood. Female participants were particularly grateful for the practical childcare support and high quality care that child-minders provided (Jankelson-Groll, 2014).

Furthermore, participants who were religious indicated that their faith in God and social support from their religious community made it easier to adapt to parenthood. Marriage-preparation classes run by churches made participants more aware of the strengths and vulnerabilities in their marriage (Jankelson-Groll, 2014).

A number of participants also identified supportive work conditions (including family-friendly attitudes of employers, working conditions and working hours) as factor contributing to lower role strain and less strain on the couple relationship. In addition, some participants said that longer paternity and maternity leave helped both spouses to adapt more successfully to parenthood (Jankelson-Groll, 2014).

In summary, this subsection reviewed the relevant key findings of a South African study done by Jankelson-Groll's (2014). Her research is especially relevant as her study's third objective is directly related to the research question of the present study. She explored and identified factors that couples perceive as positive contributors to the relationship across the transition to parenthood. Regarding the strengths that may help couples adapt to parenthood and make the marriage more resilient to this transition, Jankelson-Groll's (2014) study contributes to existing knowledge of couple resilience within the broader South African context.

It is important to note that the study done by Jankelson-Groll (2014) differs in numerous ways from the present study. An important goal of the present study is to investigate couple resilience in the context of new parenthood in a sample of couples from diverse racial backgrounds (13 White and 9 African). In contrast, Jankelson-Groll (2014) included mostly White couples (8) and one Coloured couple. There is a gap in South African research on couple resilience among African first-time parents. To the best of my knowledge, the present study is the first one to investigate couple resilience in new-parent married African couples, with the exception of Walters' study, where 26% of her sample was African participants, but not necessarily married first-time parents.

A further important methodological difference is that couples were interviewed individually in Jankelson-Groll's (2014) research, whereas the present study focused on a couple-interview (including both individuals), in order to gain a dyadic perspective. This is consistent with the unique focus of this study, namely *couple* resilience.

It is particularly worth noting that none of the two relevant South African studies discussed in this literature review obtained data through couple interviews. Spouses were interviewed as

individuals not as couples in the studies of Walters (2009) and Jankelson-Groll (2014). Importantly, Aboagye (2012) recommend that future research on strengths or resilience, should include couple interviews, as needed addition to the individual interviews conducted in her study. She suggests that couple interviews may potentially provide insight into couple dynamics, which could add to the richness of the data.

Another methodological difference centres on the data analysis method used in Jankelson-Groll's (2014) study, namely Tech's method of data analysis (Creswell, 2009), as compared to thematic analysis of the data in the present study.

From the literature review it is evident that limited international and South African research studies have been done on married couples' adaptation as first-time parents. Therefore, it is important to explore the detail and nuanced accounts of the manner in which new-parent married couples from diverse cultural groups navigate the transition to parenthood. In the present study, qualitative data was collected by means of an open-ended question posed during the couple-interview, which included both spouses jointly for a dyadic perspective. Therefore, the present study makes an important contribution to the international marital and family literature by focusing on couple strengths and rectifying certain limitations of previous 'transition to parenthood' studies.

3.5 Conclusion

The purpose of this chapter was to review, integrate and recapitulate the relevant previous research on couple resilience in the context of the transition to parenthood. Firstly, a general discussion was done of the main topics recurrent and prominent in the literature on transition to

parenthood, in order to contextualise the present study within the broader literature on this topic. This was followed by an outline of research relevant to the present study, in which four studies were reported on in more detail. However, some of these studies' designs show shortcomings that obscure the interpretation of their findings. Shortcomings include: combining couples expecting their first child and those expecting the birth of their second or third child (e.g. MacDermid et al., 1990; Walters, 2009); selecting both first-marriage couples and remarried couples (e.g. Cox et al., 1999); not controlling for marital duration (e.g. Terry, 1991).

In this study I built on the strengths and corrected the limitations of the existent literature by solely focusing on first-time parents. Additionally, for couples to qualify, it had to be the first marriage for both parents. The focus of the study also was on the nuclear family. Lastly, the couples participating in the present study had to be married for a period of one to eight years. Findings of the present study have important implications for the design of programs and interventions to help new parent married couples cope during this vital, though complicated transitional stage.

CHAPTER 4

RESEARCH METHODOLOGY

4.1 Chapter overview

In this chapter the focus is on the methodology that was employed. I address the methods used when executing the study and start off by formulating the problem statement and clarifying the research question and objectives that guide the study. This is followed by a discussion on the research design and the rationale for using a qualitative approach. The chapter also focuses on selecting the sample and describing the participants, data-collection procedures, the particulars of the interview schedule and data analysis. Finally, ethical considerations specific to the study are described and procedures applied to ensure the trustworthiness of the results.

4.2 Problem formulation

The literature describes first-time parenthood as a developmental transition stage experienced by approximately 90% of contemporary married couples (Cowan & Cowan, 1995). This transition applies to some or all relationships within the family context. The transition to parenthood is usually associated with a decline in marital satisfaction, and in some cases may lead to divorce (Jankelson-Groll, 2014; Pinquart & Teubert, 2010). The transition may also compromise children's optimal development during this life-phase (Fennie, 2001; Schulz et al., 2006). It is evident, therefore, that a focus is appropriate on couple resilience within the context of a specific life situation, namely the birth of the first child. In light of this fact, the present study has evident academic and practical importance.

The research question and objectives of the study were formulated from within the context of the research problem.

4.3 Research question and objectives of the study

The research question and objectives guided the focus of the research process's different phases. The research question and research objectives that form the centre of the study, are stated below.

4.3.1 Research question

This study was directed by the following research question: *Which resilience qualities and processes enable married couples as first-time parents to adapt to the addition of their first child?*

Flowing from this formulation, the following objectives of the study are expounded below.

4.3.2 Research objectives

This study has a primary and secondary objective.

The **primary objective** of the study was to identify, explore and describe resilience qualities and processes of new-parent married couples associated with positive adaptation to the arrival of their firstborn.

The **secondary objective** of the study was to determine the resemblance in qualities and processes of resilience as identified among African and White couples.

4.4 Research design

The study is explorative and descriptive in nature. I followed a qualitative approach in order to answer the stated research question.

4.4.1 Explorative

Bless, Higson-Smith and Kagee (2006) point out that exploratory research is applicable where there is limited knowledge on a specific research question or topic, and researchers seek new insights into phenomena. The present study focused on bridging the gap in the literature through such an exploratory study. Thus, an exploratory research design was considered appropriate, seeing that the aim of the study is to explore the strengths that contribute to positive adaptation in married first-time parent couples. A qualitative design compliments this exploration in the sense that qualitative data generates novel and unexpected information on the unfamiliar territory of resilience shown by new-parent married couples (Morse & Richards, 2002).

It is important to acknowledge a distinct shortcoming of an exploratory research design, in that it often does not produce definite findings. The reason why exploratory studies are seldom definite in themselves has to do with representativeness (Babbie, 2010). Hence, further explanatory research endeavours are needed to obtain satisfactory answers to the research questions (Babbie, 2010). The strength of an exploratory research design is that it allows for a broad and general study of the topic, usually yielding at least some understanding of the observed behaviours and arriving at recommendations for areas of future research (Babbie, 2010).

4.4.2 Descriptive

The second part of the research design is descriptive in nature. Durrheim (2006) suggests that descriptive studies “aims to obtain a detailed description of a phenomenon” (p. 44). Babbie (2010) concurs that descriptive studies describe situations and events. Thus, the intention of the design’s descriptive nature becomes clear: enabling me to obtain a comprehensive and dense image of resilience in new-parent married couples. In Chapter 5 (Results and discussion of the findings), quotations from the couples’ views were included to provide a rich description of strengths on which these couples have drawn while adapting to parenthood. These quotations ensured my insight into the rich narratives of the couples.

4.4.3 Qualitative

According to Ungar (2003), a growing number of studies on resilience employ qualitative methods. The use of such an approach can provide substantial insight into the construct of resilience and how resilience-related phenomena should be understood and studied. Ganong and Coleman (2002) propose that more research (including qualitative methods) is needed that helps to build models of family resilience. Patterson (2002) similarly suggests the importance of the inclusion of qualitative methods in research on resilience.

Qualitative research in particular seeks a first-hand, holistic view of the specific research problem by adopting a flexible approach when formulating the problem and during the data-collection process (Strauss & Corbin, 1998). Flexibility is a major advantage of qualitative research (Babbie & Mouton, 2010). Such a design allows the researcher to modify the research plan at any given time and to adapt the methodology, time-frame and other aspects of the study to suit the objectives of the study. This does not only increase the validity of the research

findings, but also allow the researcher to gain more control and freedom in the research process (Babbie & Mouton, 2010).

One of the most distinctive features of qualitative research is the idea of an insider perspective (Babbie & Mouton, 2010). Such a perspective helps the researcher to understand people in terms of how they define their own world. In this study the transition to parenthood was viewed through the eyes of new-parent married couples. The data provided me with a rich description and in-depth understanding of the unique meanings and the qualities, as well as processes these couples view as helpful for them to adapt to parenthood. The present study positioned married first-time parent couples as those with the best insight in the experience of transition to parenthood, and explored their views on adaptation to such a major developmental transition.

A qualitative approach addresses two specific methodological shortcomings typically noted by researchers on resilience: arbitrariness in the selection of outcome variables and the challenge to account for the sociocultural context in which resilience occurs (Ungar, 2003). Ungar (2003) highlights five ways in which qualitative methods are relevant to the study of resilience and help resolve the dilemmas mentioned above. Qualitative methods can be considered as:

- helpful to discover unnamed protective processes relevant to the lived experience of research participants;
- providing a detailed description of phenomenon in very specific contexts;
- eliciting and adding power to minority ‘voices’, which accounts for unique localised definitions of positive outcomes;

- promoting tolerance for these localised constructions by avoiding generalisations, but facilitating transferable results;
- requiring researchers to account for possible biased standpoints.

Besides the insight that a qualitative method is essential for resilience research, such a design is also important in the study of couples' transition to parenthood. The research on how married couples adapt as first-time parents in South Africa is limited. Therefore, it is important to explore the detailed and nuanced accounts of the manner in which 22 new-parent married couples in South Africa from diverse cultural groups (White and African) manage to navigate their way through the transition to parenthood.

Mouton (2001) highlights two additional important strengths of a qualitative design, namely a focus on individuals' subjective experiences, and the careful consideration of the contexts in which people operate.

Qualitative research clearly has distinctive strengths and weaknesses. As indicated already, such a design is especially effective for research that focuses on an in-depth understanding of the research question (Babbie, 2010). Whereas other research methods may be challenged as 'superficial', this charge is seldom lodged against qualitative research designs (Babbie, 2010). As pointed out previously, flexibility is a further advantage of qualitative research (Babbie, 2010). Moreover, qualitative research can be relatively inexpensive as well, seeing that at the least it can be undertaken by a single researcher with a notebook and a pencil, compared to other research methods which may require costly equipment or expensive research staff. Importantly, this does not imply that qualitative research does not also incur expenses (Babbie, 2010).

For a balanced analysis, qualitative research's weaknesses should be considered as well. Firstly, being qualitative rather than quantitative, it is not generally an appropriate means to arrive at a statistical description of a large population (Babbie, 2010). Secondly, compared to surveys and experiments, measurements from qualitative research generally have more validity, but less reliability (Babbie, 2010). Thirdly, flexibility can also be seen as a weakness as this can lead to a situation where the researcher is overwhelmed by data and may lose focus of the aims of the study (Struwig & Stead, 2001).

Considering the focus of the present study, a qualitative approach is considered as the applicable one to reach the purposes of this study. It should be clear that a qualitative approach has the potential to supplement and reorient the current understanding of couple resilience, particularly on how it functions during the transition to parenthood.

4.4.4 Cross-sectional

The present study made use of a cross-sectional research design. In this study the research was collected at one point in time, between eight months and four years postpartum. Cross-sectional research does have certain limitations. Such forms of research are sometimes described as 'static snapshots', seeing that data is collected at a single point in time, which does not allow the researcher to measure change over time (De Haan et al., 2002). Nevertheless, the immediate nature of cross-sectional designs, as well as the relative ease of data collection, makes these designs the most common choice for social scientists (Bless et al., 2006).

To summarise, the research design used for this research study can be described as qualitative, explorative, descriptive and cross-sectional.

4.5 Participants

4.5.1 Sampling strategy

The first sampling method that was utilised in this study is purposive/purposeful sampling. This form of sampling means approaching a specific population who have had a common experience (e.g. new parenthood) and then selecting a sample willing to participate and share their experiences (Bless et al., 2006; Nicholls, 2009c). Similarly, Patton (1990) describes and defines purposive sampling as follows: “The logic and power of purposeful sampling lies in selecting information-rich cases for study in-depth. Information rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the research” (p. 169). Another definition of purposeful sampling is proposed by Speziale and Carpenter (2007), in that “purposive sampling is a method of sampling that selects individuals for study participation based on their particular knowledge of a phenomenon for the purpose of sharing knowledge” (p. 94).

Purposive sampling thus involves the researcher’s conscious selection of certain participants who may help to reach the objective of the research study. There are advantages and disadvantages to using purposive sampling. The distinct limitation is that this form of sampling relies more heavily on the subjective considerations of the researcher than on objective criteria. Therefore, the technique may often lead to non-representative samples (Bless et al., 2006). One of the most prominent advantages of purposive sampling would entail the ease in which it can be executed practically (Cozby, 1993; Graziano & Raulin, 2000).

Participants were recruited from corporate companies, a day care centre and medical personnel (general practitioners, nurses, and paediatricians) working at private hospitals or in private

practice located in the Northern and Southern suburbs of Cape Town. These institutions were contacted and fully informed of the research project during a face-to face meeting, and they received a copy of a document containing relevant information about the research project (see Addendum D). After the necessary information had been provided, these gatekeepers were asked whether they would help identify and recruit potential participants for the study. The gatekeepers then informed potential participants of the study, using the document shown in Addendum E. Interested parents gave their names and contact details to the gatekeeper and they then passed it on to me (the researcher). The gatekeepers provided names and contact numbers of interested parents that they believed met the inclusion criteria. Eventually 14 couples were interviewed using purposive sampling. Of the 14 couples, one couple was identified and recruited by a gatekeeper from a day-care, three couples from gatekeepers at corporate companies and ten couples from medical personnel.

The second sampling method that was utilised in this study is snowball sampling (Babbie & Mouton, 2010). This form of sampling involves collecting information from the participants that are located, and then requesting that those individuals provide the information needed in order to find further participants (Babbie & Mouton, 2010). Snowball sampling refers to the process of accumulation as each located participant suggests other participants (Babbie & Mouton, 2010). This sampling method proved to be effective, as eight additional couples were identified and interviewed.

For the present study, participants were recruited and interviewed until saturation of the data was reached. According to Guest, Bunce and Johnson (2006), saturation of themes in qualitative analysis typically occurs within the first 12 interviews from a homogeneous sample; and at times

in as little as after six interviews. Saturation means that no new or relevant data are emerging and that redundancy is achieved (Chen & Boore, 2009; Polit & Beck, 2008). Data saturation was reached when the researcher became aware that she heard the theme repeatedly and no longer learned anything new (Monette, Sullivan, & DeJong, 2005). It is, thus, the thickness, density and essence of description of the participants' experiences which are of importance, rather than the actual number of participants (Sjostrom-Strand & Fridland, 2007).

Data saturation was reached after I interviewed nine African couples and 13 White couples. After interviewing the 9th African couple and the 13th White couple it was evident that themes were being repeated.

The sample was relatively homogenous (with respect to participants' age, developmental stage, marital status, income, financial status, age of the first child and the period they were married). Nevertheless, it is vital to remember that parenthood does not represent a unified phenomenon, but rather entails a diverse and complex experience (Galatzer-Levy et al., 2011; Lawrence et al., 2008). Accordingly, Venter (2009) argues that intimate relationships and interactions are contextual and, therefore, I cannot assume that couples across different cultures will behave similarly and thus show resilience in the same ways.

The uniqueness of each couple's journey through the transition to parenthood, however, was emphasised in this study. Couples follow different pathways of resilience as they adapt to the birth of a first child (Demo & Cox, 2000). This idea is supported by Walsh (1996) who points out that the pathway that individual families follow to resilience is idiosyncratic. This implies that no two families act out resilience in the same way. Such a fact negates the possibility of discovering a finite singular model presented by resilient first-time parent couples. However,

unique resilience pathways of couples can be collapsed into categories. This method may offer the possibility of discovering facets of common (typical) qualities and processes couples may exhibit who follow similar paths (e.g. new parenthood) (Hawley, 2000).

4.5.2 Inclusion criteria

To be eligible for participation in the study, the new-parent married couples were required to meet the following inclusion criteria:

1. middle-class, dual-earner couples;
2. African and White heterosexual couples;
3. couples in their first marriage;
4. couples with a first child between 8 months and 4 years old during the interview, as well as full-term and healthy at birth;
5. couples between 25 and 40 years of age;
6. couples able to speak either English or Afrikaans;
7. couples married for a period of one to ten years.

The motivation for each of the seven inclusion criteria will be discussed subsequently.

(1) Middle class, dual-earner couples

Income may have an impact on the response of parents to parenthood, thus affecting the way in which couples adapt to this life-phase (Galatzer-Levy et al., 2011). Income is intertwined with decisions on family formation of parents as well as the education of parents as, for example less educated couples tend to have less income (Amoateng, Sabiti, & Ditlopo, 2003; Galatzer-Levy et al., 2011). According to Joshi (2002) educated parents may generally be better prepared for parenthood.

South Africa's black middle class, also labelled as the 'Black Diamonds', has more than doubled over the last eight years (Radebe, 2013). The black middle class had increased in size from 1.7 million in 2004 to 4.2 million in 2012. By contrast, the White middle class remained 'stagnant' over the same period as its adult population grew from 2.8 million in 2004 to 3 million in 2012 (portraying the changing demographic profile of the South African economy) (Cronje, 2013). In the present study 'middle class' is defined as a household with a combined monthly income of between R16 000 and R50 000 (Cronje, 2013).

One of the most significant trends of the past few decades, manifesting worldwide as well as in South Africa, is the rise in the number of dual-earner parent couples (Haddock, Zimmerman, & Ziemba., 2001; Smit, 2001; Viers & Prouty, 2002).

(2) African and White heterosexual couples

The present study included both African and White heterosexual couples. Crohan (1996) points out the immense value and importance of including ethnically diverse samples in research on the transition to parenthood. Story and Bradbury (2004) also recommend that future studies on stress

and marriage should benefit from samples, which include couples with diverse cultural backgrounds.

The mid-year population distributions by population group, according to Statistics South Africa (2015), indicates the country's population at 54.96 million, with Blacks in the majority and constituting 80.5% of the total population, and Whites constituting a mere 8.3% of the total population. The second largest population group in the Western Cape is black people (26.7%) (Statistics South Africa, 2015), yet the literature review yielded few articles that included a black sample, but rather a bulk of research focusing on White samples (Crohan, 1996; Deave et al., 2008; Wright et al., 1986). In this sense, it is academically valuable, necessary and appropriate to investigate the research question applied to African and White first-time South African parent couples.

Any research on couple resilience must be sensitive to the context and culture of the given couple. There probably will be both similarities and differences between White and African couples' expression of resilience within the context of new parenthood (McCubbin, Thompson, & McCubbin, 1996). It is important to note that the secondary objective of this study is aimed at determining the *resemblance* in qualities and processes of resilience as identified among the mentioned African and White couples. By studying how these diverse groups thrive and navigate new parenthood, the present study can contribute to the development of effective interventions relevant to the South African context. In this sense, they can be characterised as culture-sensitive and context-specific interventions.

Racial classifications are a sensitive issue, particularly within the South African context, since racial categories (Black, White, Coloured, Indian, etc.) were entrenched and propagated by the

Apartheid regime (De Goede, 2012). There exists some controversy over the question whether or not racial and ethnic categories should be used in research as demographical variables. Fullilove (1998) advised academics and researchers to resist using race as such a variable. He explains his rationale as follows: “A long and distinguished scholarly tradition has made it clear that ‘race’ is an arbitrary system of visual classification that does not demarcate distinct subspecies of the human population” (p. 1297). Accordingly, the present study also discards an essentialist approach, and instead contends that all cultural groups are socially constructed rather than genetically established (Hendricks, 2005). In addition, it is believed that, although there are similarities among members of a group, there is also clear diversity within a group, as well as similarities between groups (Gallimore, Goldenberg, & Weisner, 1993; Hendricks, 2005).

(3) Couples in their first marriage

For couples to qualify for this study, both parents had to be in their first marriage. The focus of this study is on the nuclear family. Such a family form comprises of two parents and at least one child. Research underscores the centrality of the nuclear family in the South African society. In the White Paper of the Department of Social Development (2012), references indicate that the nuclear family form is the most common type of family in South Africa, although with variations between ethnic groups, indicating the following percentages: Indians (48.1%), Whites (38%), Coloureds (38%) and Blacks (18.6%).

(4) Couples with a first child between 8 months and 4 years old during the interview, as well as full-term and healthy at birth

Neither of the spouses that were interviewed were to have previous children (which allowed me to study the transition to parenthood), and all couples had to be eight months to four years

postpartum, seeing that research indicates this period as a salient time-frame in new-parent couples adaptation. According to Cowan (1991) the transition to parenthood takes place approximately over a two year period. The present study specifically excluded the first six months postpartum, referred to as the 'baby honeymoon' period (Miller & Sollie, 1980). This postpartum period is characterised by slight improvements in marital satisfaction, and a peak in marital adaptation directly following the birth of the child, and extends throughout the first month, ending during the third postpartum month (Belsky et al., 1983; Wallace & Gotlib, 1990).

At six months postpartum, many couples report an increase in marital conflict and changes in their individual functioning, as well as the deepest decline in their marital satisfaction (Frosch, Mangelsdorf, & Mchale, 1998; Wallace & Gotlib, 1990). Similarly, Dyrdal, Røysamb and Nes (2011) point out that from six months onward, life satisfaction decreases, with dissatisfaction peaking approximately one year after childbirth. Finally in this regard, Lawrence et al. (2008) mentions that the transition to parenthood does have an adverse effect on marital satisfaction, at least during the first year postpartum.

Therefore, the eight months to four years period chosen for the present study, is a crucial transitional stage for new parent couples, and fundamental in understanding qualities and processes of resilience which enable couples to adapt and thrive during the transition period.

To be eligible for inclusion in the study, the couple's child also had to be full-term and healthy at birth. This inclusion criterion was important to avoid the extreme strain of an unhealthy child on the participants (i.e. regarding availability, focus and time scheduling).

(5) Couples between 25 and 40 years of age

To be eligible for interviews, both parents had to be between 25 and 40 years of age, thus including two stages of psychosocial development, as described by Newman and Newman (1999). Newman and Newman (1999) have identified eleven stages of the lifespan with approximate age ranges. This study includes the following stages: early adulthood (22 to 34 years of age) and middle adulthood (34 to 60 years of age) (Newman & Newman, 1999).

The median age at first birth is between 22 and 23 years for women in South Africa regardless of race or ethnic background. White women take longer than Black women to initiate parenthood (1 to 3 years difference) (Amoateng et al., 2003). In a recent South African study (Jankelson-Groll, 2014), age was found to positively correlated to the couple's adaptation to parenthood. The majority of the participants in Jankelson-Groll's (2014) study were between the ages of 28 and 40.

(6) Couples able to speak either English or Afrikaans

Eligible spouses had to be well versed in Afrikaans or English, seeing that the collection of data depended on qualitative interviews with the couples. I am proficient in both Afrikaans and English, enabling comprehension and interpretation of meaning. Thus, the involvement of an interpreter was not necessary and interpretation issues were avoided.

(7) Couples married for a time period of 1 to 10 years

The length of the marriage was an important inclusion criterion. It was found in various studies that marital duration is related to marital functioning across the transition to parenthood

(Alexander et al., 2001; Belsky & Rovine, 1990; Claxton & Perry-Jenkins, 2008; Doss et al., 2009; Jankelson-Groll, 2014).

4.5.3 Biographical variables

The biographical details of the participants in the present study are as follow: the majority of the participating couples were White (n = 13), while nine couples were African. All 22 couples were fluent in either English or Afrikaans. Regarding home language, 10 couples were Afrikaans; six were Xhosa; one was English; and five used two languages (e.g. Afrikaans/English; Afrikaans/Dutch; Setswana/Xhosa; English/Luganda; Setswana/English). The husbands' ages ranged from 29 to 37 (mean age = 32.8 years) and the wives' ages ranged from 27 to 34 years (mean age = 30.5 years). All 22 couples had one child. Out of the 22 children, 10 were girls and 12 were boys. The ages of the first child ranged from eight months to four years. The participating couples had been married for between one and ten years (mean years married = 6.5 years). In terms of the highest level of education obtained, two fathers and one mother indicated that they completed high school; nine fathers and five mothers obtained diplomas, and 11 fathers and 16 mothers obtained a degree.

All of the participants were dual-earner couples. The husbands' occupations included: pastor, software engineer, farmer, IT specialist, project manager, fleet officer, lecturer and legal advisor. The wives' occupations included: private banker, reporter, business analyst, architect, teacher, speech therapist, personal assistant and physiotherapist. Regarding the family's monthly income, 17 couples earned more than R30 000, three couples earned between R20 000 and R30 000; and two couples between R15 000 and R20 000 per month.

The Bureau of Market Research (BMR) at the University of South Africa uses seven income categories to distinguish between the total household income (per annum) of South Africans: Poor (R0 to R54 344); Low emerging middle class (R54 345 to R151 727); Emerging middle class (R151 728 to R363 930); Realised middle class (R363 931 to R631 120); Upper middle class (R631 121 to R863 906); Emerging affluent (R863 907 to R1 329 844); and Affluent (R1 329 845+) (Masemola, Van Aardt & Coetzee, 2011).

In South Africa, about 22.4% of total household income accrued to the emerging middle class, namely households with an annual income that ranges between R151 728 to R363930 per annum (Masemola et al., 2011). It is interesting to note that from the present study's sample, 22.7% (n = 5) of families fall within the same category, namely emerging middle class and 77.3% (n = 17) within categories four (realised middle class) or five (upper middle class).

4.6 Measures

4.6.1 Biographical questionnaire

The participants completed a biographical questionnaire (see Addendum B) to gather information regarding family composition, marital status and duration of the marital relationship, age, race, gender of family members, parental level of education, employment, income and home language.

4.6.2 Qualitative measure (semi-structured interview)

According to Nicholls (2009c), interviews are a very common method for data collection in research focusing on understanding people's lived experiences. Furthermore, an interview is a simple, useful and appropriate way to gain in-depth and rich knowledge on a specific research

question (Nicholls, 2009c). In the present study, the semi-structured interviews took the form of a conversation and interaction between the participants and myself, in which the interviewees was facilitated to do most of the talking (Babbie & Mouton, 2010). Aboagye (2012) suggests that dyadic interviews potentially may provide insight into couple dynamics, which could add to the richness of the data.

Semi-structured interviews allow for the freedom to ask open-ended questions (Aboagye, 2012). Such questions were posed, allowing the couple to elaborate on their accounts and to gain insight from their experiences. It was also important for the data collection that the questions should be formulated in an open-ended manner in order to reduce fixed single-word responses (Aboagye, 2012). To ensure a comprehensive response to the open-ended question, each interview lasted approximately 45 minutes.

The following central open-ended question was posed in the interviews: *What would you say helped you as a couple to adapt to the birth of your first child?* The open-ended question was brief, simple, unambiguous, and understandable. Leading questions were avoided (Bless et al., 2006). A detailed description of the semi-structured interview is outlined in Addendum A.

In the present study all couple interviews were conducted by myself. I also chose to interview the new parents as a couple and not as individuals. This is consistent with the unique focus of the study, namely *couple* resilience.

This method of data collection is depended on self-reports by participants of their story. Such a method clearly has certain advantages and limitations.

- The advantages include the fact that self-reports are easy to administer and simple to use – seeing that the participants require only basic training (Bless et al., 2006).
- The disadvantages include the possibility that participants may distort the truth or divulge untruths to enhance their image, or they may respond in accordance with their presupposition of the researcher's expectations of them (Bless et al., 2006).

4.6.3 Interview schedule

The semi-structured interviews conducted with the participants included both spouses for the mentioned dyadic perspective. In cases where the couple's initial response to the open-ended question required more detail or were unrelated to the focus of the research, probing questions or follow-up questions were used to clarify the initial response. In this way, participants were guided to elaborate on their initial response, or I was able to elicit applicable responses to the open-ended question. Examples of probing questions or follow-up questions are:

- *Tell me more about the aspects in your relationship that helped you adapt to the birth of your first child.*
- *Please elaborate on the strengths in your relationship that have kept your marriage together during the transition to parenthood.*
- *In your own words, what are the most important aspects or strengths, which have helped you as a couple to adapt to the birth of your first child?*
- *Do you want to give me more detail?*
- *What do you think? (address other spouse)*
- *Is there anything else that you might want to add?*
- *What would be an example of that?*

The following section provides a detailed description of the procedure followed during data collection.

4.7 Procedure

During the telephonic contact a face-to face meeting was scheduled with the couple in order to conduct the interview. While offering to interview them at home, I invited the couples to suggest alternative venues as well. Most couples preferred to be interviewed at their home, except for three couples of which one couple preferred to be interviewed at my home, and the other two couples preferred to be interviewed at a shopping mall close to their home. Interviewing couples at their own residence was more convenient and comfortable for them. An additional advantage of home interviews was that the couples were at ease, quite literally ‘at home’ with the environment. I was invariably made welcome in participants’ homes. Interviews were often interrupted by babies needing attention.

During the meetings, the couple was firstly asked to indicate their language preference: English or Afrikaans. The couple was then provided with a standard written consent form (see Addendum C). The latter document briefly explained the research question and the purpose of the study, the procedures that were to be followed and the rights of the participants. The written consent form was worked through comprehensively with the couple.

It was communicated clearly to the couple that participation in the research was voluntary and based on informed consent. The participants were assured that their responses would be considered confidential and their right to privacy upheld. The participants were also informed that they have the indemnity to resign from the study at any stage and for whatever reason

without suffering any consequences. The couple was lastly given the opportunity to raise any potential concerns or queries. No concerns were raised, nor queries made.

The married new-parent couples were asked to sign the consent forms should they still agree to take part in the research study. All the couples agreed and signed the form. Once informed consent has been obtained (see Addendum C), one of the parents in the couple completed the biographical questionnaire (see Addendum B). Consent was obtained from the participants to audio record the interview, before proceeding with the interview. With the exception of one couple all couples seemed comfortable with this. This one couple suggested that I rather take notes as an alternative to recording the interview. I was still able to use the data, collecting as much written information as possible.

4.8 Data analysis

In this section the procedures employed for data analysis is described. Firstly, the meaning of thematic analysis will be clarified and the motivation given for utilising this method of data analysis. Secondly, the specific phases used in analysing the qualitative dataset are described. To conclude, a brief discussion of potential pitfalls of thematic analysis is given.

The qualitative data analyst can choose from various approaches, for example: content analysis; ethnomethodology; qualitative comparative analysis; narrative analysis; conversation analysis; case-oriented understanding; and grounded theory (Schutt, 2015). According to Schutt (2015) the research question under investigation should shape the selection of an analytic approach, but the researcher's preferences and experiences also will inevitably have an important influence on the method chosen.

Thematic analysis was used in this study to identify possible strengths which, according to the participants, made them resilient as a married couple during the transition to parenthood. Thematic analysis is a useful technique to identify, analyse and report patterns and themes that emerge within collected data (Braun & Clarke, 2006). According to Braun and Clarke (2006) thematic analysis “describes your data set in (rich) detail” (p. 79). In order to answer the research question posed in the present study, it is essential to understand in detail how and why married couples as first-time parents, cope well. This provide insight into couple resilience within the context of the transition to parenthood.

Braun and Clarke (2006) postulate that thematic analysis offers an accessible and theoretically flexible approach to analyse qualitative data. A rigorous thematic approach can produce insightful results in response to the research question concerned. It is important to note that several other South African and international resilience research studies also employed thematic analysis as method of data analysis (De Villiers, 2016; Kapoulitsas & Corcoran, 2014; Leigh, 2007; Silveira & Boyer, 2015; Sun, 2014; West, Usher, & Clough, 2014).

Logical reasoning and critical assessment of the data was key processes when analysing the data. The dataset was analysed by means of the following specific phases (Braun & Clarke, 2006; Terre Blanche, Durrheim, & Painter, 2006): (1) transcription; (2) familiarisation and immersion; (3) coding; (4) inducing themes; (5) reviewing and naming of themes; and (6) interpretation and checking. Each of these phases is discussed in more detail below.

Phase 1: Transcription

Firstly, during the transcription phase I transformed the verbal data of the semi-structured

interviews into a written format (Braun & Clarke, 2006). I transcribed the audio recordings to make engagement with the data easier (Charmaz, 2008).

The transcription process was time consuming, but it provided a valuable opportunity for me to familiarise myself with the verbal data (Braun & Clark, 2006). A total of 22 interviews were conducted, lasting about 45 minutes on average, and each audio recorded interview took approximately eight hours to transcribe, totaling over 170 hours of transcription and 290 pages of transcribed data. After each interview was transcribed, I checked the content against the original audio recording for accuracy (Braun & Clarke, 2006).

Phase 2: Familiarisation and immersion

Secondly, I familiarised myself with the data by reading it in an active way. While working through the data, I scanned for meaning or patterns related to the research question (Braun & Clarke, 2006). The transcripts was read a second time, in which I paid closer attention to the underlying meaning inherent in the transcripts. This phase consisted of taking notes, drawing diagrams and brainstorming (Braun & Clarke, 2006). This phase enabled me to conduct a preliminary thematic analysis by identifying the main ideas and patterns that emerged from the data (Braun & Clarke, 2006).

Phase 3: Coding

The transcriptions were uploaded to a computer-assisted qualitative data analysis software (CAQDAS) programme, ATLAS.ti (Friese, 2012). I chose this software package because it supported management and analysis of digital transcripts (Friese, 2012). The preliminary identified ideas and patterns served as an initial set of codes, which were entered into the

ATLAS.ti database and provided a starting point for the data analysis process (Friese, 2012). Thereafter a thematic textual analysis was conducted on each transcript whereby I examined the transcripts one by one to further identify keywords, quotes and topics that were considered relevant to the study (Braun & Clarke, 2006). The words, quotes and topics were each allocated a code, using the initial set of codes as well as by means of open coding and in vivo coding, which allowed for new codes to be created. This was done by marking the various sections (e.g. a line, paragraph or a sentence), which were deemed relevant to the themes under consideration (Terre Blance et al., 2006).

Babbie and Mouton (2010) identify three types of coding. I made use of all three types in the present study. *Open coding* is the first type and entailed the categorising of the information. The second kind is *axial coding* where I assembled the data in new ways and identified those with meaning and those useful for answering the research question. Lastly, I did *selective coding* to determine the core storyline.

Phase 4: Inducing themes

In this phase I again approached the transcribed and coded data with the research question in mind. In a logical and systematic manner, themes and subthemes were pointed out. The focus was particularly on identifying themes that could be linked to the broad research question (Braun & Clarke, 2006).

The coded data were collated into meaningful units or themes. Emerging themes were reviewed to identify commonalities between them and if they had too much in common, they were collapsed into one theme. Themes were also examined to check for differences that may exist

within a theme, and if necessary, themes were broken down into separate sub-themes (Braun & Clarke, 2006).

Phase 5: Reviewing and naming of themes

This phase involves the refinement and reviewing of the themes before a final report and analysis of these themes was produced. As part of the refinement, I identified subthemes. The names of the themes were concise. The data within themes were sorted to cohere meaningfully; then clear and identifiable distinctions were drawn between the themes. Finally, I drew a theme map that included the relevant themes and subthemes (Braun & Clark, 2006).

Phase 6: Interpretation and checking

The themes that emerged were defined, illustrated and analysed by using a table to depict the findings. For each theme I conducted a detailed analysis and wrote down the findings. The different themes that emerged were synthesised in order to illustrate their interrelation. The write-up included vivid examples and extracts from the dataset to provide sufficient evidence of the themes extracted from the data (Braun & Clark, 2006).

The analysis was not aimed at providing a detailed description of the entire data set, but rather to focus on particular patterns and themes within this set. This type of thematic analysis is conceptualised as a *theoretical thematic analysis* (Braun & Clarke, 2006).

I took care to avoid the potential pitfalls associated with thematic analysis (Braun & Clark, 2006). The first possible pitfall is an actual failure to analyse the data at all. Thematic analysis is not just a collection of extracts strung together with little or no analytic narrative. Nor is it a

selection of extracts with analytic comment that simply, or primarily, paraphrases their content (Braun & Clark, 2006). To avoid the first pitfall, I used extracts which are illustrative of the analytic points I make about the data. Also, extracts were used to illustrate/support an analysis that goes beyond their specific content, to make sense of the data, and tell the reader what it does or might mean.

A second pitfall is using the questions for data collection as the themes that are reported (Braun & Clark, 2006). I analysed the data by identifying themes across the entire data, which reflect patterns of responses that are much more and wider than the initial open-ended question (and accompanying probing questions).

Lastly, a weak and unconvincing analysis is considered to be a pitfall in itself. This occurs when the themes lack internal coherence or when they overlap (Braun & Clark, 2006). I avoided this pitfall by ensuring that all aspects of the theme were coherent around a central idea or concept. The analysis adequately captures the majority of the data and provides a rich description/interpretation of the total data set. Also, to avoid a weak or unconvincing analysis, I provided adequate examples from the data.

It is important to note some cautions when thematic analysis as method of data analysis is employed. Thematic analysis has limited interpretive power beyond mere description if it is not used within an existing theoretical framework that anchors the analytic claims (Braun & Clark, 2006). Another potential disadvantage to thematic analysis is the time it takes to analyse the data set (Caulfield & Hill, 2014). From the time it takes to ensure a high level of familiarity with transcripts, to the rigorous coding process, good thematic analysis does take time. However, I was aware of this aspect and planned this into my research timetable. Some researchers have

been criticised for using thematic analysis in a limited way, with superficial coding that does not truly represent the data. Such criticism was avoided by conducting a thorough analysis and documenting how thorough the analysis was (Caulfield & Hill, 2014). Similarly, other researchers highlight the following points of critique related to thematic analysis: too flexible, labour intensive, and subject to researcher bias. It is important to note, however, that many of the above mentioned disadvantages of thematic analysis are dependent on poor analyses or inappropriate research questions and not the method itself (Hayes, 2000).

Bearing these points of critique in mind, thematic analysis still offers researchers an accessible and theoretically flexible approach to analyse qualitative data. The reason I chose this method was that rigorous thematic analysis can produce an insightful analysis that answers the particular research question of this study. In addition thematic analysis complimented the research question and served the purpose of this study. In essence the analytic process was conducted rigorously, precisely and in-depth. The data was analysed and reanalysed over a period of three to four months. Thematic analysis as the selected method of data analysis, helped to identify, explore and describe qualities and processes of resilience, which helped new-parent married couples to adapt to the arrival of their firstborn.

The following section focus on ethical considerations for this particular study.

4.9 Ethical considerations

Wassenaar (2006, p. 61) highlights the purpose of research ethics, namely “to protect the welfare of research participants”. After a discussion of the ethical considerations for this study, I conclude this section by pointing out various appropriate ethical safeguards and methods that were implemented to strengthen the trustworthiness of this study’s results.

I applied for ethical clearance to the Research Ethics Committee: Human Research at the University of Stellenbosch. Only after approval from the above-mentioned committee (DESC/Swart/Oct2013/13), the data-collection process commenced. The data collection took longer than expected and I made a request for extension of the research period to the Research Ethics Committee, which was granted (see Addendum F).

I attempted to maintain the necessary ethical standards by fully disclosing the nature, purpose and requirements of the research project, and establishing a clear agreement with the research participants. I acknowledged the necessity for confidentiality, written informed consent and voluntary participation.

- **Confidentiality**

Confidentiality was strictly maintained throughout the entire process of collecting and analysing the data. This was done by storing the collected data on an electronic database, secured with passwords. The recordings were transcribed verbatim and then analysed. To maintain privacy and confidentiality, all data was coded. After the interviews with the participants, the interviewees were given pseudonyms and all children's names were represented as 'child'. No information about the participants was used in reporting the results, and participants' details were not mentioned.

Before the couple interview began, I assured the participants that their responses would be confidential and their right to privacy upheld. The necessary precautions were taken to store the information safely and privately, protecting the data from unauthorised access. The data obtained during the interviews were stored on my laptop, which is secured with a password.

- **Voluntary participation and informed consent**

As indicated, I communicated clearly to the married couples that their participation in the research would be voluntary and based on informed consent. The participants were also informed that they have the indemnity to resign from the study at any stage and for whatever reason. No participants withdrew from the study.

- **Potential risks and discomforts**

Potential risks may have included discomfort, pain, possible complications, persecution, stigmatization or negative labelling. However, there were no risks, discomforts or inconveniences experienced by participation in this study.

- **Potential benefits to participants and/or to society**

Munford and Sanders (1999, p. 164) propose that researchers should reflect on the question, “Who will benefit?” and explore the potential of their research to deliver positive impact. Participation in the present study gave couples the opportunity to reflect on the resilience in their own relationship. In this sense, they were led to recognise ways in which they have successfully endured the major normative transition to new parenthood. Furthermore, their participation in this study may also have helped them to deal with future challenges, such as adapting to the addition of a second child.

By taking part in this research study and sharing their narratives, the couples had the fulfilling opportunity of being part of a ‘bigger picture’. The present study’s aim is ultimately to enrich other marriages by highlighting the importance of recognising and enhancing strengths in a couple’s relationship. The findings of the study can, therefore, be helpful to other first-time

parents by equipping them with insight on how other couples in a similar situation, managed to adapt to parenthood.

- **Ethical safeguards and measures to ensure trustworthiness**

Finally, various appropriate ethical safeguards and methods were implemented to strengthen the trustworthiness of the results. Curtin and Fossey (2007) suggested that “trustworthiness refers to the extent to which the findings are an authentic reflection of the personal or lived experiences of the phenomenon under investigation” (p. 89). Trustworthiness in qualitative research establishes the truth, value and authenticity of such research (Holloway, 2008) Trustworthiness comprises of four aspects, namely: credibility, transferability, dependability and confirmability (Babbie & Mouton, 2010). These four criteria can be used to ensure the soundness and success of the qualitative research process (Schwandt, 2007). These criteria are briefly discussed below.

Credibility

Credibility refers to assurance in the ‘truth’ of the results. Durrheim and Wassenaar (1999) postulate that credible research produces results that are convincing and believable. To achieve credibility, prolonged engagement in the field is fundamental (Lincoln & Guba, 1985). In the present study, the data-collection process took place over a period of approximately two years. Consequently, the possibility increased of attaining a rich and credible understanding of the cultures, as well as the intricate dynamics involved within the relationship of the new-parent married couples under investigation. It seemed that participating in the study provided a positive experience for many couples. After the interview process, many couples commented on how much they enjoyed the interview and the research experience (see section 6.5).

I and my research supervisor – experienced in qualitative methods – had regular reflective discussions on the research process. These discussions served as a key process of peer reflection and peer evaluation, which helped to improve the credibility of the research findings (Aboagye, 2012). Moreover, by peer reflection or peer examination, my objective research supervisor assisted me with fresh perspectives on the research. I also employed several interviewing techniques (ranging from probing, exploration, summarising, and reflective responding). These techniques also enhanced the credibility of this study (Aboagye, 2012).

Transferability

Transferability refers to the relevance the research results hold for other contexts, in other words, the extent to which the study can be transferred to different environments (Curtin & Fossey 2007; Kelly, 2006; Lincoln & Guba, 1985). Qualitative findings typically cannot be generalised. However, research findings should be transferable in that the findings can be compared to other research studies and experiences, and thus encourage additional exploration into those areas (Curtin & Fossey, 2007).

Regarding strategies to strengthen transferability, I focused on providing a detailed account of the research process, a motivation for the chosen research design, and an elaborative discussion focusing on the contextualisation of the study (Kelly, 2006). I also provided substantive background information about the participants (see section 4.5) as well as on the research context and setting. This will allow other researchers to assess the transferability of this study's findings.

Additionally, I posited a factually substantive description of the research results (Lincoln & Guba, 1985). By presenting the results in such detail, it helped determine the extent to which

these situations are comparable, or different, to other situations, and thus whether the conclusions drawn from this study can be applied to other contexts as well (Lincoln & Guba, 1985). In this study I explored in detail how 22 new-parent married couples in the South African context, managed to navigate their way through the transition to parenthood. In Chapter 5 (Results and discussion of the findings), quotations from the couples' views were included to provide a rich description of strengths on which these couples have drawn whilst adapting to new parenthood. These quotations ensured insight into the detailed narratives of the couples.

Dependability

Dependability refers to consistency in the analysis, implying that the reader should be convinced that the findings did indeed occur as the researcher claims (Lincoln & Guba, 1985; Venter, 2009). I achieved dependability in this study by providing a comprehensive description of the methods employed in collecting and analysing the qualitative data (Aboagye, 2012). Peer reflection and evaluation undertaken by my supervisor also served to strengthen the dependability of the findings (Aboagye, 2012).

Confirmability

Confirmability implies the importance of showing that the generated theory is based on the reality of the participants' experience and not the result of the researcher's bias. A method used to ensure reduced researcher bias, was continued discussions between myself and my research supervisor. These discussions revolved around aspects such as the research process, procedures, data-analysis and results.

Reflexivity

Reflexivity of the researcher is an essential part of establishing trustworthiness (Lincoln & Guba, 1985; Yardley, 2008). Qualitative researchers should critically think through the dynamic interaction that takes place between the self and the data during the data analysis process (Burns & Grove, 2009). During this process of reflexivity, I explored personal feelings and experiences that might influence this research study. I also focused on how personal history impacts on the research, and integrate this understanding into this research study (Burns & Grove, 2009; Krefling, 1991).

In the present study, I took care to reflect on how I affected the research process. This is important seeing that a researcher is the central instrument in qualitative research. Cultural differences may have limited the study, seeing that I have the same cultural background as only one of the cultural groups (White) who participated in the study. Also, in contrast to the participants, I am not a parent myself. This factor may also have limited the study, seeing that a parent may have insights that I could not register. Conversely, this difference also may have aided the analysis, seeing that I could more easily contrast these parents' lives with my own life, a method which accentuated the uniqueness of their situations (De Goede, 2012).

To summarise, it is evident that ethical measures served as a standard and basis according to which I evaluated my own behaviour and how I managed this research study. Ethical measures, as discussed in this section, were adhered to. In the following section I provide concluding remarks on the research methodology followed in this study.

4.10 Chapter conclusion

In this chapter the research question had been formulated and the primary and secondary objectives of the study were pointed out. These elements are fundamental, as it guide the focus of all the phases of the research process. I also outlined the details of the methodology and the approach utilised to answer the research question and achieve the objectives of the study. The research design described in this chapter was specifically selected in the belief that it would best answer the research question.

Furthermore, I provided a rationale for the applicability of the specific research design (qualitative approach) to the stated research question and objectives. The selection of the participants was explained, and the following aspects of the research discussed: participants, data-collection procedures, the particulars of the interview schedule and of the data analysis. Lastly, I discussed ethical considerations specific to the study, as well as various steps taken to ensure the trustworthiness of the findings. In the following chapter (chapter 5) I report and discuss the research findings. The findings were contextualised and interpreted against the backdrop of theory and previous research.

CHAPTER 5

RESULTS AND DISCUSSION

5.1 Chapter overview

In this chapter I report on the major themes and subthemes that were found to be significant during the data analysis. The purpose of this chapter is to provide a meaningful and in-depth analysis of the qualitative data on couple resilience within the context of a specific life situation – the birth of the first child. My analysis generated 21 themes that could be considered common (typical) for successful couple adaptation. I contextualised themes and subthemes and extracted overlapping themes. In addition, I draw connections between themes and subthemes in order to build a coherent and balanced argument. Importantly, I will briefly indicate the interconnectedness of the different themes since an interrelationship of factors helped new-parent married couples adapt and function more effectively. Additionally, my focus is on a discussion, comparison and integration of the results with the findings of previous research. I discuss the findings of the present study in light of the theoretical frameworks employed in this study, and, therefore, in relation to the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) and the Key Family Processes framework proposed by Walsh (2012).

5.2 Introduction

The stated purpose (see Chapter one, section 1.6) of the present study was to explore how married couples (White and African) in the South African context adapt as first-time parents. By focusing on the resilience of such parents, the primary objective was to identify, explore and

describe qualities and processes of resilience found in new-parent married couples that are associated with their positive adaptation to the arrival of their firstborn. The secondary objective was to determine the resemblance in qualities and processes of resilience as identified among African and White couples.

In order to address these objectives, a total of 22 couple interviews were conducted. The couple interview was guided by a central open-ended question: *What would you say helped you as a couple to adapt to the birth of your first child?* The data was collected until saturation occurred.

As I explored resilience in the mentioned marital relationships, I discerned rich descriptions of dynamic resources of resilience. Each individual couple's unique resilience pathway seemed to combine and create an understanding of typically interwoven strengths that are central in the adaptation process to first-time parenthood. Thus, despite the inclusion of diverse cultural groups (13 White couples and 9 African couples), common (typical) qualities and processes were identified that new-parent married couples may exhibit. When race and ethnicity are taken into consideration, the findings and discussion of the results do indicate differences in the value and importance of protective and recovery factors for White and African couples in this study. Both couple groups indicated a broad and comprehensive repertoire of protective resources.

The couples described 21 overarching themes as foundation to their relational strength and couple resilience. These 21 themes represent five categories, each structured according to the identified themes. These five major categories are: (1) Couple factors, (2) Individual factors, (3) Baby factors, (4) Parenting factors, and (5) External factors. A summary of the five categories and the identified themes as well as their prevalence (combined percentage), is provided in Table 2 below.

Table 2

Percentages of couples contributing towards the identified themes (N = 22)

Category	Theme	Percentage
Category 1: Couple factors	Communication	100
	Couple time	73
	Duration of relationship before childbirth	45
	Boundaries	45
	Shared hardships	41
	Healthy lifestyle	36
	Prioritisation of the couple relationship	32
	Time for own and couple growth and fulfilment	9
Category 2: Individual factors	Spousal personalities	55
	‘Me time’	41
	Background and upbringing	14
	Physical attributes	9
Category 3: Baby factors	Characteristics of the child	41
Category 4: Parenting factors	The parenting unit	95
	Routine	73
	Involved father	68
	Planning and preparation	64
	Flexibility	23
	Practical parenting style	9
	Category 5: External factors	Social support
Spirituality		59

Each of the identified themes indicated in Table 2 and their respective subthemes will be elaborated on further. Various excerpts from the interviews will be used to substantiate the findings. Important to note, the discussion of the themes will follow the structure of categories as shown in Table 2. The abbreviations ‘AC’ and ‘WC’ is utilised to refer to participants. AC1 for example refers to African couple one and WC3 refer to White couple three.

5.3 Presentation and discussion of the categories, themes and subthemes

5.3.1 Category 1: Couple factors

Couple factors imply those dynamics in the marital relationship that couples perceived as contributing positively to postpartum adaptation. Under this category, eight major themes emerged (see Table 2): (1) Communication, (2) Couple time, (3) Duration of relationship before childbirth, (4) Boundaries (5) Shared hardships, (6) Healthy lifestyle, (7) Prioritisation of the couple relationship, and (8) Time for own and couple growth and fulfilment. I will substantiate my discussion of these themes by direct quotes from the data.

5.3.1.1 Theme 1: Communication

Communication to a relationship is like oxygen to life. Without it, it dies.

Tony Gaskins

Reflecting on their lives with an infant, the most important adaptation resource, as identified from the responses to the open-ended question, was that of communication. Communication emerged as the strongest and most consistent theme from the transcripts. All the couples who were interviewed considered communication to be an important resilience factor. Communication has been described in the literature as the “link that creates a relationship

between people” (Wright, 2000, p. 61) and the “currency of the intimate relationship” (Long & Young, 2000, p. 166).

When communication is sound and strong, it can strengthen the couple relationship. The quotes that follow show the importance of communication.

We have a good communication line. I have to share with you how I feel about anything: from sex, money, career ambition, work, love everything. Primarily, communication is very crucial. [AC3]

One of the biggest things for us was the talking. [AC9]

... most important thing about coping is just sitting and talking. [WC2]

5.3.1.1.1 Components of healthy communication

Couples described and demonstrated nine components of healthy communication through detailed examples. These components are: (a) keeping in touch with spouse on a daily basis; (b) open, clear and direct communication; (c) proactive communication; (d) mutual listening; (e) gentleness and kindness; (f) honesty; (g) the ability to say sorry; (h) words of compliments and affirmation; and (i) quality communication. When combining the above-mentioned components, this form of communication was shown to enhance intimacy and connectedness between spouses and helped them adapt positively to the transition to parenthood. I briefly discuss each component below.

a. Keeping in touch with spouse on a daily basis

The communication that couples highlighted as a relationship strength, was communication that took place regularly. Participants shared the fact that they kept in touch with their spouse on a daily basis. To illustrate this point, two excerpts are presented below.

And also keeping in touch during the day as well ... SMS's and messages and phoning.

So, it's something that we build in at least once a day. [AC2]

I would say we communicate regularly. [WC3]

As seen from the responses above, regular communication throughout the day was important to many couples. The purpose of keeping in touch throughout the day (via phone, SMS or email) was to check in, plan for the day and arrange supper.

b. Open, clear and direct communication

Several couples indicated the following aspect as important in their adaptation to first-time parenthood: direct and clear communication in which husband and wife allowed one another the space to express thoughts, anxieties, fears, and various feelings (e.g., frustration as well as joy). Additionally, couples mentioned that they communicated truthfully, by avoiding saying one thing, while meaning something else. The quote below emphasises the importance of engaging in open, clear and direct communication.

Communication also creates a platform in the relationship of being ... you are being you.

Because the other one knows how you feel. So if you have that platform to share your feelings and the freedom to be able to discuss with your partner, then it is a good way to

have a healthy relationship. You have to communicate how you are feeling, what are your struggles, what are your challenges. [AC3]

c. Proactive communication

Couples mentioned that constructive communication about issues and proactively dealing with those issues prevented such matters from unnecessarily developing into larger problems. Couples emphasised the importance of steering away from “bottled up” feelings and frustrations. The responses below are examples of such a disposition.

By you not communicating and bottling it up ... it is too late to even discuss, to repair, to fix. So that's why I'm saying you must communicate. I can never know if you don't tell me how you feel. You must be honest with your feelings. Don't wait for the next person to say, “What's bothering you?” If there is something bothering, you share it. [AC3]

In this way, I also learned to air my frustrations openly and quickly. When you air your frustrations, the sooner the better. One must not keep it bottled up. [WC3]

As seen from the responses above, couples seemed to identify problems quickly, and dealt with it without delay. This type of proactive communication described by the two couples above, provided the space to air opinions, frustrations and feelings, as well as for constructive problem-solving.

d. Mutual listening

A fourth fundamental component of communication was pointed out as listening to each other. Two couples highlighted intentional, mutual listening. One first-time mother mentioned how she learned “the art of listening” from her husband. She commented:

Also, I learned communication is not about talking all the time. Listening is important. He [husband] has taught me to actually discern and keep quiet and listen before I can say anything, or comment on anything. [AC5]

Similarly, another couple commented that they focused on allowing space for the other to talk openly and truly be understood.

We make sure that we truly hear the other person; this means listening with intent to each other and not merely having a conversation. [WC1]

e. Gentleness and kindness

Couples mentioned that they communicate with kindness and gentleness. They took care of how they treated their spouse: never unnecessarily harsh, but rather in a sensitive and tender manner. Furthermore, couples indicated that they refrain from negative comments, criticism and judgement. Instead they carefully filtered their words through a grid of kindness and gentleness. Swearing was not considered helpful, and couples focused on choosing an appropriate tone when they addressed their spouse. Speaking kindly and gently was emphasised, even in moments of disagreement. This fifth component of communication is demonstrated by the excerpt below:

I think it is what you say and how you say it. [AC4]

It is evident from this excerpt that the means of communicating emerged as an important factor (which included tone of voice).

f. Honesty

The aspect of honesty was related to that of communication. Two couples indicated how honesty and transparency to them were vital ingredients of healthy communication. For couples, honesty involved sharing their experiences, thoughts, feelings, and desires in a friendly and uninterrupted environment. Their expressions in this regard are shared below:

This adds to honesty, namely not to hold back what one wants to say. We really have an open relationship where we can express our needs and say what's in our heart. Honesty, to be earnest with each other; to be honest about what you need. [WC1]

We are very honest. We are frank with one another. [WC10]

g. The ability to say sorry

One couple did recognise the ability to say sorry as valuable. The first-time father stated:

It must be easy to say sorry. [AC4]

h. Words of compliments and affirmation

Couples chose to use words that build up and verbally affirm each other. They indicated that verbal compliments or words of appreciation were important for them. Such words typically are expressed in simple, straightforward statements of affirmation. The opposite of encouragement is words of criticism and condemnation. Couples actively fought the temptation to be critical and

judgemental towards each other. Instead, they sought ways to encourage and praise their spouse. One couple's expression in this regard is shared below.

Appreciate each other. Say thank you for the things you do for one another. Take the time to complement each other. [WC13]

i. Quality communication

Lastly, quality communication was important for several couples. Three couples mentioned that spouses must be careful not to resort to communication about the baby as the only topic of conversation. When this topic is the only one in which first-time parents engage, it could be detrimental to the couple relationship. Importantly, couples need to have quality conversations in which they share their feelings and thoughts, or communicate about work-related matters. The responses below demonstrate this point.

When you spend time with your husband you get time to talk about everything, not just about the baby, but about feelings. How is he feeling and how am I feeling, and all the other stuff – even maybe speaking about work stuff and stresses. It is actually distressing. [AC7]

We don't [only] talk about the baby, or house matters; you see, but really share what is going on in our heart. [WC7]

Effective communication becomes essential during times of crisis when the family's problem-solving skills are called into question (McCubbin & McCubbin, 1996). Clear, open and honest patterns of communication are crucial for problem-solving (Walsh, 2012). Communication

bolsters resilience by providing people clarity about crisis situations. Additionally, communication encourages open emotional expression as well as collaborative problem-solving (Walsh, 2012). This finding about the importance of communication is echoed by other studies on postpartum adaptation to new parenthood. A Swedish study (Ahlborg & Strandmark, 2006), reported coping by communication in terms of the following aspects: verbal and non-verbal mutual confirmation, feeling of being important to the partner, regular talks about different matters, ability of mutual listening, and a will to solve problems. This finding is also consistent with South African research. According to Walters' (2009) study, the second important resilience quality reported by families (52%) was communication.

5.3.1.1.2. Communication as a resilience resource and its interconnectedness to other themes

Given the importance of communication, it is understandable that this aspect was found to be interrelated to several other themes – to be discussed in this chapter. The topic of communication has been highlighted throughout as an important aid for positive adaptation to new parenthood.

5.3.1.2 Theme 2: Couple time

For several couples it was important to cease being a parent for a period and also be a spouse. Spending quality time alone with their spouse away from the baby not only rejuvenated the bond between spouses, but also warmed them with the love they needed to endure the various challenges relating to first-time parenthood. Thus, a second facet of successful postpartum adaptation was the time spouses created for each other. Several participants (73%) highlighted the value of spending time together. Interestingly, a large proportion (85%) of the White couples compared to 56% of the African couples referred to this theme (Couple time). The couples defined such time as more than both spouses merely being in the same place. Instead to them it

was time dedicated to connection and deepening their intimacy. Giving one another their undivided attention was central. This theme is illustrated in the responses below:

We decided to spend some time together and start dating again. [AC7]

We enjoy spending quality time together and are aware that one must still do it. [WC1]

Interestingly, each couple had their own definition of what ‘couple time’ meant. One couple referred to it as “Mommy-and-Daddy time” [AC8]. Other couples defined their couple time as “our own time” [AC4], or “the time for us two” [WC11]. For some participants, couple time was equivalent to “date nights” or “dating”. Also important to note is that for some couples ‘couple time’ referred to time spent *alone* with each other as a couple *away* from the baby, compared to other couples who considered the presence of their baby as part of their couple time, or ‘date night’ as couple time.

The question can be raised: What do ‘dating’ or ‘date nights’ practically look like for new-parent married couples? In the present study, these ‘dates’ or ‘date nights’ took on different forms for each couple. Typical date nights for some meant going out for dinner or a movie, or attending music concerts. Others considered a date as simply renting a DVD and ordering take-out food. Outdoor activities such as hiking, kayaking, a day spent at the beach or picnics were other date options for some. The couples shared creative and practical ideas of incorporating this aspect of ‘dating’ or ‘date nights’ into their schedules. An example of one couple’s own time reads as follows:

So, then to say, “OK, tonight we are going to have date night; I won’t prepare food, we won’t do the washing, we will do none of that. We are going to order take-aways, will sit

on the carpet, light candles, and sip red wine and have a freaking good time.” Yeah, well, that is our date night. When we do it here, it is like being spoilt just a little less than, I would go as far as saying, when we go out, but it is also nice, you know, because it is a conscious thing, one can look forward to it. We can say, “Wow, Thursday night is our date night and we can’t wait.” [WC7]

It is clear from the excerpt above that scheduling date nights in advance sometimes do create excitement, and give spouses something to look forward to. Importantly, as is also evident from the response above, date nights do not have to be extravagant and expensive. To the contrary, couples suggested that date nights can be uncomplicated and simple. For one first-time mother special time with her husband was something as simple as sharing bath time together. Having a glass of wine or cooking together was another example of a simple date night. Similarly, one couple commented that for them simplicity and quality couple time goes hand in hand:

Life changes. But quality time is still important. It is about getting quality time in simple stuff, for example sitting in the Spur with the child playing in the playroom, or washing the dishes together. It is about doing life together in the mix of the baby. [AC8]

Another couple added that they focused on simplifying date nights and not overcomplicating things, hence, eliminating date nights as potential situation for conflict. They further suggested that couples must remember to “make it (date nights) easy with as little ‘logistics’ as possible.” [WC11]. The first-time father commented:

Buy nice food stuff at “Woolies”, unpack it here; make things simple for yourselves. Don’t turn date night into a “schlep”. [WC11]

For most couples, quality spousal time occurred when the child went to bed. This implies that couple time is connected to and depends on routine. For example, some couples developed a night-time routine with a specific bed time scheduled for the child. This meant that they knew they could look forward to spending couple time in the evenings once their baby is put to sleep. The excerpts below illustrate this interplay between couple time and routine:

So, when we finally saw the benefits of the routine, and you know 20:00 we put the baby down for a nap and come out and boil the kettle, and then we hire some DVD's and sit there, coffee in the hand watching DVD's. I mean, when we got our evenings back, we were so excited. [AC9]

Between seven and eight already he is asleep. Therefore, from the beginning it was incredibly nice, seeing that we could spend time together. We knew: roundabout seven he is asleep. [WC1]

Some couples mentioned that they allocated a particular day for their date night, for example once a week. For other couples this occasion took place once or twice a month. Friday or Saturday nights were often reserved for date nights. One couple mentioned that they tried to schedule weekends away for just the two of them, every two months. Another couple mentioned that they bought a Groupon voucher and enjoyed a one-night fun Getaway. (Groupon is a 'deal of the day' website, a global e-commerce marketplace that connects subscribers with local merchants by offering activities, travel, products and services in more than 28 countries.)

Many couples communicated that they have an intense need for more date nights, but for some this was not logistically possible, especially when they wanted to go out – requiring someone

who could babysit the child. Some couples did not have a wide support structure of people who they could ask to babysit (e.g., some couples' grandparents or extended family lived far away). Additionally, some couples indicated that hiring a babysitter had financial implications as well. One couple reflected on this issue:

You see, practically speaking, we do not have a grandma or granddad close by. Our closest grandma or grandpa is three and a half hours away. Thus, we do not have the option to drop him at Grandma, and quickly go for a coffee for two hours. We do not have that. So, when we need a babysitter, we have to ask my little sister, whom we must approach a month or six weeks beforehand, because she has a huge social calendar. Or, we must organise a babysitter. You know, this becomes a problem, and if it cannot be my little sister, then there are financial implications. [WC7]

From the responses above, it is clear that date nights sometimes require of couples to plan ahead and organise a babysitter. Support structure (grandparents, extended family and friends) plays a vital role in the aspect of 'dating' and couple time in the spouses' relationship. This point is illustrated by the responses below:

What couples can do is just have a moment like going out together. Just leave the baby with granny or aunty so that you can catch up. That's important. [AC4]

Our support network is finally growing. So, going out during the day is an option. [WC8]

As can be seen from the excerpts above, having a strong support structure is vital. This especially applies to couples who define their couple time as time together *away* from the baby.

Some couples understood they needed to be creative in finding suitable couple time, but most participants emphasised the benefits of such created time. Couple time served various functions.

These are listed below:

- Played an important role in facilitating communication between spouses and helped couples share thoughts and feelings.
- Permitted couples to deepen and sustain an emotionally intimate relationship.
- Provided a “bonding” and “reconnection” function.
- Minimised feelings of neglect.
- Helped couples destress and re-energise.
- Creates time for romance. One couple verbalised this aspect, “Because as much as we are parents, mother and father, we are still wife and husband. So we need to keep that fire burning, hence the dating.” [AC7]
- Fosters opportunity for mutual encouragement.

Linked to the first benefit of couple time listed above, many couples mentioned that such time provided an opportunity for them to communicate. Couples stressed that communication should not only revolve around the baby and childcare issues, but also include discussions about their feelings, stressors and work-related matters. The quote below illustrates this point:

Again we can talk about other matters than the baby, I feel; yes, one talks about the baby half of the evening, but it is also possible to talk about other topics like one’s job. One really gets to speak about other matters as well. [WC2]

Linked to the importance of communication during couple time is the aspect of undivided attention. One couple had a golden rule for couple time: no television and no movie. This rule improved their communication. Two couples mentioned that they often follow a checkpoint exercise when spending time together.

[T]o check if one is satisfied at this stage. Is something the matter? Basically checkpoints like these. [WC3]

... just make an effort to check in and make sure, “How are you really? What goes on in your head? What goes on in your heart?” [WC7]

Importantly, couples seemed to achieve a balance between *intense* date nights that include in-depth conversations, the sorting out of problems and frustrations, and planning for the following week, et cetera, as opposed to *relaxed* date nights. Sometimes couples appreciated a light-hearted date night, focusing on having fun and just enjoying each other’s company, rather than being serious and consciously communicating about various issues.

Spending quality time together did require action and effort on the part of couples. The time spent together often did not just happen as naturally as before the arrival of the baby. Below, an extract from an interview illustrates this point.

For example, just really making time to be alone again, just him and me, spending time with each other, because, before one has a baby, this just happens naturally. [WC7]

Couples also emphasised that prioritisation of their marital relationship was key and (importantly) a conscious choice. They pointed out that by purposely scheduling and planning

for ‘couple time’ or ‘dating’ was sometimes the only way they managed to spend quality time together.

For this awareness we have to put in some effort. We must choose to spend time together, which we obviously want to do, but if one does not prioritise these things – to return to the priority theme – if one does not prioritise, then it will not happen. [WC7]

It is clear from participants’ reflections that, for a large proportion of couples, couple time provided an important strength. It is well known that the transition to parenthood is linked to lost couple time. This is unfortunate since the present study and prior research (Walters, 2009; Walsh, 2012) suggest that couple time plays an important role in facilitating communication, fostering emotional intimacy and sharing valued activities between spouses. Previous research indicates that couple time declines after the transition to parenthood, as couples devote a considerable amount of their time and emotional energy to their firstborn (Dew & Wilcox, 2011). In a South African study, the participants mentioned spending time together and sharing activities as a family, as an important quality to enhance resilience. Interestingly, merely 38% of the participants highlighted the value of spending time together (Walters, 2009), compared to 73% of the participants in the present study. Walsh (2012) confirms that time shared together can help families adapt.

5.3.1.3 Theme 3: Duration of relationship before childbirth

The parents in the present study had been married from one to ten years. The duration of the couple’s relationship before childbirth was pointed out by 45% of the couples as an important resilience factor. Interestingly, this theme was more prevalent for the White couples (62%) when

compared to the African couples (22%). The couple's relationship in this context refers to either their dating, or marital relationship. From the couples' responses, it seemed that their relationship was able to take the 'weight' of the major transition to parenthood because of their relationship's strong foundation. Additionally, spouses knew each other well because of their shared history. The following excerpt illustrates this theme:

We were married four years, nearly five, before he [the baby] arrived. We merely adapted and continued on the sound foundation that we laid at the beginning. [WC1]

When asked why the duration of the relationship before childbirth was important to them, one first-time father stated:

Because we dated longer before we got married. So we knew each other and our characters beforehand. I would see when she is not happy about something ... when she's tired. I would pick up on small things because I know her. Because we have been together for so long before we got married. So, when the baby came I would know when she needs that help without her saying anything. When she had a long day I would know. Before she even says this is what happened at work and she is tired, I would know beforehand. [AC2]

His wife elaborated:

We had challenges. Before we got the baby ... he was born in 2011 and we were married for two years already by then because we got married in 2009. So we had our challenges on our own. When we talked about them ... the main thing I always wanted was let us

sort out any issues we might have, you know. Let's try to sort them out, because by the time the baby is around we won't have time. [AC2]

From the responses above, it is clear that the duration of the relationship before childbirth was important for this specific couple for several reasons. Firstly, spouses knew each other's character; no words were required as they anticipated each other's needs. Secondly, the couple had endured shared hardships or "challenges" together. Thirdly, the couple had established a communication pattern and was attentive on sorting out problems or "issues" in their relationship.

Other couples identified several additional reasons why they felt that the duration of the relationship before childbirth is an essential resource for adaptation. These reasons are listed below:

- A mutual understanding has developed between spouses (e.g., they understand and recognise the partner's stress profile – spouses are not surprised by the coping strategy the partner uses).
- The couple had time to strengthen and work on their couple relationship and thereby developed a strong and stable foundation.
- Spouses had seen each other in different circumstances (including conflict situations, stressful challenges and shared hardships).
- Trust had been established in their relationship.

- The couple had time to pursue individual and couple dreams and goals (e.g., traveling, occupational visions and establishing careers, reaching educational milestones).
- They enjoyed focusing simply on the couple relationship.
- Spouses knew each other as partners first of all, and then as parents. (e.g., spouses knew how best to support their partner).
- The couple had the opportunity to spend their income on their own needs.
- They had time to plan and prepare themselves for childbirth and childrearing.

From the data analysis it is clear that the duration of parents' relationship before the birth of their first child was a key strength. This finding is consistent with previous research, which demonstrates that a more extended pre-birth relationship holds certain advantages. In a recent South African study by Jankelson-Groll (2014), the length of the marriage was pointed out as an important factor before becoming parents. The couples in the mentioned study pointed out that they had time getting to know one another better, improving their communication and working through conflict effectively.

5.3.1.4 Theme 4: Boundaries

Boundaries can be considered unofficial rules about what should not be done, or limits that define acceptable behaviour (Boundaries, 2011). This theme emerged from the responses of 41% of the participants (30% White and 56% African couples). The theme of boundaries is not widely recognised in the literature on positive adaptation of new parent couples.

Establishing and maintaining healthy and effective boundaries was related to different aspects of first-time parenthood. Participants mentioned that they had to be able to create and negotiate boundaries as a couple. Boundary-setting was related to the following aspects:

1. Naming the baby
2. Learning when and how to say 'no'
3. Boundaries and the geographical location of childbirth
4. Parental boundaries
5. Boundaries and the support structure
6. Boundaries and social media
7. Child boundaries and discipline

Each of the aforementioned aspects will be discussed below.

1. Naming the baby

Participants mentioned various aspects where they as a couple believed to apply firm boundaries. An example of such boundaries was choosing the child's name. It was important for one specific couple to set clear boundaries with the grandparents to avoid unnecessary stress. In this regard a first-time father commented:

We named her [baby]. I am Zulu and she [wife] is Tswana. We didn't even open the door for anybody to play the cultural card. From being a heavily Christian couple we didn't

want her named after her great grandmother or named after her great-great tannie so and so, whom she didn't know. [AC9]

It should be clear from the response above that boundary-setting is a process that starts early for new parents, even before childbirth. Acting upfront before the baby arrives can potentially help couples avoid future resentments or conflicts. Establishing boundaries is an ongoing process throughout parenthood.

2. Learning when and how to say 'no'

"No" is a complete sentence.

Anne Lamott

A basic boundary-setting word is "No." One couple mentioned how they had to learn *when* to say "no". At times they experienced overwhelming social pressure to attend the birthday party of each of their son's friends, which left them emotionally exhausted. They stated:

Sometimes one tends to bite off too much. He (the baby) had his birthday and so we had four Saturdays in a row, of which his birthday was the fourth ... of which we had to attend children's parties and this is simply emotionally draining. But, one also learns from your situation. Next time one will only attend one party, just to give yourself a break and to recharge. [WC9]

Important to note from the response above is that developing boundaries and setting limits is a process where first-time parents keep learning and extending their boundary-setting.

3. Boundaries and the geographical location of childbirth

One couple mentioned that they decided before childbirth where their baby would be born. Instead of giving birth in the wife's home-town, they insisted that their child will be born in Cape Town. The first-time father explained:

So, in our planning there were things that we explicitly decided we are going to do. The child will be born in Cape Town. In other words, my wife is not going to go home as is expected to go and give birth in Kimberley. And then I go and see them periodically in the three months - but she is going to give birth here, because this is where our family is. This is where we started as a new family. So we decided that we would have the baby here. [AC9]

4. Parental boundaries

One couple mentioned a particular parental boundary they maintained in order to protect their marital relationship. The couple made a decision to keep their bedroom and specifically their bed 'off limits' to their daughter. They elaborated:

We want her to know from here on: The bed is not your place to be, but Mommy and Daddy's space. So, I feel that one should maintain the room as the space belonging to you and your husband. There sort of should be a room in the house that is "no-go" for the baby. [WC11]

Their reasoning behind setting such a boundary was that it protected their couple time for sexual intimacy. Thus they established this boundary early on.

5. Boundaries and the support structure

Several participants mentioned the value of healthy boundaries and the importance of honouring each other's family ties. For a few couples it was fundamental to maintain healthy boundaries that delimit their spousal relationship as a unit from other close relationships. Clear communication was important to convey the boundaries to their support structure (specifically the grandparents), after they as a couple determined they want these boundaries. In one couple's narrative, the practice of openly communicating and asserting clear boundaries to the grandmother was central:

It was nice to have someone else in the house. But it is important to not allow her to take over. We decided together as a couple, we communicated what we want for our baby. For example, in terms of remedies we had to tell her: don't use this and this. She listened to us and let us raise the baby as we wanted to. She respected the decisions we made. [AC8]

From the excerpt above it is clear that the couple communicated their expectations and parenting style to the grandmother and she (grandmother) respected their decisions on, for example, medicine for the baby. It seems that a first step new parents can take to establish boundaries for the support structure, especially the grandparents, is by taking a proactive stance. Setting boundaries early on and proactively is crucial. Boundaries relating to discipline, expectations, childrearing and child-medicine need to be communicated calmly, firmly, respectfully and clearly to the grandparents. Correspondingly, grandparents need to respect these boundaries and not ignore or undermine them.

One couple for example, spoke about their decision to limit their son's sugar intake. This expectation had to be communicated to the relevant role players. The husband elaborated:

Here we would say: no sweets. He would go next door ... there are two laities there; twins. So, when he goes there they give him sweets. I went and said, "You know what, we are trying not to give him sweets, because we don't want his teeth decaying, we don't want A, B and C. And kids who always eat sweets ... they don't want to eat." I went there. I talked nicely. And when he's here ... whether he cries, don't give him sweets. Even in Kayelitsha, don't give him sweets. There is another guy there; he has the same laitie as mine. He used to bring sweets. Two lollipops, for my son and his laitie. I went to him and said, "Never ever again give him sweets." So you have to communicate with all this other parties. [AC4]

Again, this first-time father immediately communicated this specific boundary about the sugar intake of their son, thereby reinforcing the boundary. The father took care to explain their reasoning as couple behind this decision, and calmly requested the parties involved to respect this boundary.

An important aspect related to boundaries and support structure is that spouses should decide who talks to the family members. Ideally, the one doing the talking should be the adult child of the family who set the boundaries with his/her family. This is illustrated by the following statement:

When there is something you don't agree with and you decide as a couple that you're not doing it ... if it's my mom, I'm the one who has to sit down and say to her, "Mom

we actually decided against that, we are not going to do that.” It shouldn’t come from the other spouse. So, whoever’s mom it is, you speak to them. That is something that we learned at pre-marital counselling ... it helped us a lot. [AC9]

It is clear from this excerpt that the adult child of the grandmother who was causing boundary issues dealt directly with her.

6. Boundaries and social media

Boundary-setting for social media was mentioned by one couple. They felt strongly that no baby pictures of their daughter would circulate on social media, including Facebook and WhatsApp. They also communicated this social media boundary to the grandparents. The response below illustrates this type of boundary:

One of the other things that we decided early on was something as simple as social media. Now we agree not to put our baby up on social media, no pictures of the baby on WhatsApp and no pictures of the baby on Facebook by us from us. [AC9]

It is interesting that this boundary-setting occurred early on. When I asked the couple about their motivation for upholding this social media boundary, they indicated that their family privacy was important to them. Furthermore, they felt that their daughter has the lone right to post her own baby pictures on social media later on. Their role was simply to compile and collect memories, but they wanted their daughter to decide for herself one day whether and what she wanted to share on social media platforms. The couple explained:

Okay, so the IT law for instance ... we have lost touch ... the lines have blurred between privacy ... family privacy and social privacy. So, the lines have blurred, people just share and reshare and reshare. And before you know it, your pictures of your child circulates in places that you haven't sanctioned. Secondly, let the baby choose. It is her baby pictures and we will give it to her. She is the one who can put them up. [AC9]

7. Child boundaries and discipline

Gentle discipline and setting child boundaries was mentioned by a few couples as important resources for resilience. A number of White (23%) and African (22%) couples highlighted the value of discipline in their postpartum adaptation. One of the most serious challenges confronting first-time parents is providing clear age-appropriate boundaries and limit-setting. Even though some of the participants' children were still very young, they highlighted the importance of early discipline. This is illustrated in the excerpts below:

She does test the boundaries. But if Mommy can do it more consistently and establish the discipline, then things will go right much faster. [WC4]

I believe as a parent one has to be strict in certain things, you can't let your child get the better of you. You have to be strict from the beginning. You set certain limitations. You let your child know exactly what she can't and can do. Say 'no' when you have to. [WC13]

Importantly, in order to practice consistent and positive discipline it was emphasised that spouses discipline from a stand of partnership and teamwork. From the responses below, it is clear that first-time parents disciplined their children as a parenting unit:

It can't be a case where the child says, "Mommy said this" ... you can't have favouritism, right? You must show partnership. [AC6]

I also think the manner in which we maintain discipline in our home, the fact that we try to be strict with him on what is right and wrong. We also are on the same page about this ... I will seldom think he [husband] acted unreasonable. At this stage we are basically speaking from the same mouth. [WC6]

It is important to note that boundaries will appear different in every family. What seems healthy for one marriage may not be healthy in the next. Each couple needs to decide among themselves on the type of boundaries that serves their purpose the best.

The theme of boundaries is not widely recognised in literature on positive adaptation of new-parent couples. I could find no previous literature linking boundaries to first-time parenthood and couple resilience. This suggests that it is a novel strength that first-time parents deem helpful in postpartum adaptation.

5.3.1.5 Theme 5: Shared hardships

Stress, challenges, hardships and painful trials are part of first-time couples' narratives. Forty-one percent of the couples (54% White and 22% African) believed that shared hardships made them grow closer to their spouse and become stronger as a couple unit. They used words such as "stressful times" [WC3], "challenges" [WC5] [AC2], "difficult times" [WC11], and "difficulties" [AC4], to describe the shared hardships they experienced as a couple before the arrival of their first child. Various hardships or stressors were identified, for example: living overseas, depression, relational stress, financial stress, losing a loved one, job loss, personal

health issues, a long-distance relationship, a car crash where someone was killed, the possibility of a baby with Down-syndrome, a miscarriage, and struggling to conceive. The couples' verbatim accounts of these hardships are presented below:

This [transition to parenthood] is not the most difficult experience that we have gone through. Together, I think, we had to deal with more challenges than most couples. The coping mechanisms that one used to overcome depression or a financial crisis or any such thing, or the death of a loved one, this is the same coping mechanisms that one falls back on. Like, if I just try to think of the top of my head about things we've been through: your father dying, depression, a lot of relational stress. [WC5]

We dealt with job loss, we dealt with sickness, we have dealt with a lot. [WC8]

We were involved in an accident when we both were 19 years old, when we hit and killed somebody on the N1 [highway]. [WC12]

Before we had our first baby there were difficulties like we had a miscarriage ... that was a heavy time for us. [AC4]

Two couples explained why the shared hardships they endured was an important resilience factor. One couple mentioned that shared hardships created a strong foundation that bolstered their relationship. From their response, it seems that their couple relationship was able to take the 'weight' of the stressors they experienced because of their relationship's strong foundation. They explained:

We simply adapted and kept on going, building on the sound foundation that we laid in the beginning. [WC1]

Another couple pointed out that shared hardship played an important role to help them understand one another's personality and coping methods. They commented:

So, one is more familiar with the other person, one knows how he acts and what his stress profile is. Thus, one is not caught off guard, and just about knows the best how to help the other person in this situation. Then one also understands better why this person acts in a certain way at that time. Whereas one initially would have wondered: Why are you acting so silly? But now one knows and understands the other person, therefore, one knows: Okay, he is (let's say) an introvert, hence he needs time on his own. But he cannot get it now, so, he becomes a bit like a grumpy bear. [WC3]

The couple narratives seem to suggest: Hardships that spouses experience before the arrival of their first child is an important resource for adaptation. This is the case even though people often erroneously view hardships as having only a detrimental and negative impact on the couple relationships. Instead these challenges couples undergo may give them the opportunity to find potential and capacity in their relationship, resources which they did not realise they had. This happened to be the case for the first-time parent married couples whose responses were presented above. When couples utilise the resources to adapt, it can help deepen and strengthen their relationship, as suggested by the findings of the present study.

Another aspect of shared hardships and relationship growth due to a stressor is that couples in the present study believed they learnt from adversity. They also found that they could draw on these lessons learnt during stressful times and apply it in different situations in the future.

The theme of shared hardships is not widely recognised in literature on positive adaptation of first-time parent couples. This suggests that it is a novel strength that first-time parents found helpful in their postpartum adaptation.

5.3.1.6 Theme 6: Healthy lifestyle

A number of couples (36%) indicated that they consider a healthy lifestyle as central to their adaptation to parenthood. For first-time mothers and fathers, healthy lifestyle choices included: avoiding sleep deprivation, good nutrition and a balanced diet, exercise and regular health checks and tests. Interestingly, only one African couple mentioned this theme compared to seven White couples who regarded a healthy lifestyle as an important resilience factor. The African couple stated:

As a family we try to stay healthy. What I mean by that is that we do regular tests, we eat right, we exercise, we promote a healthy lifestyle as a family. [AC3]

A newborn's sleeping pattern tends to be erratic and often arrests the chance of a restful night's sleep for a first-time parent. Chronic sleep deprivation leads to exhaustion. One couple mentioned a creative way in which they managed to incorporate *more sleep* over the weekend: they divided their Sunday into quarters. Attending church made up the first quarter. The second quarter was structured around spending quality time as a family. During the last two quarters they took turns to babysit and taking a nap. To illustrate this practical idea of tag-teaming (two people acting alternatively to accomplish some task) to get some sleep, responses are presented below. The first-time mother elaborated:

... being willing to say that we are going to divide Sundays into quarters. The sleeping part was proposed at a stage ... phew, we both were really tired, but someone has to look after him [the baby], but we both are so tired. So, this was literally a practical plan that developed from this need. [WC7]

Her husband added:

Because we love each other, we adore him [baby], and crave our afternoon nap – looove that nap – this is what actually happened in the last two quarters. You have already said it: if we both want to take a nap on a Sunday afternoon you take responsibility for him [baby] for an hour and a half, and I take responsibility for an hour and a half. And before that, we spend time together for an hour and a half after church. This works like a bomb. [WC7]

Staying active and maintaining a *healthy diet* was important for several couples. One couple suggested that their like-mindedness on healthy living, exercise and nutrition was helpful.

Several couples mentioned the importance of *regular exercise* (e.g., going to the gym, walking, jogging and cycling) as part of their weekly routine. Importantly, couples needed to prioritise exercise time and intentionally plan and schedule this activity. Some couples enjoyed to include their baby in their exercising routine. One father elaborated, “We take the dogs for a walk and put him in his pram” [WC1]. Another mother characterised her morning exercise routine as a time to clear her head. Couples considered maintaining a healthy lifestyle through exercising as important for different reasons:

- Exercise helped first-time mothers to stay ‘sane’, as their exercise programme was part of their ‘me time’ and provided a break away from their baby.
- It helped improve mental well-being and avoid developing symptoms of depression.
- It had a ‘recharge function’ for many couples.

I could not find previous literature linking a healthy lifestyle to first-time parenthood and couple resilience. This suggests that this aspect is a novel strength that first-time parents consider helpful to them in postpartum adaptation.

5.3.1.7 Theme 7: Prioritisation of the couple relationship

A number of couples (32%) indicated the prioritisation of their marital relationship as an important resource in the process of postpartum adaptation. This theme was mentioned by 31% White and 33% African couples. Couples regarded their marital relationship as valuable, considered it as an important priority, and were personally dedicated to its success. Couples noted the worth of their marital relationship and that it required work and effort to preserve it. Therefore, they viewed prioritisation of the couple relationship as highly important. Several responses illustrate this theme:

A baby can pull you different ways. Because the thing is with a baby, you want to focus more on the baby than on the relationship itself. And that’s where we lose it. But I think with us what ... yes as much as the focus was on the baby we tried our best to say our relationship is at stake here. Yes, we have a child, but at the same time there is also us.

[AC3]

As much as we are parents, mother and father, we are still wife and husband. [AC7]

Our relationship with one another is extremely important. [WC1]

Our marriage is placed first, before our relationship with him [baby]. So, he [baby] does not replace her [wife] and also not for me [husband] in my relationship with her. [WC1]

Our relationship is an immensely huge priority in our home, and to keep it clean and strong. [WC4]

But this is about really making a conscious decision ...we choose to keep working on our relationship. [WC7]

The responses above confirmed that by viewing the marital relationship as valuable, and divorce excluded as an option, the participants had persevered during the challenging period of postpartum adaptation. Couples focused intentionally on working on their marriages consistently. They made a deliberate effort to prioritise their couple relationship. Couples also expressed personal dedication to the marital relationship.

The theme of prioritisation of the couple relationship is not widely recognised in research on positive adaptation of new parent couples. This suggests that this theme describes a novel strength that first-time parents found helped them in postpartum adaptation.

5.3.1.8 Theme 8: Time for own and couple growth and fulfilment

To be eligible for inclusion in the present study, both parents had to be between 25 and 40 years of age. In this study, the husbands' ages ranged from 29 to 37 and the wives ages ranged from 27 to 34 years. Time for own and couple growth and fulfilment, linked to older age of the couple,

was not a prominent theme in the data, as only 9% of participants mentioned it. Interestingly, this theme was specifically limited to the White couples and not mentioned by African couples. It is also significant that only mothers raised this topic. For these mothers their older age as a couple meant they had time for own and couple growth and fulfilment. They elaborated on this theme by acknowledging that since they knew each other for a longer period, they had the time to fulfil their aspirations (e.g., going overseas, complete their studies) and to establish their careers.

I could not find previous literature linking the age of couples to positive postpartum adaptation. This suggests that it is a novel strength, which helped first-time adapt better during the postpartum phase.

5.3.2 Category 2: Individual factors

Individual factors included resources that couples draw on in the transitional period, but on a personal level. Under this (second) category, four themes emerged: (1) Spousal personalities, (2) ‘Me time’, (3) Background and upbringing, and (4) Physical attributes. I will discuss the respective themes with their related subthemes further on. My discussion will be substantiated by direct quotes of responses extracted from the data.

5.3.2.1 Theme 1: Spousal personalities

Over half (55%) of the couples mentioned spousal personalities as a key resilience factor in their adaptation to parenthood. This entails 44% African and 62% White couples. Certain individual personality traits or characteristics that influenced their postpartum adaptation positively included: a calm temperament, or being a list-type or an analytical type of person. Couples also commented on the importance of having knowledge of their spouse’s personality and the benefits

this information holds. The aspects of introversion and extroversion were also mentioned. The theme of spousal personalities is illustrated in the excerpt below:

I think the longer one knows one another and understands each other's characteristics, knowing how to handle each other, it helps with the challenges of having a child and dealing with it better. [WC3]

Couples mentioned that they gained their knowledge of personality styles through different avenues. These include a Meyers & Briggs personality test, parenthood courses and a Christian book which characterise personality types in terms of four different trees.

Two couples mentioned the importance of knowing each other's strengths and relational balance. The latter terms mean that spouses balance each other effectively by bringing individual, yet complementary differences into the relationship, and thereby maximise successful adaptation. The quotes below illustrate this point:

She also knows that I'm not a patient person, now she balances me out and I know when it comes to pressure she is not a strong person to handle pressure. [AC4]

We are both calm and have similar personalities. Although, I become anxious and think about things. She is the opposite. She would say we do not have to rush everything; it is going to be okay. The calmness in her balances me out when I am anxious. [AC8]

As seen from the excerpts above, couples complemented each other's strengths and weaknesses (i.e. balanced each other out).

Cognisance of each other's personalities helped to identify spousal needs. When couples knew each other's personality they were able to see when their spouse was emotionally drained and would then take on some of the responsibility. For example, they knew when their spouse needed to alleviate stress through 'me time'. In addition, when couples understood each other's personalities, they were able to support one another, as the following response attest:

Now one knows and understands the other person. So, one can know: okay, he is (let's say) an introvert; you know he needs time to be by himself. [WC3]

One couple mentioned that for them it was crucial to know and understand each other's personality with regard to stress and coping strategies. This fostered an attitude of mutual understanding of each other's needs and ways of coping. For example, the first-time mother understood her husband as an introvert – his coping was importantly related to his 'me time'. A mutual knowing and understanding of spousal personalities helped this couple to be prepared. Taking into consideration the personality of each spouse and what they need in order to cope, this couple negotiated with one another how weekends should be divided into social and family time versus couple time and 'me time'. The first-time mother commented:

So, what we do, and we do it consciously, is to choose ... we have to be at home Sunday afternoons or one evening in the weekend. Then only we and the baby should be at home without other people. Thus, we will agree to for, say, two social events on Friday and Saturday, but then we say to each other, "Sunday we are at home." Or, if we have something on for Sunday, then we make sure that we are at home on Friday or Saturday. [WC3]

It seems that the transition to parenthood holds certain challenges for first-time parents, irrespective of whether they have an introverted or extroverted type of personality. One father mentioned that with an introvert inclination, for him having less ‘me time’ was an immense adjustment. His wife added that, as an extrovert, the transition to parenthood was challenging for her as she was confronted with feelings of isolation. Another couple mentioned that for them being extrovert or introvert was also linked to the urgency and need of ‘me time’.

Several first-time mothers mentioned the calmness of their husbands as an important factor in their adaptation to motherhood. Throughout the interviews the mothers pointed out incidents such as the following:

And there would be times when I really break down. And I’ll be like “this is so difficult”. But, he was so **calm** and was like, “This is going to be over”, let’s just take it one day at a time”. That’s what he always says. One day at a time. [AC5]

And praise the Lord for my husband who is always **calm** and continually relaxed. [WC4]

I must say it also helps that one of us is a very relaxed person, because he [husband] really do not get agitated easily. So, this is quite important to me. He remains somewhat **calmer**. [WC9]

One first-time mother mentioned that that she and her husband *both* have calm personalities.

We have a **calm relationship**. Our communication is clear. Our personalities gel together. We both have a calm character. Because we are calm, we first talk before we jump to divorce. The word divorce does not come up. Because we are both calm it is not

easy to jump to the worst decision. And because I am calm I can give my husband time to be a hands-on dad. Also because I am a calm mother I am not overworked and I can give my husband time to be a father. [AC8]

The responses above (and the words in bold typing) clearly show: the fact that both spouses had a ‘calm character’ was helpful for several reasons. Firstly, calmness led to clear communication. Secondly, calmness helped them to discuss an issue first before resorting to drastic measures such as divorce. Lastly, because the first-time mother was calm, she was able to hand over control, and this created the opportunity for her husband to be an involved father.

Another two couples commented on the importance of being calm. In these two couples, both parents considered themselves as calm individuals. They felt that their calmness had a definite impact on the calmness of their baby. On the other hand, when their baby was calm and relaxed this made them feel calm as well. One couple mentioned that routine had an important influence on the calmness of their baby.

We are very relaxed and she [baby] must sense it. It is like a vicious circle – if we are relaxed, if she’s [baby] relaxed it helps us. [WC11]

She [baby] knows her routine and in her room is the place where she rests; so, I think the fact that she has a routine relaxes her and the fact that she is relaxed helps us to become more relaxed as well. [WC13]

One first-time mother suggested that her husband’s analytical type of personality was helpful. She described him as being a “planner”. As a result, they could focus on planning and preparation even before childbirth. She explained:

He is a very analytical person. So, even before we had the baby my husband was quite a planner. He was like, “How are we gonna do this? How are we gonna do this and that?”

So, we tried to have as many plans as possible in place. [AC9]

One couple mentioned that they learned about their spouse and his/her own personality at a parenthood course. This course gave them insight into differences between personality types. They felt empowered by the knowledge they gained. At this course they learned that a lot of aspects in their personalities overlap, but they also understood that there is a clear difference between their personalities. The first-time mother acknowledged that she was a perfectionist, task-oriented and a list-type of person who sometimes could be overly self-critical. On being a list-type of person another mother mentioned that this characteristic was helpful, especially for family vacations.

Compared to previous research this finding is confirmed by another South African study. In Jankelson-Groll’s (2014) study certain personality factors (e.g., a relaxed or stable temperament in one or both partners) played a role in reducing the amount of stress that couples experienced in the transition to parenthood. This quality was found to be more important for female participants who were appreciative of their husband’s capacity to remain calm when they as wives felt stressed or irritable (Jankelson-Groll, 2014).

5.3.2.2 Theme 2: ‘Me time’

The concept of ‘me time’ refers to time spent relaxing on one’s own as opposed to working or doing things for others. It is also an opportunity to reduce stress or restore energy. Participants highlighted this theme as an important and valued part of first-time parenting and positive

adaptation. White couples (62%), predominately pointed to ‘me time’ as a key resource in postpartum coping and adaptation. Interestingly, only one African couple brought up the topic of ‘me time’.

Participants reiterated that parenting translates into a full-time responsibility. One first-time father explained:

There is no such thing as a ‘pause button’, so it was very hard to get used to it; when it began, there was no stopping. This was a massive adaptation for me. [WC3]

Many couples struggle to find a balance between raising children, being a loving partner, keeping a household running and maintaining career responsibilities. But as difficult as it is to find time for themselves, such time off was absolutely vital for some participants. To illustrate this theme three excerpts are presented below:

We have time in which each does one’s own thing; and I think this is extremely important. [WC1]

For me currently, it’s [‘me time’] Fridays half past 5 to half past 6. I go to a gym class and that’s like my alone time where I can look forward to something I love doing. It’s a dance class and then I have that little bit of ‘me time’. [WC8]

I think it [‘me-time’] is important – even if it is not a ‘girl’s night’ ... leisure time ... where one can go out in the morning and do your own shopping; do your own thing. Whether it is with your girlfriends, mother in law, or whoever, doing something, or just being totally on your own, visiting the spa ... just enjoying time on your own. [WC13]

Subsequently, I will discuss several aspects related to ‘me time’.

1. Ways to spend it

First-time parents’ ways to spend ‘me time’ included: playing drums, exercising, crochet, reading a book, writing in a restaurant, watching a movie, socialising with friends, taking a nap, a girl’s night or boys night, watching rugby, or a spa day.

2. Benefits of such time

The question can be asked: Why is ‘me time’ important to first time parents? The couples provided three benefits of having such time.

a. It translates into a revitalised mind and body, and recharged energy level

Couples described their ‘me time’ as a time to ‘just be’, to recharge and reset. Their view was that it was a time of self-care and thus valuable and necessary, rather than viewing it as selfish or a waste of time. Participants also perceived such time as a window to reduce stress levels. The following response illustrates this point:

One must know what really excites your wife or husband; and what helps to recharge this person, and then create the time for him or her to do it. Obviously I refer to those things that one does when being on one’s own. [WC7]

b. Promotes well-being

For first-time parents ‘me time’ was essential for their personal well-being and the well-being of the whole family. Setting time aside for themselves meant that they returned to their baby duties

refreshed and enthusiastic. The time one of the partners spent on his/her own was also a perfect opportunity for the spouse to bond with the baby. Another mother mentioned the repercussions (e.g., depression) of not making time to do the things she enjoyed:

I exercise in the mornings and if I would not be able to do it, I would really become depressive. This is part of my sanity and part of my daily break from the baby. And, yes, it is also a bit of ‘me time’ that time in the morning when I go exercise. [WC6]

One first-time mother mentioned that by taking a break for a while to do what she enjoys and what relaxes her, helped her to cope:

So, I never have a meal by myself, therefore, for me my sanity time is Friday evenings and Saturday an hour in the morning. And I think that helps me cope. So, yes, definitely my own individual time. [WC8]

c. Provides parents with a break from the baby

Newborn babies and young children often need practically minute-by-minute care. All this time and energy spent on the child translates into a loss of ‘me time’. One first-time mother commented on this aspect:

Each day one needs at least two hours to be on your own. It does not matter what one does – you can go sit on the sidewalk or stroll around the Mall for two hours – you just need two hours in your day to have a break from your child. [WC6]

3. Impact of the support structure

The support structure of first-time parents often plays an important role (e.g., babysitting options) when parents need some respite and ‘me time’. One couple mentioned that the presence of the wife’s mother helped her in this regard:

I was able to if I want my ‘me time’, you get that ‘me time’, because my mum would be there with him. [AC2]

Another first-time mother mentioned the practical support of female relatives, specifically her sisters-in-law, a helper and the grandmother.

4. The relation to routine

One mother pointed out that, for her ‘me time’ was interconnected with routine. She commented:

I feel that a child needs a routine, because if he is all over the place, then you will never have some time for yourself or your husband, or just to go do something. [WC12]

5. Granting and enjoying such time

Three couples commented on the importance of spouses granting/allowing each other ‘me time’ and enjoying such time. In order for spouses to reap the rewards of this respite, partners must encourage each other to enjoy such time. This will also help free their spouse of possible guilt feelings, as the following response attest:

Whether it is an afternoon nap or exercise, or whatever, one knows what you like to do and, you must be able to create time for it and grant it to each other. [WC7]

Two first-time mothers indicated that their husbands played an important role in creating this respite for them as wives:

Every Saturday morning, he babysits her for three hours while I, or rather I wait until he awakes, because I go for a jog from about 05:30 to 08:30. So, I get to jog for three hours, which is my time spent alone. [WC11]

So, on a Saturday morning I will make everyone breakfast and then I would go climb back in bed with my book for like an hour and he [husband] would take care of him [baby]. [WC8]

6. Prioritising such time

Finding time for themselves as first-time parents sometimes did not happen naturally, but rather had to be scheduled and planned. One couple emphasised the importance of prioritising such time:

Plan in terms of: what is really important for you and your spouse? What does really excite and what recharges this person? And to create the time that your spouse can do it. You know, those things that – obviously I talk about things that one does on your own. [WC7]

7. Connecting with spousal personalities

One couple made an important remark on the interconnectedness of spousal personalities and ‘me time’. They suggested that the amount of such time needed, is related to their spousal

personalities. Another couple similarly commented on the interplay between spousal personalities and ‘me time’.

The importance of coping and ‘me time’, or taking time away from the infant, is emphasised by previous research (Clinton & Kelber, 1993). Free time is suggested as a recovery factor by McCubbin and Patterson (cited in Greeff et al., 2006). However, limited research has been done on the aspect of ‘me time’ within first-time parenthood and positive adaptation. This suggests that it is a novel strength that first-time parents have found helpful in postpartum adaptation.

5.3.2.3 Theme 3: Background and upbringing

Only 14% of the couples have indicated their background and upbringing as a key resource for coping and adaptation during the transition to parenthood. In this regard one White couple and two African couples referred to this theme and, interestingly, only the first-time fathers. Throughout all three these interviews, the fathers’ description followed a similar format. They emphasised that background and upbringing had an important influence on particularly two parenting factors: the parenting unit and the involved father. The discussion below will be structured according to each individual father’s account of this theme.

African couple 1

This father explained that for him and his wife their background and upbringing had a “moulding” and “guiding” function in their transition to parenthood. From their background and upbringing, they learned how to accommodate one another. He also felt that his wife’s parenting style was influenced by her own social forming. He further explained:

There is one thing that I always take seriously: the guidance that we got from our background and from the upbringing. The upbringing helped to mould us in such a way that we are able to accommodate each other's schedules. You know, taking care of her [baby], it was what was happening to me as well. And that has been transferred now. Even from her [wife's] side as well she has that strong personality, but you know at the same time she is strict with her [baby]; it comes from her parents as well. So, I think parents and their upbringing are quite important, because it doesn't just stop there. It continues from generation to generation. [AC1]

Later in the interview this first-time father's wife mentioned that he was a supportive and hands-on father. When I asked how this came about, the father explained that for him being an involved father was partly influenced by his background and upbringing:

It started way back. A big part of it is, as I said, upbringing. Because you know in my family, our father used to take good care of us and that's what my mother also used to say about him. It is not something that I forced myself to do. It is something that comes naturally and I didn't think that I was doing anything special, because I thought that it was something that I was supposed to do as a parent. [AC1]

From the excerpt above it is clear that this father grew up with the notion of being an involved father. Thus it came naturally to him to be helping out with household tasks and childcare.

African couple 2

Similar to the first father's narrative, another father also mentioned the aspect of background and upbringing. He was raised in a family of seven children, of which one child was female. Thus,

his mother taught him and his brothers to assist in household tasks such as cleaning, baking and cooking. He further explained that helping out with the household tasks was totally normal to him. Therefore, his expectation of his wife's role regarding division of labour and rearing of their child was influenced by his upbringing and background.

And the way I was raised as well; like she said I cook, I bake, I do everything. My mum taught us; we were six boys and one girl. You can't expect one girl to do everything, so we had to do everything; clean, cook, and bake; everything, so most of my brothers can cook. So, I didn't expect her now, because we are married, I am going to stop cooking and stop everything. Same is with the raising of the baby. I didn't expect her to do everything and I just watch from a distance and watch him grow up, and she does everything. I didn't expect that because of the way I was raised as well. So, it's basically my background helped a lot. [AC2]

White couple 1

Lastly, one White first-time father's response mirrored that of the two above-mentioned fathers:

For me to wash the dishes, or pack it into or take it out of the dishwasher and clean the house ... I am from a family ... we are brought up ... we help, we do everything, we clean the house, we vacuum, we help out. And I am somewhat ... I won't say too strict on this ... I like quite a tidy place. But I won't place this burden on her [wife] and say, "Listen here, just look how messy our home looks. Why don't you do something about it?" I go clean up, and that's that. [WC12]

The excerpt above clearly shows that this father's expectation of his wife and of the division of labour was also influenced by his background and upbringing. He had a realistic attitude that his wife needed to balance her role as mother, employee and wife.

The influence of background and upbringing on successful adaptation to first-time parenthood is a new theme. This is the first descriptive and explorative study to identify background and upbringing as a resilience quality in first-time parent married couples within the South African context. Additionally, the present study is the first one to ascertain a possible interplay between background and upbringing, involved father, and the parenting unit.

5.3.2.4 Theme 4: Physical attributes

Physical attributes refer to spouses spending time and effort to look after their appearance and sustaining their physical attraction. This is the last theme included in this (individual) category. To date, no other South African or international research connected physical attributes to couples' positive postpartum adaptation.

Physical attributes in this context refer to outer appearance such as make-up, wardrobe contents, styling of hair and weight management. Only two (White) couples (9%) indicated that physical attributes of the spouse and physical attraction was an important strength in the process to adapt to parenthood. One first-time father and one mother, from different couples, brought up this topic. This quality was indicated by statements such as the following:

You make sure that you make the time and the effort for each other, and still look pleasing to each other. You still have to look attractive to each other. You still want that sexy time together. [WC13]

I feel that I want to put in the effort for my husband. This means I don't sit around in my pyjamas when he gets home. I am not dollied up, you understand, I will ... just dress nicely and, as I say, a bit of mascara and lipstick and styling my hair. I look the same as when I go to work, not when I have just got up in the morning; thus I don't look the same. [WC11]

The first statement presented above was by a first-time father. When asked why he felt that physical attributes and appearance was important, he responded:

Because you still have to look attractive to each other. You must still look at your wife or husband and be like, "Wow I married her or him! That's mine, baby." [WC13]

Spending time and effort to look after their appearance is, understandably, not at the top of first-time parents' to-do list. In this regard the father was asked whether he think it is at all practically possible for first-time parents to put time and effort into physical appearance. Without hesitating he answered, "Yes." For him there were no excuses as he explained:

This is all excuses. Because eventually if she needs the time, the daddy looks after the child. The husband is usually done within 15 minutes so, when she needs two hours to get herself ready, Daddy can look after the child and, then when Daddy needs to prepare, then Mommy looks after the child for 15 minutes. So, no, it's nonsense to say it is not doable. [WC13]

It is clear from the response above that teamwork is required in order to spend time on physical attributes and appearance. I queried whether the first-time father's spouse agreed with his

statement, and found that she did. Importantly, her motivation for spending time and effort to cater for her physical appearance was individually motivated. She suggested that women should attempt to put effort into their physical appearance soon after childbirth since it holds many benefits for them as first-time mothers. For her it meant feeling feminine, pretty and better about herself. She also added that she valued putting effort into her physical attributes as this had a direct impact on her mood and emotional well-being:

I also feel that the quicker one gets rid of the old clothes, do your make-up and comb your hair and all that ... then you feel comfortable in your own skin for the day. It may be that after the pregnancy ... your skin is stretched, you feel fat and bloated, you breastfeed and just don't feel feminine ... you feel like a Parmalat cow, actually. This is bad. You haven't even finished breast feeding and then it's time for another feeding. So, I think it helps a woman to begin taking care of herself again, as soon as possible. Don't lose yourself. Put on make-up and comb your hair even if you are not going anywhere; just look respectable to yourself because then you also feel prettier and much better. And of course, this affects your state of mind as well. [WC13]

A closer examination of the second couple's response to the importance of this theme (physical attributes) reveals consistencies in their viewpoint with that of the first couple. The first-time mother introduced this theme into the conversation. She perceived an interconnection between feeling beautiful for her husband, feeling good about herself as a first-time mother, and sexual intimacy. Thus, her motivation for spending time and effort on her physical appearance was threefold. She also emphasised that first-time mothers should intentionally *make time* to take care of their physical appearance. She elaborated:

Just do it for yourself, then you also feel hotter. And maybe you are in the mood for more ... because you feel pretty. Do it for yourself, go out and look pretty for your husband. Then you will like each other more that night. This is not only about: You want me later ... one does not even feel like the bedroom when you don't feel pretty. So, you just make time. Or, when the baby goes to sleep, you go and put on your make-up. It doesn't have to be every day, only to show your husband at times, now and again. And also for yourself, as I mentioned, it's actually more for myself than anything else. To feel pretty, because one already feels, "Urgh ... if I walk in my track suit about all day ..." [WC11]

Her husband added that women's weight management postpartum is important.

To summarise, participants stressed the importance of taking care of and making an effort with physical appearance. Particularly soon after childbirth, it is expected that first-time mothers will relax their physical appearance to a certain extent in their own home. However, it is a fine line to cease making the effort to take care of themselves. It seems that both first-time fathers and mothers should focus on presenting their best physical selves in the relationship. The two couples suggested that taking care of themselves required small efforts. It meant attending to their weight, putting on make-up and dressing nicely. These participants felt that such small gestures cost little and play a vital role in how they feel about themselves and how their spouse feels about them and their relationship.

It is clear from the two couple's responses that they do perceive a definite connection between caring for one's physical appearance, the health of the romantic relationships as well as the individual well-being of the first-time mother. It is interesting to note that the couples' responses were focused more on the mother's physical attributes. They did not elaborate on the issue of the

first-time father's physical appearance and attributes. No research was found that link physical attributes to the transition to parenthood and couple resilience. A vast amount of research does report on postpartum changes in women such as bodily changes associated with childbirth, first-time mothers' body shape, image and weight (Bailey, 2001; Jordan, Capdevila, & Johnson, 2005; Clark, Skouteris, & Wertheim, 2009; Mickelson & Joseph, 2012; Patel et al., 2005; Rallis et al., 2007). Several studies focus on women retaining or gaining weight during the postpartum period (e.g., Keller, Allan, & Tinkle, 2006).

Previous research suggests that physical changes associated with childbirth and the postpartum period may impact a women's sexuality directly (De Judicibus & McCabe, 2002). Couples may also experience a decrease in sexual intercourse because the woman may feel unattractive due to weight gain and a negative body image postpartum (Jordan et al., 2005). Women may find it difficult to view themselves in sexual terms. In a study by Bailey (2001) women commented on this issue, "My breasts don't add to being a woman anymore; they're just practical. They're there to give food. I suppose they've lost ... lost something sexually maybe." Other women commented that, "You feel like someone's mum and not a woman," and, "I feel my body is less sexual."

The results of the present study suggest that previous research does not paint a complete picture of physical attributes and the transition to parenthood. To date, no other South African or international research connects physical attributes to couples' positive postpartum adaptation. The present study thus offers new insight into physical attributes as a resilience quality regarding successful adaptation for first-time parents.

5.3.3 Category 3: Baby factors

Baby factors refer to the characteristics of the baby that enable first-time parents to adapt positively. In terms of the third category, I found only one theme connected to the baby, namely characteristics of the child, which will be discussed and substantiated with excerpts from participants.

5.3.3.1 Theme: Characteristics of the child

In the present study, 41% percent of couples identified the characteristics of the child as a factor impacting positively on their adaptation to first-time parenthood. The characteristics of the child refer to the influence the baby's character has on the parents' adaptation, for example the temperament of the newborn (Walters, 2009). This theme also covers the child's sleeping patterns, health (e.g., reflux) and temperament. In this study 32% White and 22% African couples indicated how an easy, uncomplicated or ill-free child made adapting to the infant's presence easier and smoother. This quality was indicated by statements such as, "He was not troublesome at all" [AC2]; "We had an easy baby" [AC8]; "We have a dream girl" [WC4]; "Actually he is such an easy baby" [WC6]; "We are blessed with a ridiculously blessed baby" [WC7]; "He is not a difficult child" [WC9]; "She was a very easy child" [WC10]. The following excerpts are further examples of this theme:

We had an easy baby. He slept all through the night. We were not sleep-deprived. [AC8]

No reflux, none of that. I think it has a huge impact on a marriage if babies have problems with these type of ailments; and this implies a lot of crying and unhappiness. [WC4]

She just wasn't a problem child thus far. You know, she ... I think this is because of her temperament, and she is definitely relaxed because we are relaxed. [WC13]

The couples verbalised two reasons why the characteristics of the child definitely had an influence on their successful postpartum adaptation. Firstly, consistency in a child's sleeping patterns allowed the parents time and the opportunity to communicate with each other. Secondly, when a child is calm and relaxed, it has a ripple effect and creates a sense of calmness among the first-time parents.

One couple suggested that it is important for first-time parents to understand their child's temperament, which allows them to make different kinds of plans (e.g., including the child in plans for an overseas holiday).

In contrast to another South African study (Walters, 2009), merely 9% of participants mentioned the characteristics of the child as a quality that influence resilience.

5. 3.4 Category 4: Parenting factors

Apart from couple factors, individual factors and baby factors, first-time parents can also draw on resources related to childcare and child-rearing (see Table 2). These included: (1) The parenting unit, (2) Routine, (3) Involved father, (4) Planning and Preparation, (5) Flexibility, and (6) Practical parenting style. Subsequently, these themes and the subthemes flowing from it will be discussed and substantiated by excerpts from interviews.

5.3.4.1 Theme 1: The parenting unit

Where one is weak, the other is strong. When one needs building up, the other is equipped to enhance and encourage.

Steven & Alex Kendrick

Reflecting on parenthood, couples noted that to be a parenting unit or ‘a team’, is a key resilience factor. Learning how to function as a team and leaning on each other’s strengths were something almost all couples (95%) indicated as helpful. Only one White couple did not mention this theme. The couples provided several synonyms when asked to explain ‘being a team’ or ‘teamwork’. These synonyms included: “we-ness”, “togetherness”, “companionship”, “partnership”, “shared responsibility”, and “common ground”. To illustrate this theme, several responses are presented below:

Mostly we work as a team. Let’s do it together ... I think that was the main process with us or the main key. [AC2]

We work as a team. There is no other way. You are not gonna make it. [AC3]

I think the teamwork ... because you almost move from fire to fire. The baby is born, then there are those sleepless nights, then there’s the feeding, then the colic ... you move from fire to fire and you sort of need to put your heads together to get around it. [AC6]

A team approach is definitely important because it takes a mother and a father to raise a child. [WC3]

But, I think also what is very important, is that there’s not a man’s job or a woman’s job, you do all of this together. Because it is your relationship, it is your household, it’s your

child. Everything is yours together. It is not one person's job. In the South African society, a lot of men forget that. [WC13]

1. Qualities of the parenting unit

The parenting unit consists of different qualities, each complimenting each other. These qualities form a foundation for a 'team approach' in the relationship of new-parent married couples. I will discuss each of these qualities below.

a. Humour and laughter

Three couples reflected on the importance of humour and laughter in their marriage during their transition to parenthood. For them humour took the form of making jokes, laughing at the situation and laughing together. The responses to follow illustrate the participants' views:

It was things like showing him how to change a diaper. Yes, that I needed to show him because ... in fact I didn't show him ... the first attempt was ... he did it himself, and I remember the back part was in front. It was so funny! We had something to laugh about the whole day. [AC5]

The baby gives us another topic to laugh and chat about. [WC11]

Walsh (1998) also highlights the benefits of humour in detail. She describes shared humour as a source of strength; humour can neutralise tense situations, be used to express feelings, and help put people at ease, reduce anxiety, facilitate conversation and help restore an optimistic outlook. With these benefits for the relationship it is not surprising that the couples in the present study

found humour as a source of strength in their marriage, especially during the transition to first-time parenthood.

b. Commitment

Couples made a commitment as spouses to stay dedicated to the marital relationship in the face of the challenging postpartum adaptation period. The couples' attitude towards their spouses seemed to be important in strengthening their resilience as couple unit. Couples expressed a desire to be together, and emphasised that for them divorce was not an option, even though the transition to parenthood was challenging. The desire to stay with their spouse helped them in the adaptation process and strengthened their commitment towards each other, as is evident from the narrations below:

Also divorce was not an option. With all the divorce stats and friends who are divorced ... I come from a divorced family. This is not what we want. [AC9]

Our view on marriage also is: You are married and you had a choice beforehand with whom you marry. And after marriage you have chosen your partner and then you simply make it work, by hook or by crook. [WC3]

You know, I am leaving ... That is not an option. I mean, go sit in your car and take a break. Packing your bags and walking out, that's not an option. And then, like he said, obviously for us, out is not an option. [WC8]

Three couples emphasised that divorce was not an option for them, and it was not a matter they had considered. This seemed to be a reflection of their commitment to their spouse and their marriage; as one participant puts it, you are "married for life". It seems that couples had an

agreement that divorce was not an option for them; they knew they were committed, and therefore, no one threatened divorce. Divorce is widespread in South Africa, where almost half of all marriages are dissolved within the first seven years (Botha, Van den Berg, & Venter, 2009). The increasing divorce rate seems to have become the norm, hence more people view this as a valid option if a marriage does not work out. Yodanis (2005) identified what she called the “divorce culture”, where marriage is viewed as conditional and divorce is a way out if things go wrong. For the participants in the present study, it is clear that divorce was not an option, in other words, their views were not aligned with a divorce culture.

The view of marriage as valuable and sacred may also have been informed by the couples’ religious beliefs. This tendency is also reflected in the literature, where the value placed on the marriage relationship is seen to facilitate marital commitment and is encouraged by religious faith (Aboagye, 2012). Participants indicated that they were committed to each other during their transition to parenthood, and this commitment was an important contribution to their family’s resilience. The opposite also appears to be true. If couples have an ambivalent commitment to one another and their marriage, and consider divorce as an alternative, the marriage is more likely to be at risk since such a disposition makes it more difficult for couples to work together on the challenges they face (Carter, 2001; Gladding, 2002). In a South African study (Walters, 2009) participants reported commitment and being in a committed relationship with one’s partner, as well as committed to the family as a whole, as valued resources in the process of adaptation.

c. Trust

When two people trust one another each can relax, for he knows what kind of behavior to expect from the other; mutual confidence develops.

Lederer & Jackson

Trust seemed to form the solid foundation of many of the marital relationships. Importantly, the interviewed couples collaboratively built their mutual trust. Trust allowed them to share power in their relationship, rather than introducing a marital dictatorship. By mutual influence and valuing each other's ideas, they cultivated a safe marriage in which they felt they could be open without fear of judgement, dismissal or betrayal. In addition, bringing up contentious matters sooner than later, seemed to be an important way of building trust. Furthermore, two couples mentioned trust in the spouse's capability to be a good parent, as foundation for their marriages.

d. Effective conflict management skills/problem-solving

First-time parenthood requires teamwork. This is especially true when resolving conflict. The absence of a team approach when attempting to work through differences, can lead to problems that grow worse over time. The participants acknowledged productive conflict as a natural part of the relationship. Potential problems were identified quickly and a resolution sought that was acceptable to both partners. Importantly, spouses were open to resolving conflict. Problems that seemed insurmountable appeared manageable when they worked in tandem to solve them. This cooperative approach meant that both contribute their understanding to the problem. As a result, both felt they were involved in the process and thus committed to the success of the solution they agreed upon. One first-time mother mentioned that she often avoided conflict before the arrival

of the baby. However, after the birth of their daughter she soon realised the importance of effective conflict management, and addressing issues and problems sooner rather than later. Her husband alluded to the important interplay between communication and effective conflict management and problem-solving:

One should not keep it bottled up. If you bottle up issues or build grudges, then it worsens the situation. So, the trick is, just say with the necessary love and as regularly as possible when something bothers you. Well, in most cases we find a working solution if we encounter some sort of hassle. [WC3]

As seen from the excerpt above, clear, open and honest communication, effective conflict management and resolution, were areas where teamwork proved essential in first-time parenthood. This finding is consistent with previous research, which suggests that effective communication becomes essential during times of crisis when the family's problem-solving skills are called into question (McCubbin & McCubbin, 1996; Walsh, 2012). Walsh (2012) also points out that clear, open and honest patterns of communication are essential for problem-solving.

e. Equal relationship

Two couples identified the importance of being equals in the relationship, which suggests that power was shared by both spouses. The importance of operating in unison and as equal partners is a finding that ties in with previous research. The inability to satisfy the need for power in marriage can be a formidable obstacle to a successful relationship (Glasser & Glasser, 2000). When power is unbalanced in the relationship, there is a stronger possibility that one of the

spouses will experience the couple relationship as unsatisfactory, and it may even become dysfunctional (Walsh, 1998). Conversely, if couples are able to work out the balance of power in their relationship, it can help enhance their intimacy (Walsh, 1998). Intimacy can then have the effect of buffering stress, which in turn can help provide spouses with a sense of stability, of being loved and their contribution being valued (Hobfoll & Leiberan, 1987).

f. Creating an atmosphere that promotes intimacy

In the present study couples seemed to create room within the relationship for their spouses to be themselves without fear of judgement or unrealistic expectations. A safe environment was created in which each partner felt willing to be vulnerable. This aspect had two components, namely (a) letting go of the idea of perfection and (b) being open-minded.

Letting go of the idea of perfection

One of the participants expressed 'letting go of the idea of perfection' as follows:

I had to tell myself he is not perfect. If I want him to do something, I must just ask him. Because, I know he is not going to think and come say I can do that. So I can ask him, "Can you wash the dishes for me?" [AC4]

It is clear from the response above that communication is central in this regard. Many first-time mothers also admitted humbly that they struggle to relinquish control over their baby, and that this process had not been easy. However, they soon realised: The more they and their spouse parent together, the more it would benefit them both if they work together as a team. This idea is closely related to another quality that will be discussed later (Quality h: avoid blaming, criticising and judging).

Being open-minded

One first-time mother mentioned the importance of being open-minded and letting go of her idea of perfection. She had to review her expectation that her marriage and spouse should be perfect. It was helpful for her to acknowledge that neither her husband, nor their marriage was perfect and expecting them to be so, did not benefit their relationship. The verbatim extract below shed light on these cognitive shifts:

Also my one friend told me it is important to be open-minded. I have not yet met him as the ‘father’... him being in the father role, and he has only met his girlfriend, fiancée and wife. [AC9]

In a South African study by Walters (2009), a number of participants indicated acceptance as an important resource in the process of adaptation. Most of the participants referred to the quality of acceptance by mentioning that they have received and allowed each other the freedom of personal space.

g. Friendship

A strong marital friendship is an important component of successful adaptation to parenthood. It seems as if such a friendship enables couples to enjoy each other’s company, ‘have fun’ and be light-hearted. This can help them deal with stress, which is part of the transition to first-time parenthood. Three couples commented on this aspect:

What is extremely important to me about our household, is that we are friends. [WC4]

Remember, you marry your friend. I don't believe you marry a stranger. It's not like in the old days where my father would go and pick a wife for me. I married my own friend.

[AC4]

It is very important to stay friends. So, some people lose that part of their relationship once they get married and become husband and wife, so things become more serious and all that. We still have fun. We are friends. [AC5]

In accordance with previous research, friendship was found to be an important adaptation factor. Participants felt it was easier to work together as a team because of the pre-existing close friendship (Jankelson-Groll, 2014).

h. Avoiding blaming, criticising and judging

Participants identified the importance of refraining from blaming, criticising and judging their spouse during the transition to parenthood. This theme is illustrated by the following statement:

There is no blaming game. We take ownership of the situation. [AC3]

Couples emphasised the importance of learning to work with each other, instead of focusing on one another's shortcomings. Instead of paying attention to things their spouse did incorrectly, they tried to focus on complimenting the spouse's effort to assist him/her. Two first-time mothers mentioned that they refrained from criticising their husband's efforts (e.g., changing the nappy). Even though he did not put on the diaper the way she would have done it, she appreciated his effort and kindly showed him how he could improve the next time. The responses below illustrate this point:

So it was just those things, like when he had done it and then I would be like, “Okay, perfect, except that now and this is where you should fix it next time.” [AC5]

And we wouldn’t judge each other. If I put the diaper on the wrong way around ... we rather support each other. [AC6]

And also when Daddy does something like putting a nappy on the baby, but as a woman you’re not 100% happy with the nappy, don’t say anything about it. It’s like: fine, Daddy also knows how to do it. And he has to learn more. [WC13]

Similarly, another mother commented on this aspect, specifically referring to the baby’s bath time routine and her husband’s effort to assist:

Just don’t say, “You are doing it wrong.” Rather stand back and relax. [WC4]

Another couple linked the aspect of ‘not blaming’ to their finances. Instead of resorting to blaming one another, they rather used words like “we” instead of “you”.

We don’t blame each other, “You should have spent so much.” It’s just like, “Maybe we shouldn’t have done this now.” [AC5]

The alternative to blaming, criticising and judging, is to use compliments and kind, encouraging and affirming words that builds up one another. This latter form of communication was highlighted in the first theme discussed in this chapter (Communication, theme 1, category 1).

One of the myths that couples often buy into is, “If we have a problem, we must decide who is to blame” (Long & Young, 2000). These myths are unrealistic messages that need to be confronted

and dealt with to ensure healthy couple development. Long and Young (2000) further claim that blame is not a useful concept as it tends to limit the couple's ability to work jointly on the problem they are facing. Therefore, choosing not to blame helps to create shared responsibility for the problem and provides a mutual contribution to the solution. This seems to mirror the experiences of the participants who indicated that they did not experience blame as useful or beneficial.

i. Respect

Mutual respect was shown to be important to couples. Respect means having tolerance and avoiding to "bad-mouth" the other. Couples mentioned how they refrained from embarrassing one another when in the company of other people. The excerpts below illustrate the aspect of respect:

So, it's more of a, let's respect each other, let's understand each other and then let us be tolerant of each other. And then let's work as a team. [AC4]

I would never bad-mouth her [wife] and I know she won't do that to me. [WC8]

His wife agreed:

From the beginning, we decided we would never ... I would never say something that breaks him [husband] down in front of other people, and he will never do it to me. [WC8]

j. Avoiding assumptions

Couples mentioned the importance of avoiding assumptions. One couple mentioned how they refrained from assumptions about finances. Open, clear and honest communication helped them

steer clear of making assumptions. Several first-time mothers emphasised the importance of communication with their spouse about specific issues such as assisting with the baby or housework, rather than assuming that he knows with which aspects she needs help.

Because sometimes you would think that your partner understands what you need. You must tell him what you want, then it makes the battle easier for you. You need to communicate what you need assistance on. Sometimes you would just assume that, okay that this, this person automatically think I need some wipes when I'm changing the baby, but I, maybe you can say: "Can I please get the wipes?" or whatever. Whenever you want something, I think you need to communicate. [AC7]

I assume, and he [husband] often says to me, "I don't know what to do! Tell me what to do!" So, more often I had to ask for things I need. We would begin quarrelling because I assumed that he [husband] knew what he had to do. And I assumed that he would have known what I wanted. [WC2]

One first-time mother also commented on this aspect when she laughingly responded that her husband is no superhero and thus cannot read her mind:

My husband can't read my mind. He is not superman. I must tell him for example, "Can you wash the dishes, I am tired." It is the simple things that you must communicate. [AC8]

Another mother mentioned assumptions and the importance of kind words when she *requested* rather than *demand*ed her husband's assistance. The manner in which she spoke to her husband and the way in which she expressed her needs was important to her.

One first-time father also commented on the aspect of assumptions by specifically referring to his wife's feelings. Again he emphasised the importance of communication:

Assumptions are not good. I cannot assume I know how she feels. Communication is the best way of knowing. By talking I gain. [AC8]

Interestingly, one first-time mother mentioned that she appreciated the fact that her husband never assumed she would be the one to quit working temporarily, to stay with the baby:

Another important matter is that he [husband] never assumed that I would be the one staying at home with her [baby]. [WC11]

Speculative imagination and assumptions

Speculative imagination is a newly created concept (conceptualised by one couple in the present study). This concept refers to wondering, guessing and assuming instead of clarifying and communicating. The first-time father suggested this may be a coping mechanism some couples resort to, which is not helpful and should be avoided:

Ah, speculative imagination. That is one of the other coping mechanisms. In a relationship, well, I wonder why she did X, Y and Z. It must be because ... you know whatever ... you speculate. Some couples might even reach a place where she wonders if there is another woman, I wonder about this, I'm wondering about that. And it all probably started off by speculating on tiny matters. I can't think of which things, but avoiding speculative imagination is one of the keys. [WC5]

k. Incorporate creativity

Becoming first-time parents sometimes made it necessary for couples to put their heads together and be creative. One couple mentioned a creative way in which they discovered a unique tool that helped their baby go to sleep. The father explained:

For example, we used a hair dryer to help get the child to sleep at night. It worked wonderfully. [WC12]

l. Effective time management and being organised

Interestingly, the aspect of effective time management and being organised was mentioned only by White couples. They made statements such as, “But I really believe that if you can organise well, then you are halfway there” [WC13]; and, “I have learnt to use my time effectively.” [WC1]. This finding is congruent with several other researchers who point out that effective time management and becoming more organised are strengths that help first-time parents adapt to the arrival of their firstborn (Ahlborg & Strandmark, 2001; Miller & Sollie, 1980).

To summarise, successful teamwork in the context of first-time parenthood includes the 12 qualities discussed above. Without the presence of qualities like these, new parents would find it hard to function as a parenting unit. In the following section, I explore various dimensions of the parenting unit that, according to the participants in this study, enhanced their adaptation after the birth of their first child.

2. Dimensions of the parenting unit

Husbands and wives are interdependent as they become new parents. Couples emphasised that first-time parents need to function as a parenting unit in several dimensions of their relationship.

Participants mentioned that for a parenting unit to function well, and create an optimum environment for family adaptation, there are different dimensions of parenthood that need attention and care in order for a couple to adapt positively during the transition to parenthood. These six dimensions of the parenting unit are (a) Childcare, (b) Sexual intimacy, (c) Housework chores, (d) Set goals, (e) Decision-making and (f) Financial matters. Further on I explore these dimensions of the parenting unit, according to the participants in this study.

a. Childcare

With regard to childcare, first-time parents had a definite view on spousal participation, as the following responses show:

It is not where the man says, “But that is the woman’s’ department.” It is everybody’s department. It is your kid, both of you need to take part in the raising of the child. [AC2]

You see now she was busy cleaning the house so I bath him, and while I am busy bathing him, she gets things done and prepare his bottle. So it’s not like: you do this I do this. We both know okay what needs to be done. [AC4]

So, I did, say for instance, breastfeed, and when I was finished, he quickly changed the nappy. Thus, we definitely worked as a team. [WC1]

We agree on how we want to parent him. That has helped us a lot. [WC8]

As seen from the responses above, teamwork also applies to raising children. In terms of childcare and teamwork, it was important for couples to work together and generally be in agreement about their approach to parenting. For example, this meant agreeing on general rules about aspects such as bedtimes and eating. Also, it entailed concurring with each other's method of discipline and the expectations, rules and guidelines for their home.

Furthermore, for couples to operate as a parenting unit, both spouses need an attitude indicating: this is "our child", instead of this is "my child" or "your child". Team parenting also means that spouses agree in advance about the style of parenting they will make their own. This implies being like-minded and parenting 'from the same page'.

One African father referred to their culture where men usually fall back on traditional gender division of labour (male breadwinner/female homemaker), especially for childcare. Still, regardless of their cultural background his wife mentioned later in the interview that he was indeed a very involved father. He then also stressed that this was a conscious choice that he had to make:

What I found with couples is that; being African I think it's a cultural thing. Fathers in previous generations sort of steered away from helping with the kids: I will provide food for the house and you handle the rest. That's the culture we always had. [AC6]

Another first-time father mentioned that 'new fathers' must not disqualify themselves from certain tasks, particularly around childcare (e.g., changing the baby's diaper and putting the infant to sleep). Similar to the other first-time father, he also spoke about the idea of making a conscious choice to "engage" and be an involved father. He explained his view as follows:

This may be only from a Daddy's viewpoint, but I often find among other Daddies that they excuse themselves from certain tasks or from participating at home. And I do not only mean at the level of cleaning, I talk about the baby and so forth. Daddies disqualify themselves too quickly from certain tasks such as a 'number 2' nappy or bath, and putting the baby to bed. But I had a choice to make: Will I engage, or disqualify myself, seeing that traditionally this is seen as the mother's work? [WC4]

Teamwork in handling the baby's night routine was also emphasised by several couples. Couples spoke of "alternating" [AC6]; "taking turns" [AC9]; and "we take turns" [WC1].

b. Sexual intimacy

Teamwork in the bedroom seemed to be crucial for an equally satisfying intimate relationship. This 'added language' of love was interestingly only emphasised by the African couples, and specifically the men brought up this aspect. Only one first-time mother commented on this topic. She used a metaphor describing sex as the engine of the relationship. She also emphasised the importance of open communication about sexual intimacy:

The sexual part as well is very, very important in a relationship. You must communicate, you must tell me how you're feeling and we have to make time for that. There is no point in us being successful financially and otherwise, and then leaving that part fading. Otherwise the whole engine is just going to collapse. It is also his responsibility to say you know, "I am feeling this way," or, "I'm feeling left out, let's sort it out." [AC3]

Similarly, her husband also stressed the importance of open and honest communication and sexual intimacy between spouses:

I think it is important that we talk about these things. Tell me how you feel. So, at the same time what is also important is communication. I have to share with you how I feel about anything: from sex, money, career ambition, work, love everything. Primary communication is very crucial. [AC3]

Another first-time father emphasised the importance of being accommodating, understanding and tolerant when it comes to resuming sex after childbirth:

I try to be more understanding. To see, okay she is going through some rough time at work and its very tough where she's working; and then I try to be accommodating to make her feel at ease. Now the men ... when they want to build that bond, we as men we are very selfish when it comes to sexual intercourse. We want to do it now regardless of anything. So the men need to be more understanding, more tolerant. [AC4]

This finding is consistent with previous research reporting on sexual intimacy after childbirth (Ahlborg & Strandmark, 2001; Bateman & Bharj, 2009; Blackburn, 2006; Fennie, 2001; Kluwer, 2010; Linton, 2004; Polomeno, 2011; Van Niekerk, 2013). Researchers suggest that sex is important in marriage, and can be seen as the cement holding together the bricks of married life. As is the case with the other components in the marital relationship, sex involves behavior between individuals in which the response of each partner depends on the mood, physical state, and fluctuations within the relationship. The importance of dyadic communication about sexuality was noted by Ahlborg et al. (2005), which is in accordance with the findings of the present study.

c. Housework chores

Becoming first-time parents meant having an extensive ‘to-do list’, which makes it necessary for couples to function as a parenting unit. Teamwork in relation to housework chores meant couples combined their resources, time and efforts in order to fulfil mutually supportive roles and to focus on different tasks such as preparing meals, infant care and cleaning. Interestingly, couples emphasised that functioning as a parenting unit was about working together rather than having defined roles about who does what. This theme is illustrated by the responses below:

We also share the tasks in the home. [WC1]

We divide the responsibilities for making food; thus one week she cooks and the other week I cook, if there are not too many disturbances. Yes, we approach everything as a team. [WC3]

Well I think, for example, each day has such a long list of things that need to get done. And such a list of things can be overwhelming. It’s repetitive, it’s boring. And it can make you grumpy, which you take out on each other. So, it’s about getting through that list every day and assisting each other. Therefore, I try to cook the dinner and he [husband] will clean up the kitchen afterwards. So, it’s that kind of teamwork where you’re sharing the tasks, but sometimes you also take one for the team. [WC8]

Household chores were structured according to a fair division of labour. For example, if one spouse cooks or is taking care of the baby, the other one cleans up, or vice versa. If one does the dishes, the other one cleans or bath the baby. This division is explained by the following excerpt:

So, if I am busy preparing supper or doing the dishes, he is busy washing the child.
[AC1]

First-time mothers mentioned how their husbands actively took part in the housework instead of leaving them (the wives) the responsibility for all the chores. This helped these mothers to cope, and alleviated pressure for them. It also made them feel that the different chores were their joint responsibility as a couple. Again the mothers highlighted the importance of communicating their needs and indicating areas where they needed their husband's help. This point is illustrated by the following responses:

He prepares the child in the mornings for kindergarten. He drops the child in the morning and he picks her up. He is involved with the child. So, it kind of alleviates the pressure from my side as a mom. In terms of my work; not everything is on me. [AC3]

In the beginning it was very difficult. What helped me to cope was having a husband who was supportive in terms of: if I'm doing the dishes he is busy with the baby. We have that kind of relationship where you are able to say, "Can you assist me with that while I'm busy with something else?" So, assisting each other. [AC7]

Consistent with previous research, the females linked involvement of male participants in childcare tasks and domestic responsibilities to the concept of teamwork (Jankelson-Groll, 2014). As was also indicated in the present findings, this helped alleviate female participants' role strain, and contributed to higher levels of marital satisfaction. Regarding the importance of involved and supportive fathers, Marks, Huston and Johnson (2001) point out that active fathers contribute significantly to the wife's balance of roles during the transition to parenthood.

Additionally, when focusing on the importance of team work, participants identified co-operation and tag-teaming as an important resource that enable first-time parents to complete their daily parental and domestic routines more effectively (De Goede, 2012).

d. Set goals

Couples in the present study agreed on goals and milestones (e.g., couple, family and financial). The couples had the ability to work together towards a common vision, and shared values were aligned with the goals of the relationship. They clearly defined the visions, goals and outcomes of parenting. Teamwork was an absolute necessity to achieve the common goals through harmonious means. This theme is illustrated by the responses below:

Difference should be aligned so that somewhere somehow you are steering the vessel towards the direction where both of you want to see it going. I think that is also what has helped us. [AC3]

We want the same things from life; we strive for the same goal – just about. Both work toward the same end, and our hearts follow the same direction. [WC5]

One couple also highlighted the importance of communication and goal-setting:

And part of communication is also sharing those common goals. By sharing the goals, we are trying to make them common. [AC3]

A previous study has also highlighted the importance of the parenting unit and shared goals in adapting to the transition to parenthood (Ahlborg & Strandmark, 2006).

e. Decision-making

In a teamwork environment, first-time parent couples understood and believed that thinking, planning, making decisions and taking actions are more effective when done cooperatively. For them, decision-making was a shared process characterised by joint responsibility.

f. Financial matters

According to the couples in the present study, there should be ‘oneness’ in handling the finances of the household. This means drawing up a budget together, as well as getting and staying ‘on the same page’ in matters related to money. Three couples commented on this aspect. Transparency regarding financial issues was important for the first couple. For the second couple financial planning minimised potential conflict. The third couple emphasised the word “saam” (together/ness) when they discussed how they handled their finances.

To summarise, with both parents working outside the home, the importance of the parenting unit or “team” approach was found to be central. Participants indicated that couple teamwork implies an understanding that in marriage things are no longer “me, my, mine”, or “you and yours”, but it becomes “we, us, ours” in all instances.

5.3.4.2 Theme 2: Routine

Routine is part of coping

Lorene Scafaria

When there is a new baby in the house, schedules and routines become more formal, structured and specific. The family’s entire routine becomes organised around the child (Goldenberg &

Goldenberg, 2013). Reflecting on life with a baby, couples mentioned that they developed routine in order to create predictability and stability. It is important to note that all of the participants were dual-earner couples and for them routine was particularly crucial to balance demands from work and from home. Seventy-three percent of the couples reported on this theme (56% African and 85% White couples). The importance of routine is illustrated by the following statements:

I think routine has helped us to cope as a family. [WC8]

It [routine] was a way for us to thrive and having a structure just helped us feel that we were sane. [AC6]

We have a routine that works for us. [WC2]

Two couples mentioned that they consulted a specific book by Gina Ford on routine. For them her ideas on routine were too strict; nonetheless, the structure it provided appealed to them. They incorporated some ideas on routine from her book, but developed their unique, individualised and personalised routine. One first-time mother explained:

So, we managed to take a bit from different perspectives and do our own custom-made routine. [AC9]

Another couple also mentioned Gina Ford and similarly felt that her suggested routines were extremely rigid, but they did use her book as a guideline.

She's extremely rigid. She's super rigid. But, as I said, we used it as a guideline. [WC7]

The idea that each family has its own individualised and personalised range of family routines is supported by Fiese et al. (2002). These authors explained that such routines can be arranged according to the family's unique ecological and cultural context; family structure; regulatory rules and roles; set of values; beliefs and motivations; range of resources; and unique unfolding challenges (Fiese et al., 2002).

In the present study, couples mentioned several types of routines. These included a feeding, sleeping and a bathing routine. Several couples discussed their evening routine in detail, which included all three of the aforementioned routine types. Most couples indicated that their weekend routine was more flexible and adaptable, compared to the weekly routine. The statement below demonstrates this point:

By 18:00 she needs to have had supper. So, between 17:30 and 18:00, she has her supper and then 20:00 she goes to bed. Except for a Friday night and a Saturday night, when we let her go on until 21:00, because we don't need to wake up early the next day. [AC1]

Similarly, another couple mentioned that their weekend routine differed slightly from their weekly routine. The first-time mother commented, "Our weekend routine differs quite a bit. On weekends we aren't so strict." [WC6] This finding is consistent with previous South African research on family routines during the adaptation process of transition to parenthood (De Goede, 2012).

When parents described the sequence of routines they followed, it was clear that they accomplished many of their tasks by working together. Both parents were typically involved, where tag-teaming was key in order to follow the routine. Many couples designed their routine in

such a way that, while one spouse was occupied with general domestic chores, the other would be undertaking child-related tasks. Thereafter, the spouses would swap and give each other turns to be involved in both childcare and domestic routines. This finding ties in with that of De Goede (2012).

The first-time parents in the present study experienced various benefits by using routines. I list and discuss these benefits below.

1. Personal benefits

For a number of first-time mothers, routine was important as it helped them to plan and structure their day. Some mothers presented certain competencies and character traits that helped them accomplish their family routines. A number of mothers seemed structured and organised and preferred adhering to set schedules and plans. The quotes below illustrate that routine holds personal benefits, especially for the mothers:

During the week we rather follow routines because it suits me; I'm a routine type of person. I must know: Well okay, this is more or less how my day would go. [WC6]

I am a person who needs a bit of structure and routine and process. [AC1]

I think it is important for me knowing when he is going to take his naps, because it helps me to structure my day, it helps me to know when I can sit down and just have a cup of coffee and a breather, or I can pop out and do the week's shopping, or whatever. So, for me the routine is important. I am an incredibly routine type of person. [WC8]

This finding is consistent with the results by De Goede (2012) on routine during the adaptation process to the transition to parenthood.

2. Couple benefits

Interestingly, many couples initially implemented a routine centred fully on the infant. They soon realised that having a routine also holds benefits for them as a couple. One couple emphasised this point by saying, “Routine for you and the baby: a win-win.” [WC7]. This sentiment was echoed by several of the other participants.

For most couples, quality spousal time took place when the child went to bed, thus couple time was connected to and depended on routine. For example, some couples developed a night-time routine with an established bedtime for the child. This meant that they knew they could look forward to spending couple time in the evenings once their baby was put to sleep. This finding is supported by previous research (De Goede, 2012).

3. Benefits for the baby

One couple felt that routine holds definite benefits for their baby girl. They believed that it provided a sense of predictability and stability for their baby. In addition, for them the adherence to a routine included the practices and the application of discipline. This finding is consistent with those in previous research (De Goede, 2012), which also points to the importance of various benefits regarding routine and child development.

4. Structure and predictability

A few parents mentioned that daily family routines provided predictable events as well as emotional anchors that offered safety and connection for them and their baby. A set routine also helped couples to structure and plan their day. Couples made the following remarks about routine providing structure and predictability:

The thing I like about routine is that I know what to expect. [WC1]

To know when he [baby] will be tired and roundabout when he needs to sleep more or less, when he is hungry and when he will eat less or more, then one can plan your day around these things. [WC7]

This finding corresponds with the results in previous research (Jankelson-Groll, 2014).

5. Understanding and interpreting baby cues

Routine taught couples to understand their babies. Through their behaviour and body language babies give ‘cues’ or signals about what they need. By paying attention to their baby’s cues, over time, the parents learnt how to work out their baby’s needs. When asked why routine was important to them, one first-time father responded:

The other thing about the routine and why it is beneficial is that you can also begin to understand the child. So I know at certain times the crying probably means she is hungry or sleepy, or she needs a diaper change, because you know sort of what time these things happen. And that is one of the benefits of having a routine in place. [AC6]

The excerpt above shows that routine may potentially help the couple understand and interpret their baby's cues, and then respond according to his/her needs.

6. Encourages the father's involvement

One first-time father mentioned the importance that fathers should be familiar with the routine. This would help them be proactive and alleviate stress for their wives.

Importantly, communication played a central part in the implementation of routine and husbands' involvement with baby care. Some first-time mothers indicated that their communication with their husband on the baby's routine was helpful. Another mother mentioned that by communicating the routine to her husband, he had the opportunity to be involved with confidence in managing the daily routine.

The findings on routine and couple adaptation to new parenthood are in accordance with previous research. The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) holds that a protective resource to assist the family in the face of a stressor is family routines. The parents in Walters' (2009) study reported their adherence to a routine, which includes the practices and application of discipline as a resilience resource during the transition to parenthood. In two other South African studies, routine was also reported as a strength for parents (De Goede, 2012; Jankelson-Groll, 2012).

5.3.4.3 Theme 3: Involved father

Linked to the concept of teamwork was male participants' involvement in childcare tasks, domestic responsibilities and providing emotional support to their wives. The importance of involved and supportive fathers was reported by 68% of the couples in the present research. This theme stood out equally in both African and White narratives as a necessary component of the couple's resilience. Seven White couples and eight African couples mentioned this theme. This finding is interesting when interpreted in terms of cultural differences, where one might have expected that this theme would not feature as strongly in African participants' narratives. However, the African couples who were interviewed appeared to have egalitarian views of gender roles and valued a collaborative style of parenting. To illustrate this theme (involved father) some responses are presented below:

I couldn't have done it myself, and also not with a man who is not **hands-on**. He [husband] doesn't mind getting his hands dirty. He is extremely **hands-on**. [WC13]

My husband is very **supportive**. And I mean he is **hands-on** with the child. [AC1]

What helped me to cope was having a husband who was **supportive**. [AC7]

From the first-time mothers' descriptions, it is evident that they considered an involved father as an essential resource for adaptation. From the shown responses above, the word "hands-on" stands out, which in this context is synonymous for being involved and supportive.

The fathers offered their spouses two different types of support and assistance, namely practical and emotional support. I will discuss each of these types of support below.

1. Practical support

First-time mothers pointed out that a main source of practical support to which they felt secured to turn, was their spouse. Postnatally, the practical support by their husband ranged from aspects of baby care to housework, cooking and/or babysitting. One father summed up this notion strikingly:

Automatically I just needed to fill the gap of being the cook, of being the cleaner ... of doing everything in the house and being the nanny at the same time. [AC5]

Practical ways in which first-time fathers assisted their wives included: (a) getting involved in the daily care of the baby; (b) helping with housework and cooking; (c) burping; (d) the night routine; (e) breastfeeding; (f) allowing 'time out'; (g) transporting the baby to the day-mother or crèche.

a. Getting involved in the daily care of the baby

The father's involvement in the daily care of their infant entails activities such as dressing, settling, playing, bathing, putting the baby to bed and changing diapers – everyday activities pointed out as helpful. Moreover, the fathers resisted the urge to hand the baby back to their spouse when things got demanding (e.g., when the baby was crying or a nappy needed to be changed). The following responses from three mothers reflect the sentiments shared by many first-time parents on the involvement of the father in the daily care of the baby:

But hands-on also means that if there is a dirty nappy, he will help out. [WC11]

He also helps to feed her [baby]. He will clean the nappy when he is here and also plays with her a lot. It's not just a case of coming home, and he is tired and wants to relax on the couch, showing no interest. So, this is not totally my work. None of, "This is your job and not mine." We rather do it together. [WC13]

Importantly, first-time mothers mentioned that the fathers were "hands-on" from the beginning. They also stressed the importance of consistent support and involvement. In the excerpt below the words "still", "all the way", "get involved and stay involved", and "early on" stands out.

I must say I am **still** blessed because he is **still** hands-on ever since. He is **still** a hands-on daddy. So all those small things, you know, knowing that he is there, gives me that peace of mind. That support, that solid support. That he's there with me every step of the way.

All the way. [AC2]

So he decided to **get involved and stay involved**, quite **early on**. [AC9]

A specific task that fathers enjoyed and gladly lent a hand to was bathing the baby. The fathers mentioned that this was a special bonding time for them with the baby.

b. Help with housework and cooking

First-time fathers indicated that they tried to help out with the housework and cooking as much as possible. The excerpts below illustrate this point:

I would cook the meals or worry about the cleaning. [AC6]

And then he would prepare supper just to free my hands, because he knows I have been busy with the baby. [AC7]

Practically I would say, the fact that he helps me with the household. [WC9]

c. Burping

Babies build up gas from sucking in air whilst feeding. Forcing out the air (by burping) helps the baby to get rid of the air bubbles. Burping was mentioned as a practical way that first-time fathers were involved with the baby. One mother commented:

So, then we decided he will do the burping. Especially when we realise how good he was with her. It would take me up to a half hour to burp her and it would take him five to seven minutes. Burping became his thing. So that was something that was really helpful. [AC9]

d. The night routine

Another practical way the fathers were involved with the baby was the night routine. This included bringing the baby to the mother for breastfeeding, waking up to bottle feed the baby, changing diapers, putting the baby back to sleep and managing the burping. This becomes clear from the excerpts below:

I was willing definitely to be part of the process. Of the waking up ... when she wakes up to breastfeed, I have to burp the baby and put the baby back to sleep, so that she can also have a rest. [AC2]

At night he sometimes gives him [baby] the bottle. [WC9]

Two participants mentioned the importance of team work, co-operation and tag-teaming:

And if, say for instance, I have worked the weekend, then he gets up for a few nights while I rest, and then we change around. We take turns. [WC1]

And I would be with the baby, and I would wake up every three hours to give her ... she woke me up every three hours. So, the next night she [wife] would be with the baby. [AC6]

e. *Breastfeeding*

One mother mentioned that she appreciated the fact that her husband wakes up with her for night feeds. This creates a sense of togetherness for her. She explains:

From the beginning he sits with me when I breastfeed. I know he's part of this with me. [WC11]

f. *Allowing 'time out'*

Postnatally, the practical support husbands gave their wives enabled these first-time mothers to have 'time out' or 'me time'. Babysitting the child was mentioned by several mothers as helpful, creating an opportunity for them to exercise, take a bath or a nap. The fathers were ready to step in when they were needed, allowing their spouse to take a break.

The following responses from mothers elaborate:

I am actually blessed or grateful to have a husband like him, you know, because I could actually take a bath for almost 30 minutes. So I was allowed to have that 'me time'. That also helped a lot. [AC2]

Sometimes he would just say, "Just have a nap, I will look after the baby while you are sleeping." [AC7]

g. Transporting the baby to the day-mother or crèche

Two mothers mentioned that their husband would drop off and pick up the baby from the day-mother or crèche.

He offered to pick him [baby] up in the mornings. [WC9]

He prepares the child in the mornings for kindergarten. He drops the child in the morning and he picks her up. [AC3]

2. Emotional support

First-time mothers expressed gratitude for the emotional support they received from their spouse during the process of postpartum adaptation. Emotional support included a positive attitude, encouragement, reassurance and being knowledgeable about the baby's development and milestones.

One first-time father stressed the importance of listening to his wife's worries and concerns. For him emotional support brought about marital stability. He also communicated his 'availability' to his wife and encouraged her to turn to him when she needed help. He explained:

I think it helped me to know what is going through her mind. Having marital stability is critical when raising a baby. To keep tabs on how is she coping. Is anything worrying her, even if it doesn't worry me. What is going on with the baby. Are there any concerns ... so I think just to know, keeping in the know of what is going on. And just to know that I'm available if needed. [AC6]

The question can be posed: Why does an involved father play an important part in successful postpartum adaptation? The couples described two advantages.

a. Break for the mother

When a first-time father is involved, the mother has the opportunity to break away from the child. One mother explained:

And they [husbands] are able to relieve the mother. The mother can go out and do some shopping, go have some time, just for herself. That is another reason why the involvement is very important. [AC6]

b. Alleviates stress for the mother

When a first-time father is involved, the mother feels that the responsibilities are shared. This helps alleviate stress for the mother and creates a sense of togetherness and partnership. Several couples addressed this aspect:

When a father is involved right away, from the very beginning, I think that relieves a lot of stress from the mother. [AC6]

It kept the stress off me, it took a lot of stress off me. We shared the responsibility. [AC8]

3. *Involved father: Conscious not automatic decision*

Interestingly, it became evident that for most first-time fathers, involvement was a conscious decision, rather than something that just happened naturally or automatically. The following excerpts demonstrate this point:

I think you make a decision that says, “I’m all in.” [WC4]

He [husband] decided beforehand that he will be an involved father and he will be a hands-on dad. [WC3]

I had a choice to make: Will I engage, or will I disqualify myself, since traditionally, it is seen as the mommy’s work? [WC4]

Two African fathers emphasised that, for them, and especially in terms of their culture, being involved fathers was definitely a deliberate decision, which took effort. They explained:

I don’t think it came naturally; I think it takes an actual effort to say, “You know, I will get up and take this, and do it myself instead.” I think especially due to our culture, being African ... for the African men. [AC6]

It is not easy to be a hands-on dad, for example, to change nappies, stand up at night, and take a month off from work for paternity leave. You also do have to make a conscious decision to be involved and a hands-on father. [AC8]

It is worth noting that only one husband felt that being an involved father was something that came naturally. He explained that this was partly due to his particular upbringing and background where his father used to be involved. He modelled this when he became a father himself. He commented:

It is not something that I forced myself to do. It is something that comes naturally. [AC1]

4. Willing attitude

Rather than complaining and making excuses, husbands indicated a willing attitude, which include the ability to compromise and accommodate. One mother mentioned that her husband's willingness to be part of the process of raising their baby, was helpful for her. She expressed gratitude for this willing attitude and her husband's openness to learn. She also pointed to the fact that first-time fathers sometimes need direction and step-by-step guidance. She explained:

That willingness is there to say, "Okay I don't know how to do it. Show me." You know, that willingness makes a huge difference. He [husband] says, "I don't know, but I am willing to change the nappy. Show me how to do it." So, that's why I said that willingness of the husband to say, "I want to know and I am willing to learn, take me step by step." [AC2]

Furthermore, it was evident that for many first-time mothers "willing" (willingness) stood out as a key word when they spoke about their husband's involvement:

He is **willing** to get involved as well, and help. So, I think, it's the assistance that I get. And I think, if one of the spouses is not involved, then things get difficult. [WC9]

I think the main thing was him [husband] as well; is that he was **willing** to be part of the process. [AC2]

5. Paternity leave

Two African couples identified paternity leave as another form of the fathers' involvement. They felt that paternity leave helped both spouses adapt more successfully to parenthood. Especially

first-time mothers saw paternity leave helping them and their husbands adapt to their new roles and bond with the baby. Similar to the findings of Jankelson-Groll's study (2014), some participants indicated that paternity and maternity leave helped both spouses adapt more successfully to parenthood (Jankelson-Groll, 2014).

The discussion above shows that female participants valued the steadfast support and dependability of the husband during postpartum adaptation. A review of the corresponding literature shows that spousal support and the involvement of the father is important in the postpartum adaptation process (Jankelson-Groll, 2014; De Goede, 2012).

5.3.4.4 Theme 4: Planning and preparation

Couples in the present study mentioned that planning and preparation was a key strength in their adaptation to first-time parenthood. This theme has various dimensions such as: financial planning and preparation, marriage preparation programmes and antenatal classes, planned pregnancy, modelling and general planning. A number of participants (64%) highlighted the value of planning and preparation.

1. Financial planning and preparation

For the participants, financial planning and preparation meant saving for the baby, as well as budgeting and formulating the foreseen hospital, nursery and diaper costs. The couples also found it helpful to compare prices in different brands of baby goods. One first-time mother mentioned the importance of determining beforehand the content of the maternity-leave package, since in her case she received no remuneration during maternal leave. The same mother emphasised the fact that their practical parenting style (see section 5.3.4.7, Theme 6, Practical

parenting style) helped them cope financially. Furthermore, she and her husband decided to spread the costs of the baby's necessities over the nine-month pregnancy period, purchasing one item each month (e.g., the pram or cot).

Another aspect of financial planning and preparation entails assessing the medical aid. One couple mentioned they decided to take out a gap cover as well.

The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) describes economic stability as a crucial part of the family's capability to resist a crisis and foster family resilience, thereby increasing the chances that the family adapts successfully. Similarly, Walsh (2012) views economic resources as an important component to help meet the challenges the family must face.

2. Marriage preparation programmes and antenatal classes

The findings of the present study show that participants viewed marriage preparation programmes and antenatal classes as valuable resources. Participants found that such groundwork helped couples anticipate and address issues that may place them at risk for marital distress. This view is illustrated by the following excerpts:

First of all, I would say pre-marital counselling helped, because you think before the time. When the challenges come, you are able to cope. [AC7]

It [antenatal classes] empowered me. [WC4]

Marriage preparation helped couples set realistic expectations for marriage and prepared them for marriage and parenthood. Several couples mentioned that marriage preparation classes run by

church denominations made them more aware of certain issues surrounding the transition to parenthood and helped them address those issues proactively. Couples used the following words to describe marriage preparation programmes: “insightful” and “an eye opener”.

The couples mentioned several topics covered in these marriage preparation programmes that specifically helped them in their adaptation to parenthood. These topics included discussions on: communication, teamwork, boundary-setting, stresses associated with first-time parenthood, postpartum depression, discipline, and the role of the father. Topics covered in the antenatal classes included the birthing process, bathing the baby, breastfeeding, and the role of the father.

This finding is consistent with previous research (Jankelson-Groll, 2014). A number of participants in Jankelson-Groll’s study identified marriage preparation classes as an important strength. Marriage preparation classes run by churches denominations made participants more aware of the strengths and vulnerabilities in their marriage (Jankelson-Groll, 2014).

3. Planned and wanted baby

A number of participants mentioned that their pregnancy was planned and a shared relationship goal. This factor was perceived as a facilitating resource as it helped them plan and prepare for the baby. Moreover, couples felt that their marital relationship was at a point where they were ready to include a third person. Couples emphasised that they had the time for activities they always dreamt of doing (going overseas, finish their studies) and had no regrets. They also had time to focus on establishing their careers.

It is clear that the fact whether the pregnancy was planned or not, has important implications for the couple’s experience and adaptation to this transition period. This finding is supported by

previous South African research. A number of participants in Walters' (2009) study mentioned choice, as a facilitating resource. This concept of 'choice' included the ability to choose the timing of pregnancy and also the issues around a planned or unplanned pregnancy (Walters, 2009).

4. Modelling

Modelling means acquiring new forms of behaviour or thought patterns through observation. This process also includes gathering knowledge by word-of-mouth, and/or literary resources (e.g., books on pregnancy, parenting and childcare) and by consulting or watching other parents (Walters, 2009). In the present study, 14% of the couples mentioned modelling as an important resilience quality.

a. Literary resources

Firstly, several participants pointed out literary resources as helpful. Couples sought information from various sources (e.g., Google, uTube, books, articles, baby magazines, checklists). They mentioned that these sources were helpful in preparing them with practical guidelines and empowering them with knowledge of pregnancy and childbirth. Interestingly, while it was important for couples to prepare for childbirth, they also required information about the postnatal phase. Most participants invested time and energy in learning about life with a baby.

Almost all participants mentioned reading books that were purchased, borrowed, or received as gifts. A number of couples attested that they were reading voraciously. Some mentioned the value of specific books (e.g., *The Five Love Languages*; *Contented Little Baby*; *What to Expect When You're Expecting*; and *Baby Sense*). One couple emphasised the importance of

selectiveness in their choice of reading matter. They focused on topics that add value to their parenthood. One wife pointed out that she and her husband shared the resources that they read. This helped them to communicate more, as well.

b. Consulting or watching other parents

Another way in which participants prepared themselves for parenthood, was by consulting their network of friends and family. They pointed out that modelling is helpful – in the form of speaking to and/or watching other parents.

In a South African study (Walters, 2009), the responses of 21% participants indicated modelling as a resilience quality. This included acquiring knowledge by word-of-mouth, and/or literary resources (e.g., books on pregnancy, parenting and child-care) and consulting/or watching other parents (Walters, 2009).

5. General planning

The participants often stressed that life with a baby generally prompted them to do careful planning. They indicated that planning holds various benefits for them. These include: simplifying their lives, effective time management, alleviating stress, providing structure, and minimising conflict.

Participants gave various examples where planning was key in their daily lives. One couple mentioned that they communicated during early afternoons and then plan the meal for dinner. Another couple emphasised that for them planning was crucial when they went on vacation as a family. Planning was also linked to scheduling ‘me time’ and ‘date nights’. Some couples

explained that planning for them entails buying groceries in bulk, or cooking in bulk and freezing prepared meals.

Parenthood is frequently romanticised in society and the media, with the result that couples often are caught unprepared by the arrival of a firstborn (Kluwer, 2010). Various researchers have stressed the importance of preparing couples for parenthood, and hopefully counteracting the potentially negative impact of children on these couples' relationship (Deave et al., 2008; Galatzer-Levy et al., 2011; Neff & Broady, 2011). The identification and exploring of this theme thus yield important information on couples' preparation and planning for life with a baby, which enabled them to adapt better to first-time parenthood.

5.3.4.5 Theme 5: Flexibility

The term 'flexibility' captures the essence of adaptability, being able to cope effectively with changes, being cooperative and tolerant and having an easy temperament. In the present study, the ability to be flexible was emphasised by 23% of the couples (31% White and 11% African). Couples described this theme with the following words: "adaptability" and "flexible". The excerpt below illustrates this concept:

We are adaptable, very adaptable. I think, what I want to say is that we are flexible and not easily breakable, since we are not necessarily rigid. [WC4]

One couple suggested that flexibility implied that the plan (e.g., on the child's routine and role definition) prior to the arrival of their firstborn, needs to be revised and adjusted constantly throughout the adaptation process. The response below illustrates this finding:

We realised we need to plan, but we need to be flexible within our plan. [AC9]

Flexibility played a vital role in minimising conflict between spouses. The reason is that flexibility enabled the couple to communicate efficiently and find an effective and practical solution quicker. One participant spoke of flexibility in her own needs. She explained that as a first-time mother she needed to be flexible in her individual needs, knowing that her personal needs sometimes had to be postponed temporarily.

The importance of flexibility is congruent with previous South African research on parents' adaptation process (Walters, 2009). Participating families in Walters' (2009) study reported flexibility as a resource helping them adapt to parenthood. In the latter study, flexibility was conceptualised as the ability to be pliable and change their roles, rules and everyday routines according to the demands of the transitional situation (Walters, 2009).

The importance of flexibility is also supported by the Resiliency Model of McCubbin and McCubbin (1996). This model indicates that families whose established patterns of functioning are more flexible, generally can be considered better able to manage crises (McCubbin & McCubbin, 1996). Together with cohesion, flexibility or adaptability is a central component in the Circumplex Model of Marital Family Systems (Olson, Sprenkle, & Russell, 1979).

The above-mentioned findings are supported further by Walsh (2012), who describes flexibility as an important component in adaptation if families are to stand up to the challenges they face.

5.3.4.6 Theme 6: Practical parenting style

A newly created concept flowing from the present study is practical parenting style. In this context such a style meant couples using eco-friendly diapers, buying second-hand baby necessities, and welcoming or inviting hand-me-downs from friends and family (e.g., baby clothes, pram, and baby car seat). This theme was reported by one White and one African couple. Couples enjoyed a natural and uncomplicated parenting style, which not only simplified their lives, but also lowered the financial cost of having a child. One first-time mother described her practical parenting style, which included washing her baby's diapers and buying baby supplies from a second-hand shop:

And we actually use **eco-friendly nappies** and we wash the nappies – can you believe that? Just like the old days. I would go as far as to say, if you do not have an issue with it, there are really, really cool ... for example, in Durbanville there is this very cool **second-hand baby shop** that provides beautiful goods which are well kept. [WC7]

The other first-time mother characterised her practical parenting style as “natural” and “uncomplicated”. She also emphasised that first-time parents must avoid getting caught up in the commercialised and marketing pressures that accompanies the arrival of a new baby, and be willing to accept “hand-me-downs”. She elaborated:

We tried to stay away from the commercial things of having a baby ... you need this to make your life easier ... we tried to do things so **naturally**. So we just stayed away from the whole marketing thing, because it **complicates** things. It actually goes back to the whole thing about **finances** ... it can actually cause another financial problem. And

hand-me-downs: like nowadays people don't like using things that have already been used. They always want everything to be new for the baby. We had couple friends, their son is older than our baby so we ... the **clothes** that don't fit their baby, they come to our baby. Because our baby doesn't even know that this thing is not new. As long as it just fits him. [AC5]

It is worth noting that a practical parenting style is apparently linked to the financial aspect of new parenthood. Cutting certain costs does curb the financial impact of the new baby and was a major motivation for participants to follow a practical parenting style. Linked to this idea, the same first-time mother mentioned that they saved money by applying small but significant ideas:

For example, we use **cloth nappies**. And we use disposable nappies when we go out for convenience. If you open up our cupboard, there is **no baby food** there. The baby eats vegetables from the house; he eats fruit and I make for example cereals like oats for him oatmeal and Maltabella porridge. It has cut out a lot of ... as far as the **budget** is concerned. There is **no formula**. He was exclusively on the breastmilk. He is still on the breastmilk, even now. So we never bought formula. We only use one pack of disposable nappies a month. The baby eats from our pantry as far as fruits and vegetables are concerned. We just didn't follow that whole commercial thing about baby this, baby that. We didn't have all those things and we came out fine. I mean our **pram** was a **hand-me-down**, our **car seat** was a hand-me-down. Our **cot** was **second hand**. The **baby room** was **painted by a friend**. We didn't get a specialist to come and design. [AC5]

From the responses above, the following practical examples (bolded) can be pointed out: (1) using cloth diapers; (2) not buying baby food, as their baby ate the same vegetables, fruit, and

cereals as the parents; (3) buying no baby formula milk, but rather breastfeed; (4) accepting hand-me-downs from friends (baby car seat, pram, cot); and lastly, (5) having their baby's room painted by a friend instead of using a contractor.

I could not find previous literature linking a practical parenting style to first-time parenthood and couple resilience. This suggests that it is a novel strength that first-time parents view as helpful in postpartum adaptation.

5.3.5 Category 5: External factors

External factors point to outside buffers that contribute positively to the couple relationship during the transition to parenthood. The couples identified two types of external factors that were important in postpartum adaptation, namely: (1) Social support and (2) Spirituality. I will discuss each of these themes with its related subthemes. My discussion will be substantiated by direct quotes extracted from the data.

5.3.5.1 Theme 1: Social support

New-parent married couples have extended lists of strengths in relationships, as was seen from the discussion of the first four categories. In addition, the couples experienced support from external sources, which include family, friends, and extended family, as well as from the community and larger social system. This theme was highly prominent in the collected data. A majority of the couples (91%) relied heavily on social support; 92% White and 89% African couples mentioned social support as a key factor in managing this stressful life transition. They also identified different avenues of social support. This theme has numerous components and can

be divided into subthemes, namely: (1) Support structure; (2) Supportive work environment; (3) Support through social media; and (4) Optimal childcare.

1. Support structure

The majority of couples identified their support structure as a resource that enhances resilience after the transition to parenthood. Important to note, while new parents may benefit from informal support from family and friends, the availability of such support differs widely from couple to couple. The way in which support is provided often depends on an individual couple's needs and their context. Some couples, for instance, indicated that their parents lived far away, thus support from these close relatives was unavailable to them.

The couples identified seven groups of people who were important to them for support: grandparents, family (including sisters), extended family (including aunts), friends, domestic workers, health professionals (including house doctor and paediatrician) and church communities.

An important relationship component for effective support is showing respect. Couples valued assistance from their support structure when they perceived the providers as respectful and knowledgeable, interested in their situation – but not intrusive. Each of these mentioned groups of people offered the first-time parents a unique form of support and assistance:

- practical support;
- intellectual support;
- emotional support;
- spiritual support.

Subsequently, I will briefly discuss the support structure, highlighting the type of support each of these groups of people displayed.

a. Grandparents

Interestingly, the role of the grandmother featured more prominently as compared to that of the grandfather. Examples of supportive grandparents were indicated as offering practical and intellectual support.

Regarding practical support, grandparents firstly, often played an important role when parents needed some respite and quality time together. According to the couples, babysitting was the most important type of practical support. Secondly, practical support also meant assisting with the housework and cooking. Thirdly, grandparents were substantially involved in helping to maintain routines. A few couples elaborated on the practical support of the grandparents:

I think the biggest thing that helped us with the transition is our parents and our extended family. On a Saturday morning around 12:00, sometimes we drop her off, and then we have a whole day to go on a date. We go to a movie and do whatever. [AC1]

We have two wonderful grandmothers, a grandfather, and my little sister. They take extremely good care of him [baby], which gives us time for each other. [WC1]

The practical support of grandparents was important to first-time parents for several reasons: (1) it offered couples a chance to spend quality couple time together and build their marriage; (2) it gave the mother time to rest and sleep; (3) it created moments of 'me time' for the mother; and (4) it established the baby routine.

Grandparents were also useful for the first-time parents when it came to intellectual support (e.g., their knowledgeability in childcare, guidance and practical advice and normalisation). This is illustrated by die following response:

So, it was helpful to have my mother and aunts; they helped a lot showing us the ropes and saying, “You need to do this,” or, “Don’t panic when this happens.” [AC1]

My mother was there. She cooked and also normalised things for us. For example, when the baby had winds, she would say, “Don’t worry, that is normal.” She helped so we could focus on the baby. [AC8]

It is clear from the excerpts above that a particularly important aspect of intellectual support is to provide normalisation. When first-time parents do not fully understand the realities of life with a baby, they may feel that the typical difficulties are particular to them, hence they are not coping as well as other new parents.

b. Family and extended family

Several couples mentioned the support of female relatives, specifically sisters and aunts, who supported them on various levels: practical (e.g., babysitting, cleaning, washing bottles and cooking); intellectual (providing normalisation), and emotional (encouragement and constant reassurance that the challenging first few months will pass). Support from sisters and aunts were helpful as it alleviated stress for the first-time parents, allowing the mother time to rest from usual household chores and the chance to focus exclusively on the baby, as the following excerpts show:

And being encouraged by someone who is more **experienced**, because our aunt was more **experienced**. She constantly reassured us. You know she would tell us, “Look, the crying and the restlessness will pass. It is just a stage.” When you are caught up in that moment it seems like it is going to be forever. And because it is the first time, it is so overwhelming that if someone who has experienced it can reassure you and constantly tell you, “Look it’s going to be well,” and, “It will get better.” [AC6].

We hand the child over to grandparents or aunties, whoever is available that night.
[WC13]

The word “experienced” was bolded in the first response above. This indicates the couple found it helpful to have the support of their aunt who had knowledge and experience of childcare and baby development.

c. Friends

Couples emphasised the following forms of support from friends as helpful: practical (babysitting); emotional (e.g., reassurance and encouragement); intellectual (e.g., normalisation, and practical ideas on matters such as nappy-rash medication or breastfeeding tips); and spiritual (prayer). Friends often had an essential role to play by communicating their availability to the parent couple and offering advice and practical solutions, or sometimes acting as a sounding board. The couples valued friends who had undergone childbirth just before them, or who had long-term experience of childcare. Couples specifically mentioned that friends with children were particularly helpful as they could offer experienced, recent and relevant advice.

One first-time mother elaborated on the support from her friends. She mentioned a friend who also had a baby shortly before her. This friend would check in on her, ask the first-time mother specific questions, and offered useful advice. She knew the milestones regarding babies and informed the first-time mother of what to expect in the coming weeks (e.g., when to introduce solid foods into the baby diet, or to visit the hospital for vaccinations). The information and support this particular friend offered was greatly appreciated and sought after. Notably the first-time mother found this friend's *approach* in offering advice equally important as the advice itself. This particular friend was a helpful source of advice as she 'made suggestions', offering options rather than giving 'expert advice'. This mother emphasised that she preferred collegial-style support rather than directive coaching.

d. Domestic workers

One couple mentioned that they had an ironing lady as well as a cleaning lady once a week, who offered practical support in basic household chores.

e. Health professionals

A couple explained that a trusted house doctor and paediatrician were part of their support structure.

f. Church communities

One couple mentioned that their church had offered practical support in the form of ready-made meals.

2. Supportive work environment

Half of the couples (50%) highlighted a specific pathway in which social support can buffer the negative impact of the transition to parenthood, and thereby provide a supportive work environment. This subtheme included three aspects: (1) a supportive manager; (2) supportive colleagues; and (3) flexible working hours.

Supportive manager and flexible working hours

One couple mentioned that the support from the wife's manager was an important factor in the postpartum adaptation process. The mother commented:

Going back to work ... in my situation I had a very supportive boss. So she would constantly check on me at work and ask how I was coping. And she was very involved in my life and in my child's life. My boss was incredibly supportive. And actually offered that I could liaise with HR [Human Resources] to revert my job to a part-time job and be able to care for the baby. [AC6]

The excerpt above illustrates the importance attached to a manager with a supportive attitude, who makes an effort to be involved in the employees' life and checking in on the coping progress of the mother. Additionally, the first-time mother also appreciated the lenience granted her in terms of working hours. Participants valued employers who were accommodating and understanding. Three other couples also pointed out that flexible working hours was a key resilience resource.

Supportive colleagues

Four couples mentioned support from colleagues as a resilience resource. Colleagues offered the first-time parents intellectual support by helping to provide normalisation, and advice on baby care as well as practical suggestions and ideas. Colleagues also supported couples on an emotional level by encouragement and involvement. One couple mentioned that one of their colleagues often babysit their child, giving them the opportunity to socialise with friends.

Compared to previous South African research, a number of participants in Jankelson Groll's (2014) study similarly identified supportive work conditions as a factor contributing to reduced role strain and less strain on the relationship. These conditions include family-friendly attitudes of employers, as well as 'friendly' working conditions and working hours.

3. Support through social media

Thirty-seven percent of the participants mentioned support through social media as an important resource that enhances positive adaptation. Support through social media was characterised in terms of the following: (1) WhatsApp groups, (2) parenting forums, (3) a baby App (Baby Centre), (4) blogs; and (5) Facebook groups.

One first-time mother spoke about a **WhatsApp group** that provided emotional support (e.g., normalisation and the opportunity to relate with other mothers) and intellectual support (e.g., practical ideas and solutions on childrearing). The sharing of experiences was of paramount importance as this reassured the first-time parents that other parents were going through similar difficulties and experiences. This point is demonstrated by the excerpt below:

I was also part of a WhatsApp group of church ladies. So, that was helpful as we would chat with each other and we all could relate. For example, if the baby has a rash, or winds, we would say, “Try this and this,” and give each other solutions. [AC8]

Another useful resilience resource mentioned by one couple was **parenting forums**. These forums offer first-time parents a platform where they easily access advice and relevant knowledge. In addition, it was encouraging for couples to try out different solutions to problems and find out which suited them best, or which were not only normal and acceptable, but common practice.

A **baby app** called ‘Baby Centre’ was an interesting avenue of support reported by two couples. The app (accessible from phone, tablet or computer) offers couples practical support by preparing them for ‘baby milestones’ through automatic updates. On an informational level, the app reminded couples of important aspects of childrearing (vaccinations and check-ups at the doctor) and it also played a role in normalising first-time parents’ challenges.

One father explained how the app made it easier for him to be supportive and involved with the development of the baby, especially since he does not enjoy reading books or watching DVDs. His wife also found the app useful. She felt that the app kept her husband up to date on and knowledgeable about the baby’s development. The app also offered her information on the baby’s expected milestones. She describes the app as “user friendly” as it is not “text heavy”, but rather “brief” and “well structured”.

Another couple also mentioned the ‘Baby Centre’ app as a key adaptation resource. Similar to the first-mentioned couple, this couple also explained that the app holds the benefit of accessing

an online community of parents. On this platform, parents are grouped together with other mothers or fathers with similar expected birth dates. First-time parents had the opportunity to pose questions and anticipate ‘baby milestones’. This interactive aspect of the app was valued by the mentioned parents.

Another avenue of support through social media included **blogs**. One couple mentioned that they read blogs for advice and ideas on parenting and childcare.

Lastly, **Facebook groups** were considered an important resilience resource for first-time parents.

Two couples explained:

I belong to a number of different communities on Facebook, closed groups of parents who have chosen similar parenting styles than we’ve got. [WC8]

It is a mothers’ group. It’s on Facebook. When one poses a question there ... there are so many moms who answer. Use social media or the Internet if you’re not sure. [WC12]

This is the first study to illustrate how social media could assist new-parent married couples in their adaptation during parenthood. Thus, the present study yielded important information on the potential supportive function of social media for these parents.

4. Optimal childcare

Lastly, 64% of the couples mentioned the aspect of optimal childcare as a fundamental resilience factor in the postpartum adaptation period. It was crucial for the couples to find an acceptable childcare solution (e.g., nanny, daycare, crèche, day-mother). The validation of efficient or acceptable childcare focused on: a person or daycare they could trust, who had experience in

childcare and was professional and honest. Couples highlighted childcare centres that met their requirements and standards. The participants considered these centres as key support when first-time mothers returned to work.

These findings support previous research. Participants in Jankelson-Groll's (2014) study identified child-minders as one of the core positive factors helping to manage the added duties of parenthood. Female participants were particularly grateful for the practical childcare support and high quality care that child-minders provided (Jankelson-Groll, 2014).

Social support indicated as a resource for couple adaptation, is consistent with results of previous studies on the transition to parenthood. For example, Walters (2009) identified this type of support as a key adaptation resource for first-time South African parents. A large proportion (62%) of the participants in her study mentioned the social support they received from their various support structures (i.e., friends, family and the community). In another South African study by Jankelson-Groll (2014), it was also found that the couple relationship was sustained by various environmental resources such as social support, as well as flexible conditions of employment. Furthermore, based on their extensive review of family resilience processes, McCubbin and McCubbin (1996) and Walsh (2012) mention social support as an important resource. According to their findings social support fosters healthy adaptation when a family is faced with a serious life stressor (whether normative or unexpected).

Previous research has emphasised the importance of social support during the transition to parenthood. However, it is significant that literature on the transition to parenthood uses the concept of social support mostly as general reference to the support structure/network. A key contribution of the present study is the finding that, for first-time couples, social support had

several components, which can be divided into support structure, supportive work environment, support through social media and optimal childcare. Importantly, these findings pointed out a new type of support that the support structure could offer first-time parents, namely spiritual support.

5.3.5.2 Theme 2: Spirituality

Spirituality entails the following aspects: a belief in a higher power; acting on a value system beyond self-interest; spiritual resources of faith, rituals and prayers (Silliman, 1995). Spirituality also adds purpose and divine support for everyday life and in times of difficulty (Walsh, 2012).

More than half the couples (59%) highlighted spirituality as a key resource for coping and adaptation during the transition to parenthood (62% White and 56% African couples). When asked what sustained them through the transition to parenthood, both first-time mothers and fathers mentioned religion and spirituality. Spirituality played an important role both on individual and couple level. It was evident that faith in God, and Christianity in particular, was seen as an important factor in couples' resilience. Most couples identified themselves as Christians. This information was volunteered, as participants were not asked about their religious beliefs.

Couples reported the impact of faith and spirituality in different ways. Below are excerpts from the interviews as examples. I have grouped these excerpts under various subthemes.

1. Faith in God (Christianity)

In the present study, two couples mentioned their faith in God, which particularly influenced the way in which they as spouses chose to love one another, as is demonstrated by the excerpt below:

For us love is more of ... how would you explain it? I suppose it's like, we look at it as God's kind of love, which is patience and kind, and love in action, which is selfless and without condition. We always try to emphasise the matter of out-serve, out-bless, out-give, out-love others, and expect nothing in return. So, it is to be loving like Christ loved the Church, loving selflessly, thinking of the other person as better than yourself and seeking other's benefit over yours. [WC5]

According to the response above, this love can be described as unconditional and sacrificial, and putting the other spouse's needs before one's own. Faith in God thus served a structural function. It informed how the spouses conducted themselves in their marriage (Aboagye, 2012).

2. God is in control

One couple spoke of their faith in God, which made them calm as they believed that God is in control. This calmness helped them draw strength from God and avoid turning to divorce as a way out.

3. Strength from God

Two couples felt that they were able to draw strength from God in the form of guidance and surrendering to God throughout the transition to parenthood:

The Lord provides the capacity to ... you already have the qualities necessary to be the best partner ever; you have it already in you because the Lord placed it inside of you. Thus, I really believe, it's just a matter of tapping into Him and being like, "Lord, I can't make it; You must do it. And then He does it." [WC7]

One first-time mother mentioned how spending time with God was important for her to re-energise and revitalise:

Sometimes during my day, usually in the morning before my day starts, I try to schedule quiet time; just to reload my batteries. [WC6]

4. Help from God (God's grace)

Couples acknowledged God's grace in their lives after the birth of their firstborn. Interestingly, first-time fathers spoke about how God's grace inspired their own willing attitude to assist the mother in childcare, helping them to be an involved or "hands-on" father. One father elaborated on this matter:

God's grace makes it easy to be a **hands-on** father and makes it second nature to me. [AC8].

Other couples verbalised that they experienced God's help and grace as a resource that enhanced their resilience. God's grace was seen as a source of strength, which helped new-parent married couples to cope (e.g., giving them patience) and to adapt.

5. *Trusting God*

Two couples felt that trusting God helped them adapt. The importance of trusting God for help was accentuated by one couple's response:

I think with a new baby, as I have just said – I really did not know anything about babies – it is so new and very daunting; it is awkward and sometimes scary. But I think for us, and because we truly trust in the Lord, we could do it when we felt we were in over our heads, or when it felt like, “Oh no, now we really don't know what to do.” [WC7]

Another couple mentioned that they trusted God to keep their marriage together:

And you know, we trust God to keep our marriage together because marriage is God's plan. So, his plan for us is to stay together even through the most difficult times of being parents. Out is not an option. [WC8]

6. *Prayer*

The importance of prayer emerged strongly in the interviews. Participation in prayer provided couples a form of therapeutic strength. One couple mentioned the importance of praying *together* as a couple. One first-time mother spoke about prayer as a spiritual resource in the postpartum period. Through the guidance of a book on prayer, she often intentionally prayed for her husband and child, instead of praying for herself. A few parents elaborated on the aspect of prayer:

Through prayer we speak to our Father and get encouragement. [AC8]

And I would leave them and I would just come to the living room and just cry, cry, cry and pray, and then I'm so much calmer. [AC9]

7. *Decision-making*

One couple referred to the link between their spirituality and their decision-making processes.

They elaborated on this aspect:

We have a strong Christian background. Our relationship is based on Christian principles. There is no other way of living. Our spiritual background helped us to make the right decisions. [AC8]

8. *Gratitude*

The construct of gratitude captures the sense of wholehearted thankfulness, deep appreciation and gratefulness, which couples highlighted when reflecting on their experience as first-time parents. The expression of gratitude was salient, and being thankful was found to be an important resilience factor in postpartum adaptation for both first-time mothers and fathers. Couples in the present study mentioned how they viewed the baby as a blessing, a miracle, a gift from God and a privilege. This means viewing parenthood as a privilege for which they are thankful. The excerpts below illustrate the aspect of gratitude:

The fact that this is God's gift and the largest one that you will ever receive in your life, is a reality. This is a blessing. It's an awkward feeling. It's as if blessing is not the right word to describe it ... it's a miracle that is part of your life! [WC2]

That thankful feeling, it is something that one ... you just say thank you all the time. [WC4]

9. Purpose and meaning

Linked to the idea of having faith in God, was the notion that couples' faith helped them to find meaning in this new life phase. Interestingly, first-time fathers specifically said that their faith seemed to inform and provide the context for finding purpose in the midst of this major transition. The response below illustrates this notion:

My life is enriched. I found a meaningful life, which has moved to a next level. This was due to my daughter becoming part of this house. Now my life means something to someone, and that gives me tremendous fulfilment. [WC4]

10. God images

For Christians the birth of a child is connected to their understanding and experience of God. The present study found that postpartum adaptation is linked to the spiritual realm of faith and God images. Some couples reported on their understanding of God in the postpartum period. One couple indicated that they hold an image of God as Provider, particularly in terms of finances:

Because we know that they say that “love doesn't pay the bills”, but that our relationship is based on: number one, loving God and knowing that He is the One who provides for us. [AC5]

Two couples indicated that they hold an image of God as a Father. They explained:

For me it is like: I have experienced another love. The love that I have for him [baby] is a totally different kind of love. When you look at him [baby] ... he is part of you. Sometimes I think this is how God must feel. [WC2]

But, since I became a daddy, this feeling came close to me, as if my relationship particularly with the Father ... For quite a while I understood my relationship with Jesus well, if I can put it like that. But my relationship with the Father became alive, or entered another dimension, or reached a new level, and this is just because of my little daughter and the love I experience for her. [WC4]

In light of the responses above, the present study contributes to knowledge about the transition to parenthood by identifying God images that are central for first-time parents during the adaptation period. This finding yields important new information about how spirituality enhances couple resilience in the context of first-time parenthood.

11. Faith in God and social support

The present study also indicated that religious couples discovered that their faith in God, together with social support from their religious community, made it easier to adapt to parenthood. Membership of a church organisation provides couples with links to other people who have similar values, and hence increased the access to social support. This interaction is illustrated by the responses below:

I think for us spiritually, because we both go to church and are quite firm believers of the Christian faith, it is easier for us to go to our church leaders and go to the priest and say, “Eish, but now here is a problem here and assist me. How do I deal with this?” So, basically for us it’s provided us with a platform where we have additional parents other than our biological parents who can provide us with such guidance. And I mean, unlike our biological parents they would first start with the most practical solution, but with

your spiritual leaders there is also the spiritual component to the solutions that they try to provide to you. [AC1]

We have many friends in the same phase ... who also walk with the Lord. ... When things get tough for us, we can send an SMS and ask, “Listen, guys, pray for us.” [WC7]

Similar data have been reported in previous research. In a South African study by Jankelson-Groll (2014) it was found that faith in God and social support from the participants’ religious community made it easier for them to adapt to parenthood.

12. Innovation and spirituality

An area that demanded innovation in the couples’ postpartum adaptation period was the need to create unique and diverse ways to incorporate spirituality in their daily lives. The participants described a proactive stance that helped them discover new, creative ways of living their spirituality and honouring their relationship with God. This required intentional effort from couples to maintain their faith. Couples mentioned a different understanding of their relationship with God. A first-time mother explained it as follows:

Sometimes it feels as if I’m running on empty since I do not get space for quiet time. Then each time I plan to do it before a nap, but I’m so tired that I just fall asleep, or I get occupied with something else. So, yes, I am still working on it. But luckily I do experience God’s love for me and now I also sing a lot of children’s gospel songs – so, it’s a somewhat different approach. [WC4]

From the response above, it is clear that this mother struggled to spend time with God. She further explained that she currently connects with God through a different route (her child's gospel songs).

Another first-time mother emphasised the importance of prioritising time with God (church on Sundays, connect groups, and spending time with other Christians):

We make an effort to connect with God, and it is difficult. I mean, to connect with God seems totally different than it was before we had the baby. But to make it priority and still attend church and go to the cell [group] and, yes, to chat with friends who know the Lord, and so forth. I cannot imagine getting by without it. So, this is important to us. [WC7]

Two couples mentioned a television programme on the kykNET television channel (structured similarly to a typical church service) as an alternative to attending church services on Sundays. They explained:

At this stage it is difficult to attend church, with him [baby], at this moment. One is there merely to sooth your conscience; it is not like you can really focus on what is going on. So, we try at this stage to view church on Sundays on kykNET. [WC6]

KykNET provides an excellent church service in the morning. This is the alternative. [WC11]

The present findings are generally congruent with those of previous studies. The participants in Walters' (2009) study reported spirituality as an important facilitating resource. According to Walsh (2012), most families have found strength, support and assistance during hardship by

being connected to their cultural and spiritual traditions. From a systems perspective the expansion of the bio-psycho-social lens to include the spiritual dimension, is important in order to understand how spiritual resources can facilitate coping and positive growth in this phase (Walsh, cited in McDonald, 2013).

Interplay of themes

It is important to note that several of the resources I discussed in this chapter show a relationship of complex interplay, such as spending time together and being committed to one another. This allows opportunities for communication, which further helps strengthen the resources available to couples in their process of adaptation.

5.4 Summary of the results

The stated purpose of the present study was to explore how married couples (White and African) in the South African context adapt as first-time parents. By focusing on the resilience of these parents, the primary objective was to study new-parent married couples. This was done in order to identify, explore and describe processes and qualities of resilience among these couples that are associated with their positive adaptation to the arrival of their firstborn. In the interviews the participants described 21 themes as foundational to their relational strength and resilience as couples.

The outcome of the analyses of the new-parent married couples' data resulted in five categories. Each category was structured according to identified themes, which were discussed together with their related subthemes. The five major categories that emerged are: (1) Couple factors, (2)

Individual factors, (3) Baby factors, (4) Parenting factors, and (5) External factors. Below I provide a summary of the five categories and its identified themes.

Couple factors: These are dynamics in the marital relationship that couples perceived as contributing positively to postpartum adaptation. Under this category, eight major themes emerged: communication, couple time, duration of relationship before childbirth, boundaries, shared hardships, healthy lifestyle, prioritisation of the couple relationship, and time for own and couple growth and fulfilment.

Individual factors entail the resources on which couples draw during the postpartum adaptation period, however on a personal level. Under this (second) category, four themes emerged: spousal personalities, ‘me time’, background and upbringing, and physical attributes.

Baby factors refer to characteristics of the baby that enable first-time parents to adapt positively. Category 3 presented a single theme: Characteristics of the child.

Parenting factors: Apart from couple factors, individual factors and baby factors, first-time parents also identified resources related to childcare and child-rearing. These parenting factors entailed: the parenting unit, routine, involved father, planning and preparation, flexibility, and practical parenting style.

External factors help enhance the couple’s relationship during the transitional period. The couples identified two types of external factors that they deemed important in postpartum adaptation, namely: social support and spirituality.

The secondary objective of this study was to determine the *resemblance* in qualities and processes of resilience as identified among African and White couples. The data analysis generated 21 themes that could be considered as helpful for couple adaptation. Interestingly, the majority of the identified themes were practically universal, regardless of the cultural group (African or White couples). Thus, the inference can be made that, despite the inclusion of two cultural groups (13 White couples and 9 African couples), I found 19 common (typical) processes that new-parent married couples may exhibit. Only two themes (Time for own and couple growth and fulfilment, and Physical attributes) were only indicated by the White couples.

5.5 Conclusion

In this chapter I outlined the research findings from the data analysis and discussed the various themes and subthemes that present answers to the research question. These discussions were based on relevant literature and theories, and were substantiated by excerpts from responses during the research interviews. The research, which focused on positive postpartum adaptation, obtained useful information on how protective and recovery resources function in South African first-time parents. Thus, the present study contributes towards the body of knowledge on the resilience construct, whilst simultaneously generating knowledge relevant to the unique South African context.

The study was undertaken from a positive stance (strength-based approach). Most literature on the transition to parenthood tend to focus on negative factors of this normative transition. Therefore, the present study makes an important contribution to marital literature by identifying factors that help couple relationships excel and succeed. Additionally, a gap was found in the international and South African literature that link couple resilience to the transition to

parenthood. Seeing that this transition is shared by both spouses (Salmela-Aro, 2012), I presented a *couple focus* in this study. Most research on transition to parenthood focuses solely on the mothers' perspective, which implies an individual viewpoint (Delmore-Ko et al., 2000). The present study addressed this silence by focusing on the couple relationship by including the fathers' perspective, which to date has been neglected in the literature on this topic (Deave et al., 2008).

The present findings help advance marital research since the results indicate how 22 new-parent married couples in South Africa from diverse cultural groups (White and African) manage to navigate their way through the transition to parenthood. Previous research has identified and explored several of the themes discussed in this chapter (e.g., communication, social support, flexibility and routine). This study builds on such research by providing in-depth detail and practical examples of themes. Furthermore, the findings provide additional insight into research on the transition to parenthood by identifying new aspects within themes that have not been identified and explored in previous literature. An example is the aspect of 'date nights' or 'dating' as I discussed it in category 1, theme 2 (Couple time), which is a new aspect related to couple time and positive postpartum adaptation. In this regard, the study explored the possible form that 'dating' or 'date nights' practically takes on for new-parent married couples.

A further example concerns spirituality (category 5, theme 2), which couples identified as a key resource for coping and adaptation during their transition to parenthood. The present study contributes to knowledge of this transition period by identifying God images that were central for first-time parents during the adaptation period. Accordingly, this finding yields important new information about how spirituality (and particularly the aspect of God-images) enhances couple

resilience in the context of first-time parenthood. Therefore, within a particular theme, new subthemes emerged as well as further aspects that shed light on the topic. The findings of this study both support and extend previous research on the transition to parenthood for first-time married couples.

In the present study, certain identified themes were found to have lower/lesser density (e.g., prioritisation of the couple relationship, characteristics of the child, flexibility, and practical parenting style). On the other hand, the couples elaborated in more depth on other themes (e.g., communication, couple time, the parenting unit, routine, involved father, and social support).

A valuable contribution of this study is the identification and discussion of several qualities and processes of resilience that is not widely recognised in the literature on positive adaptation of new-parent couples. For example, no previous literature could be found that linked shared hardships (category 1, theme 5), healthy lifestyle (category 1, theme 6), and practical parenting style (category 4, theme 6) to first-time parenthood and couple resilience. A further example is the impact of background and upbringing (category 2, theme 3) on successful adaptation to first-time parenthood. This is the first descriptive and explorative study to identify background and upbringing as a resilience quality in first-time parent married couples within the South African context. In the same vein, the results of the present study suggest that previous research does not provide a complete picture of physical attributes (category 2, theme 4) and the transition to parenthood. To date, no other South African or international research connected physical attributes to positive postpartum adaptation. This suggests that the mentioned resilience qualities and processes are novel strengths that first-time parents consider as helpful in postpartum adaptation.

The findings of the present study provide additional insight into the transition to parenthood and couple resilience by recognising an interconnectedness of different themes. Several resources I discussed in this chapter indicate a complex interplay, such as, for example, spending time together and being committed to one another. This in turn allows opportunities for communication, which further help strengthen the resources available to couples in their process of adaptation. Additionally, the present study is the first to indicate a possible interplay between the themes of background and upbringing, involved father, and the parenting unit. The findings, therefore, shows that an interrelationship of factors helped new-parent married couples adapt and function more effectively.

Lastly, a prominent finding from this study was the *resemblance* in qualities and processes of resilience as identified among African and White couples. Importantly, the majority of the identified themes were practically universal, regardless of the cultural group (African or White couples). I found 19 common (typical) processes that new-parent married couples may exhibit. Only two themes (Time for own and couple growth and fulfilment, and Physical attributes) were only indicated by the White couples. Thus, it can be inferred that despite the inclusion of two cultural groups (13 White couples and 9 African couples), there seem to be a resemblance in qualities and processes of couple resilience.

In the following chapter (chapter 6) I will present concluding remarks drawn from the study as a whole. I will also point out certain limitations of the study, and make suggestions and recommendations for future studies.

CHAPTER 6

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

In this chapter I present concluding remarks drawn from the study as a whole. As an introduction, I provide a brief summary of the first five chapters and reach a conclusion on each chapter. Secondly, I highlight the strengths of this study. Thereafter, I focus on the implications this study holds. Fourthly, I report on the limitations of this study and explore recommendations for future research. Lastly, I share positive feedback from participants, which several couples expressed at the end of the couple interview.

6.1 Conclusion by Chapter

The **introductory chapter** commenced with an introduction to the study where I highlighted the rationale for the research and its possible value in this field of study.

I briefly summarise the motivation and the value of this study in terms of the following considerations. Firstly, the transition to parenthood signifies an important normative transition in the family life cycle (Levy-Shiff et al., 1998). The present study investigated how and why married couples as first-time parents do cope well. Secondly, the transition to parenthood provides an important window to identify couple strengths associated with resilience. Research has shown that couples face the highest risk for divorce in the first five years of marriage – the time during which most undergo the transition to parenthood (Bramlett & Mosher, 2001). Thirdly, I identified a gap in the international and South African literature that link couple resilience to the transition to parenthood. Seeing that this transition is shared, a *couple-focus* was presented in the present study. Fourthly, most researchers seem to focus on negative aspects, or

the detrimental effect the transition to parenthood has on the couple relationship. In this regard, the present study adds value to the understanding of resilience qualities and the processes helping married couples from diverse cultural groups to thrive in the midst of this particular transition period. Fifthly, parenthood is frequently romanticised in society and through the media, with the result that couples often are caught unprepared (Kluwer, 2010). Thus, understanding resilience qualities and processes of new-parent married couples may help prepare other married couples better for parenthood. It may also help strengthen the resilience within marriages and help couples cope better with this transition. Sixthly, this research study helped determine priorities and focus areas for future research (see section 6.4). Lastly, the present study holds potential benefits for participants (see section 6.5).

Chapter 2 was structured according to the theoretical framework in which the study was grounded. The present study did not start off in a theoretical vacuum, but was informed by prior research within the broad spectrum of family psychology. Chapter 2 presented an overview of the theory on family resilience and outlined the salutogenic perspective embedded within the paradigm of Positive psychology. Following the salutogenic perspective, the theoretical foundation of the investigation resides in the Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996), the family life cycle perspective (Carter & McGoldrick, 2003) and the Key Family Processes as outlined by Walsh (2012).

The Resiliency Model of Family Stress, Adjustment and Adaptation (McCubbin & McCubbin, 1996) represent a paradigm shift from a pathology to a strength-based view of new-parent married couples. This positive, future-orientated viewpoint is especially relevant to the present study, seeing that this approach shifts the emphasis from how married couples as first-time

parents have failed, to how they can succeed, excel and function well. Given the focus of the present study, this framework seemed to be best suited as theoretical lens on the transition to parenthood, and an outstandingly useful model within this field of study. Theoretical models such as Walsh's (2012) resilience framework are becoming increasingly essential in guiding efforts to strengthen couple relationships. Marital research and programmes of proactive intervention concerning the transition to parenthood must be rebalanced from a focus on how couples fail when challenged, to how they can succeed. A resilience perspective involves a crucial shift in emphasis from a couple's deficits to challenges, coupled with a belief in the potential for recovery and growth out of adversity. The family life cycle perspective (Carter & McGoldrick, 2003) enabled me to explore the third predictable life stage (families with young children) of the family life cycle (Carter & McGoldrick, 2003). An integration of the family life cycle perspective and the developmental perspective formed an overarching framework to explore the present study's research question. This integration also provided a foundation for the contextualisation of the findings of the present study (see chapter 5).

Chapter 3 encapsulated a detailed literature review, which focused on key concepts related to the research question, and integrated the findings of previous relevant research on couple resilience. From the literature review, it was evident that limited international and South African research has been reported on married couples' adaptation as first-time parents. Therefore, it was important to explore the detailed and nuanced accounts of the manner in which new-parent married couples from diverse cultural groups respectively navigate their transition to parenthood. The present study makes an important contribution to the international marital and family literature by focusing on couple strengths, and rectifying certain limitations of previous studies on transition to parenthood, such as the lack of a dyadic view.

Chapter 4 provided an outline of the research method I used for the present study, which was explorative and descriptive. I followed a qualitative approach in order to answer the research question. The study focused on bridging the gap in the literature on positive postpartum adaptation through exploratory research. This method aligns with the aim of the study, namely to explore the strengths that contribute to positive adaptation in married first-time parent couples. A qualitative design complimented this exploration in the sense that qualitative data generates novel and unexpected information on the unfamiliar territory of resilience shown by new-parent married couples (Morse & Richards, 2002). The descriptive research design enabled me to obtain a comprehensive and dense image of resilience in new-parent married couples.

In **Chapter 5** I outlined the research findings from the data analysis and discussed the various themes and subthemes that present answers to the research question. These discussions were based on relevant literature and theories, and were substantiated by excerpts from responses during the research interviews. I obtained useful information on how protective and recovery resources function in South African first-time parents. Thus, the study contributes towards the body of knowledge on the resilience construct, whilst simultaneously generates knowledge relevant to the South African context.

A significant finding of this study is that despite the inclusion of two cultural groups, there seem to be a resemblance in qualities and processes of couple resilience. Nineteen common (typical) processes were identified that new-parent married couples may exhibit.

A valuable contribution of this study is the identification and discussion of several qualities and processes of resilience that is not widely recognised in the literature on positive adaptation of new parent couples. The findings of the present study provide additional insight into the

transition to parenthood and couple resilience by recognising an interconnectedness of different themes.

The present study builds on previous research by providing in-depth detail and practical examples of themes. The findings provide additional insight into research on the transition by identifying new aspects within themes that have not been identified and explored in previous literature. The findings of this study both support and extend previous research on the transition to parenthood for first-time parent couples.

This study has a number of strengths. In the following section I highlight the strengths as well as contributions to the body of knowledge in this field.

6.2 Strengths of this study

There are notable strengths of the present study. The strengths that I emphasise below, centres on the following aspects: the unique contribution of the study, the data-collection process, the research design, and the nature of the selected sample.

The present study has three key strengths which I explicate below:

1. A key strength is that I conducted the semi-structured interview as a conjoint interview (compared to an individual interview). By including both genders it allowed insight into couple dynamics, which added richness to the discussion (Aboagye, 2012). Most research on the transition to parenthood focuses solely on the mothers' perspective, which implies an individual viewpoint (Delmore-Ko et al., 2000). The present study addressed this silence by focusing on the couple relationship. In other words, I included the fathers'

perspective for a dyadic view, which to date has been neglected in the literature on this topic (Deave et al., 2008).

2. A valuable contribution of this study is the identification and discussion of several qualities and processes of resilience that is not widely recognised in the literature on positive adaptation of new parent couples.
3. Another key strength of this study is the sample, reflecting a diverse ethnicity. I included both African and White couples in the research. Crohan (1996) points out the immense value and importance of including ethnically diverse samples in research on the transition to parenthood. Story and Bradbury (2004) also recommend that future studies on stress and marriage should benefit from samples that include couples with diverse cultural backgrounds. Related to this strength is a prominent finding from the present study, where I identified the *resemblance* in qualities and processes of resilience among African and White couples. Importantly, I found the majority of the identified themes to be practically universal, regardless of the cultural group (African or White couples). Thus, my inference is that despite the inclusion of diverse cultural groups (13 White couples and 9 African couples), couples identified similar qualities and processes of resilience across cultures.

To summarise, the present study had a number of strengths in its methodology and research design. In the following section I focus on the implications of this research.

6.3 Implications of this study

In this section I present and discuss the possible implications of the present study. I explore the implications firstly for practice, and secondly for research.

6.3.1 Practical implications of this study

The study has practical implications for therapeutic and proactive preventative interventions, which focus on either new-parent married couples, or prospective parents.

The research findings may be useful in therapeutic work with new-parent married couples. The couples identified certain protective and recovery factors that were vital for their resilience. These factors may help add to parents' understanding of resilience, and can be used in strength-based interventions with first-time parent couples. The research findings highlight the importance of strengths and resilience factors in overcoming stress, and may be useful to those working with couples by ensuring that strengths are recognized and enhanced. The strengths which participants in this study identified can help facilitate growth and positive change in couple relationships.

Therapists or clinicians can facilitate a session where first-time parent couples can reflect on the resilience in their relationship. During this reflection process they can be guided to recognise ways in which they have successfully endured the major normative transition of becoming new parents. Moreover, recognising resilience qualities and processes in their relationship, may help couples deal with future challenges, such as the adaptation to the addition of a second child.

The findings of the present study may also help prospective parents to prepare for the arrival of their firstborn. First-time parents typically are prepared through antenatal classes on common and well-known aspects impacted by the transition to parenthood, for example the birth process, breastfeeding, sleep deprivation, baby preparation (e.g. room and clothes) and the financial impact of becoming parents (Van Niekerk, 2013).

When the household grows from two to three people, the parental relationship is bound to change. However, often first-time parents are unprepared for the enormous impact the newborn will have on their marriage, and more importantly, on how to maintain a fulfilling relationship and thrive during the difficult first four postpartum years.

Preventative interventions aim to counteract the potentially negative impact that children may have on couples' relationship. Preventative interventions may thus prevent new parents from sliding towards the problematic end of the risk-resilience continuum (Zastrow, 2010). A focus on prevention rather than cure could increase couples competence and self-efficacy.

The present research findings can be used by clinicians to provide couples with a foundation when entering parenthood. The identified qualities and processes of resilience can be facilitated during individual couple sessions, or through a workshop where more than one married couple are present. Such a workshop could highlight practical examples of the identified themes.

6.3.2 Theoretical implications of this study

The findings of the present study also hold theoretical implications, seeing that the research helped determine priorities and focus areas for future research regarding the transition to parenthood, particularly positive postpartum adaptation. There seems to be multiple avenues for future empirical work (see section 6.4) that could be explored to expand existing knowledge about this aspect of resilience. Additionally, although qualities and processes of resilience can be isolated they are interactive in their contribution to assist couples to adapt successfully to parenthood. It is pertinent that existing resilience models and future development of couple resilience models emphasise this aspect. For example, the various components of the Resiliency

Model should be regarded as a sequence of interacting components that shape the processes and outcomes of family functioning. Similarly, the interaction between the three key domains of family's functioning that influence resiliency, according to Walsh's family resilience framework should be highlighted more prominently.

The present study's limitations need to be considered. In the following section I report on these limitations and explore recommendations for future research.

6.4 Limitations of this study and recommendations for future research

I have to draw attention to certain limitations of the present study. These limitations concern especially the research design, and the composition of the selected sample. My aim is to use these shortcomings as points of departure for possible future research on this topic.

Being a qualitative study implies that the findings of this study cannot be generalised to the population of two-parent families in South Africa. Future studies would do well in exploring and confirming the qualities and processes that were identified in this study, which may contribute towards positive postpartum adaptation using representative samples of particular study populations.

The present study made use of a cross-sectional research design. This implies that data are collected at a single point in time. The immediate nature of cross-sectional designs, as well as the relative ease of data collection, makes these designs the most common choice for social scientists (Bless et al., 2006). However, there exists a need for future researchers to measure adjustment and adaptation of new parent married couples over time. As resilience is an ongoing and dynamic process that goes through various phases (Walsh, 2003), it is advisable to do

longitudinal research. This would particularly apply to the study of couple resilience, where longitudinal research could capture the finer nuances of adjustment and adaptation.

A further limitation of this study is that the data obtained represents only a small segment of the heterogeneous South African population — middle class, married two-parent, dual earner, African and White couples. However, research including for example more than one family form (e.g. single, divorced, remarried or same-sex couples), may lack in depth and thoroughness of resilience qualities and processes assisting first-time parents in successful postpartum adaptation. It is recommended that future researchers verify the results of this study with the results of studies that include first-time parents from various family forms, cultures and divergent living conditions. This is important because of the growing diversity in family compositions and structures in a multicultural and socially diverse society like South Africa.

In summary, the limitations of the present study must be noted and the results interpreted with these shortcomings in mind. I used the mentioned limitations as points of departure for future research.

It seemed that several couples found participating in the study to be a positive experience. After the interview process, many couples commented on how much they enjoyed the interviews and the research experience. In the following section I share positive feedback from participants.

6.5 Positive participant feedback

Before concluding this chapter, I share positive feedback expressed by several couples at the end of the couple interview. This feedback was volunteered, seeing that I did not request of participants to comment on their experience in this regard.

I just want to say that this session has actually been great! It has helped me think back on ... I have never asked myself ... I probably did, but not in detail, you know, what helped us cope and to stay sane?

The interview was helpful and I enjoyed it.

I just want to say that this conversation was very helpful to recap and remember. We haven't had this talk. It was a good session, I enjoyed it. In everything there is a lesson. It brings back good memories of that time. To think back and know we can do it again. As in the future we will have two babies to take care of.

I think it was helpful, we love to reflect. To found out what was important to you. And it is good to hear what was important to my husband. And because it is our first child, we know where to start off when we are making plans for baby number two.

As seen from the positive feedback presented above, participation in the present study gave couples the opportunity to reflect on the resilience in their relationship. In the process they recognised ways in which they have successfully endured the major normative transition of becoming new parents. Furthermore, their participation in the study may help them deal with future challenges, such as adapting to the addition of their second child.

6.6 Conclusion

The transition to parenthood is often linked to a decline in marital functioning and relationship quality. Nevertheless, certain married couples as first-time parents cope well and adapt positively to this new life stage. They even thrive and grow through the difficult first four postpartum years.

Thus, I posed the following questions central to this transitional period:

- Why, when confronted with hardship or change, do some relationships not only survive, but also thrive and grow stronger and more resourceful?
- What can be deduced from resilient relationships and well-functioning families and couples?

The answer to these questions clearly involves resilience, which reaches beyond mere survival. Resilience signifies an ongoing and active process that requires time and effort, and engages couples to move beyond merely surviving. This process yields opportunities for growth and maturation, learning and transformation as couples integrate the experience of first-time parenthood into their lives, and thereby mobilise previous untapped resources and strengths (Walsh, 2012). The present study adds value to the understanding of resilience qualities and the processes that help married couples to thrive during this particular transition period.

Future research on couple resilience of first-time parents can implement the recommendations made regarding research design (e.g. longitudinal, quantitative) and focus (e.g. family form, income). However, this study provides further direction and purpose to the study field of positive postpartum adaptation within the South African context.

I conclude this chapter with a quote from Jaeda DeWalt on resilience:

When we learn how to become resilient, we learn how to embrace the beautifully broad spectrum of the human experience.

Jaeda DeWalt

REFERENCES

- Aboagye, L. L. (2012). *Strengths that contribute towards resilience in the early years of marriage* (Unpublished master's thesis). Nelson Mandela Metropolitan University, Port Elizabeth.
- Abrams, L. S. & Curran, L. (2010). Maternal identity negotiations among low-income women with symptoms of postpartum depression. *Qualitative Health Research, 21*(3), 373-385. doi:10.1177/104973231085123
- Adamsons, K. (2013). Predictors of relationship quality during the transition to parenthood. *Journal of Reproductive and Infant Psychology, 31*(2), 160-171. doi:10.1080/02646838.2013.791919
- Ahlborg, T., Dahlöf, L. G., & Hallberg, L. R. M. (2005). Quality of the intimate and sexual relationship in first-time parents six months after delivery. *The Journal of Sex Research, 42*(2), 167-174. doi:10.1080/00224490509552270
- Ahlborg, T., & Strandmark, M. (2001). The baby was the focus of attention: First-time parents' experiences of their intimate relationship. *Scandinavian Journal of Caring Sciences, 15*(4), 318-325. doi:10.1046/j.1471-6712.2001.00035.x
- Ahlborg, T., & Strandmark, M. (2006). Factors influencing the quality of intimate relationships six months after delivery: First-time parents' own views and coping strategies. *Journal of Psychosomatic Obstetrics and Gynecology, 27*(3), 163-172. doi:10.1080/01674820500463389
- Alexander, R., Feeney, J., Hohaus, L., & Noller, P. (2001). Attachment styles and coping resources as predictors of coping strategies in the transition to parenthood. *Personal Relationships, 8*(4), 137-152. doi:10.1111/j.1475-6811.2001.tb00032.x

- Amoateng, A. Y., Sabiti, K., & Ditlopo, P. (2003). Analysing cross-sectional data with time-dependent covariates: The case of age at first birth in South Africa. *Journal of Biosocial Science*, 35(3), 353-367. doi:10.1017/S0021932003003535
- Anthony, E. J., & Benedek, T. (Eds.). (1970). *Parenthood: It's psychology and psychopathology*. Boston: Little, Brown.
- Anthony, E. J., & Cohler, B. J. (Eds.). (1987). *The invulnerable child*. New York: Guilford Press.
- Antonovsky, A. (1996). The salutogenic model as a theory to guide health and promotion. *Health Promotion International*, 11(1), 11-18. doi:10.1093/heapro/11.1.11
- Apollinaire, G. (n.d.). Quote retrieved from <http://www.goodreads.com/quotes/17760-come-to-the-edge-he-said-we-can-t-we-re-afraid/>
- Babbie, E. R. (2010). *The practice of social research* (12th ed.). Belmont: Wadsworth.
- Babbie, E. R., & Mouton, J. (2010). *The practice of social research* (South African ed.). Oxford: Oxford University Press.
- Badr, H. (2004). Coping in marital dyads: A contextual perspective on the role of gender and health. *Personal Relationships*, 11(2), 197-211. doi:10.1111/j.1475-6811.2004.00078.x
- Bailey, L. (1999). Refracted selves? A study of changes in self-identity in the transition to motherhood. *Sociology*, 33(2), 335-352. doi:10.1177/S0038038599000206
- Bailey, L. (2001). Gender shows: First-time mothers and embodied selves. *Gender and Society*, 15(1), 110-129. doi:10.1177/089124301015001006
- Barnett, R.C., & Shen, Y. (1997). Gender, high- and low-schedule-control housework tasks, and psychological distress: A study of dual-earner couples. *Journal of Family Issues*, 18(4), 403-428. doi:10.1177/019251397018004003

- Bateman, L., & Bharj, K. (2009). The impact of the birth of the first child on a couple's relationship. *Evidence-based Midwifery*, 7(1), 16-23.
- Beauchamp, D. (1968). *Parenthood as crisis: An additional study* (Unpublished master's thesis). University of North Dakota, North Dakota.
- Beck, C. T. (2001). Predictors of postpartum depression: An update. *Nursing Research*, 50(5), 275-285. doi:10.1097/00006199-200109000-00004
- Belsky, J., & Hsieh, K. H. (1998). Patterns of marital change during the early childhood years: Parent personality, coparenting, and division-of-labor correlates. *Journal of Family Psychology*, 12(4), 511-528. doi:10.1037/0893-3200124.511
- Belsky, J., & Kelly, J. (1994). *The transition to parenthood: How a first child changes a marriage and why some couples grow closer and others apart*. New York: Delacorte Press.
- Belsky, J., Lang, M. E., & Rovine, M. (1985). Stability and change in marriage across the transition to parenthood: A second study. *Journal of Marriage and Family*, 47(4), 855-865. doi:10.2307/352329
- Belsky, J., & Pensky, E. (1988) Marital change across the transition to parenthood. *Marriage and Family Review*, 12(3), 133-156. doi:10.1300/J002v12n03_08
- Belsky, J., & Rovine, M. (1990). Patterns of marital change across the transition to parenthood: Pregnancy to three years postpartum. *Journal of Marriage and Family*, 52(1), 5-19. doi:10.2307/352833
- Belsky, J., Spanier, G. B., & Rovine, M. (1983). Stability and change in marriage across the transition to parenthood. *Journal of Marriage and Family*, 45(3), 567-577. doi:10.2307/351661

- Benedek, T. (1959). Parenthood as a developmental phase: A contribution to the libido theory. *Journal of the American Psychoanalytical Association*, 7(3), 389-417. doi:10.1177/000306515900700301
- Blackburn, N. (2006). *Identity and the new mother* (Unpublished doctoral dissertation). Faculty of the Institute for Clinical Social Work, Chicago.
- Bless, C., Higson-Smith, C., & Kagee, A. (2006). *Fundamentals of social research methods: An African perspective* (4th ed.). Cape Town: Juta.
- Blissett, J. M., & Farrow, C. V. (2007). Stability and continuity of women's core beliefs and psychopathological symptoms from pregnancy to one year postpartum. *Cognitive Therapy Research*, 31(5), 589-602. doi:10.1007/s10608-006-9088-8
- Bornstein, M. H. (Ed.). (2002). *Handbook of parenting: Being and becoming a parent* (2nd ed.). London: Lawrence Erlbaum Associates.
- Boss, P. G. (1988). *Family stress management*. Newbury Park, CA: Sage Publications.
- Botha, A., Van den Berg, H. S., & Venter, C. A. V. (2009). The relationship between family-of-origin and marital satisfaction. *Health SA Gesondheid*, 14(1), 60-66. doi:10.4102/hsag.v14i1.441
- Boundaries. (2011). In *Merriam-Webster's online dictionary* (11th ed.). Retrieved from <http://www.merriam-webster.com/dictionary/boundary/>
- Bradbury, T. N., Fincham, F. D., & Beach, S. R. H. (2000). Research on the nature and determinants of marital satisfaction: A decade in review. *Journal of Marriage and Family*, 62(4), 964-980. doi:10.1111/j.1741-3737.2000.00964.x
- Bramlett, M. D., & Mosher, W. D. (2001). First marriage dissolution, divorce, and remarriage: United States. *Advance Data*, (323), 1-19.

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Brown-Baatjies, O., Fouché, P., & Greeff, A.P. (2008). The development and relevance of the Resiliency Model of Family Stress, Adjustment and Adaptation. *Acta Academica*, 40(1), 78-126.
- Burns, N., & Grove, S. K. (2009). *The practice of nursing research: Appraisal, synthesis and generation of evidence* (6th ed.). St. Louis, MO: Saunders/Elsevier.
- Canary, D. J., Stafford, L., & Semic, B. A. (2002). A panel study of associations between maintenance strategies and relational characteristics. *Journal of Marriage and Family*, 64(2), 395-406. doi:10.1111/j.1741-3737.2002.00395.x
- Carcary, M. (2009). The research audit trail: Enhancing trustworthiness in qualitative inquiry. *The Electronic Journal of Business Research Methods*, 7(1), 11-24.
- Carter, B., & McGoldrick, M. (2003). The family life cycle. In F.Walsh (Ed.), *Normal family processes* (3rd ed., pp. 375-398). New York: Guilford Press.
- Carter, S. L. (2001). After you say "I do": Adjusting to marriage. *The Ohio State University Extension Family Life Month packet*. Retrieved from www.hec.ohio-state.edu/famlife/
- Caulfield, L., & Hill, J. (2014). Analysing the data: Qualitative analysis. In L. Caulfield, & J. Hill, *Criminological research for beginners: A student's guide* (pp. 179-194). Abingdon: Routledge

- Cavanaugh, A. F. (2006). *Exploring the role of playfulness, social support and self-esteem in coping with the transition to motherhood* (Unpublished master's thesis). University of Maryland, Maryland.
- Ceballo, R., Lansford, J. E., Abbey, A., & Stewart, A. J. (2004). Gaining a child: Comparing the experiences of biological parents, adoptive parents, and stepparents. *Family Relations*, 53(1), 38-48. doi:10.1111/j.1741-3729.2004.00007.x
- Charmaz, K. (2008). Grounded theory. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 81-110). London: Sage Publications.
- Chen, H-Y., & Boore, J. R. (2009). Using a synthesised technique for grounded theory in nursing research. *Journal of Clinical Nursing*, 18(16), 2251-2260. doi:10.1111/j.1365-2702.2008.02684.x
- Chodorow, N. (1978). *The reproduction of mothering: Psychoanalysis and the sociology of gender*. Berkeley: University of California Press.
- Choi, P., Henshaw, C., Baker, S., & Tree, J. (2005). Supermum, superwife, supereverything: Performing femininity in the transition to motherhood. *Journal of Reproductive and Infant Psychology*, 23(2), 167-180. doi:10.1080/02646830500129487
- Cicchetti, D. (1993). Developmental psychopathology: Reactions, reflections, projections. *Developmental Reviews*, 13(4), 471-502. doi:10.1006/drev.1993.1021
- Cicchetti, D. (2003). Foreword. In S.S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversity*. Cambridge: Cambridge University Press.
- Cicchetti, D., & Toth, S. L. (1992). The role of developmental theory in prevention and intervention. *Development and Psychopathology*, 4(4), 489-493. doi:10.1017/S0954579400004831

- Clark, A., Skouteris, H., Wertheim, E. H., Paxton, S. J., & Milgrom, J. (2009). My baby body: A qualitative insight into women's body-related experiences and mood during pregnancy and the postpartum. *Journal of Reproductive and Infant Psychology*, 27(4), 330-345. doi:10.1080/02646830903190904
- Claxton, A., & Perry-Jenkins, M. (2008). No fun anymore: Leisure and marital quality across the transition to parenthood. *Journal of Marriage and Family*, 70(1), 28-43. doi:10.1111/j.1741-3737.2007.00459.x
- Clinton, J. F., & Kelber, S. T. (1993). Stress and coping in fathers of newborns: Comparisons of planned versus unplanned pregnancy. *International Journal of Nursing Studies*, 30(5), 437-443. doi:10.1016/0020-7489(93)90053-W
- Clulow, C. (1991). Partners becoming parents: A question of difference. *Infant Mental Health Journal*, 12(3), 256-266. doi:10.1002/1097-0355(199123)
- Condon, J.T., Boyce, P., & Corkindale, C.J. (2004). The first-time fathers study: A prospective study of the mental health and wellbeing of men during the transition to parenthood. *Australian and New Zealand Journal of Psychiatry*, 38(1-2), 56-64. doi:10.1111/j.1440-1614.2004.01298.x
- Connolly, C. M. (2005). A qualitative exploration of resilience in long-term lesbian couples. *The Family Journal*, 13(3), 266-280. doi:10.1177/106648074273681
- Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76-82. doi:10.1002/da.10113
- Cowan, C. P., & Cowan, P. A. (1992). *When partners become parents: The big life change for couples*. New York: Basic Books.

- Cowan, C. P., & Cowan, P. A. (1995). Interventions to ease the transition to parenthood: Why they are needed and what they can do. *Family Relations*, 44(4), 412-423. doi:10.2307/584997
- Cowan, C. P., & Cowan, P. A. (2000). *When partners become parents: The big life change for couples*. Mahwah, N. J: Lawrence Erlbaum Associates.
- Cowan, C. P., Cowan, P. A., Heming, G., Garrett, E., Coysh, W. S., Curtis-Boles, H., & Boles, A. J. (1985). Transitions to parenthood: His, hers and theirs. *Journal of Family Issues*, 6(4), 451-481. doi:10.1177/019251385006004004
- Cowan, P. A. (1991). Individual and family life transitions: A proposal for a new definition. In P. A. Cowan & M. Hetherington (Eds.), *Family transitions* (pp. 3-30). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Cowan, P. A., & Cowan, C. P. (2003). Normative family transitions, normal family processes, and healthy child development. In F. Walsh (Ed.), *Normal family processes: Growing diversity and complexity* (3rd ed., pp. 424-459). New York, NY: Guilford Press.
- Cowan, P. A., Cowan, C. P., & Schulz, M. S. (1996). Thinking about risk and resilience in families. In E. M. Hetherington, & E. A. Blechman (Eds.), *Stress, coping and resiliency in children and families* (pp. 1-38). Mahwah, NJ: Lawrence Erlbaum Associates.
- Cox, M. J., Paley, B., Burchinal, M., & Payne, C. C. (1999). Marital perceptions and interactions across the transition to parenthood. *Journal of Marriage and Family*, 61(3), 611-625. doi:10.2307/353564

- Cozby, P. C. (1993) *Methods in behavioral research* (5th ed.). Mountain View, California: Mayfield Publishing.
- Craig, L., & Bittman, M. (2005) *The effect of children on adults' time-use: Analysis of the incremental time costs of children in Australia*. (Social Policy Research Centre Discussion Paper No 143). Sydney: Social Policy Research Centre.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative and mixed methods approaches* (3rd ed.). London: Sage Publications.
- Crohan, S. E. (1996). Marital quality and conflict across the transition to parenthood in African American and White couples. *Journal of Marriage and Family*, 58(4), 933-944.
doi:10.2307/353981
- Cronje, J. (2013, May). 'Meteoric' growth of black middle class. Retrieved from <http://www.iol.co.za/news/south-africa/western-cape/meteoric-growth-of-black-middle-class-1514101/>
- Curtin, M., & Fossey, E. (2007). Appraising the trustworthiness of qualitative studies: Guidelines for occupational therapists. *Australian Occupational Therapy Journal*, 54(2), 88-94.
doi:10.1111/j.1440-1630.2007.00661.x
- Danielson, C. B., Hamel-Bissell, B., & Winstead-Fry, P. (1993). *Families, health and illness: Perspectives on coping and intervention*. St. Louis, MO: Mosby
- Davidson, R. (2009). More than 'just coping': The antecedents and dynamics of resilience in a qualitative longitudinal study. *Social Policy and Society*, 8(1), 115-125.
doi:10.1017/S1474746408004636
- De Botton, A. (n.d.). Quote retrieved from <http://www.goodreads.com/quotes/559181-a-good-half-of-the-art-of-living-is-resilience/>

- De Goede, C. (2012). *Family routines during the adjustment and adaptation process of the transition to parenthood* (Unpublished master's thesis). University of Stellenbosch, Stellenbosch.
- De Haan, I. A. (2011). *A good start: Supporting families with a first baby* (Unpublished doctoral dissertation). Massey University, New Zealand.
- De Haan, L., Hawley, D. R., & Deal, J. E. (2002). Operationalizing family resilience: A methodological strategy. *The American Journal of Family Therapy*, 30(4), 275-291. doi:10.1080/01926180290033439
- De Judicibus, M. A. & McCabe, M. P. (2002). Psychological factors and the sexuality of pregnant and postpartum women. *The Journal of Sex Research*, 39(2), 94-103. doi:10.108000224490209552128
- De Villiers, L. (2016). *Resilience in families after a child's same-sex sexual orientation disclosure: The child's perspective* (Unpublished master's thesis). University of Stellenbosch, Stellenbosch.
- De Vos, A. S., Strydom, H., Fouche, C. B., & Delpont, C. S. L. (2011). *Research at grass roots: For the social sciences and human services professions* (4th ed.). Pretoria: Van Schaik.
- Deave, T., Johnson, D., & Ingram, J. (2008). Transition to parenthood: The needs of parents in pregnancy and early parenthood. *BMC Pregnancy and Childbirth*, 8, 30. doi:10.1186/1471-2393-8-30
- Delmore-Ko, P., Pancer, S. M., Hunsberger, B., & Pratt, M. (2000). Becoming a parent: The relation between prenatal expectations and postnatal experience. *Journal of Family Psychology*, 14(4), 625-640. doi:10.1037//0893-3200.14.4.625

- Demo, D. H., & Cox, M., J. (2000). Families with young children: A review of research in the 1990s. *Journal of Marriage and Family*, 62(4), 876-895. doi:10.1111/j.1741-3737.2000.00876.x
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The SAGE handbook of qualitative research*. California: Sage Publications.
- Department of Social Development. (2012). *White paper on families in South Africa*. Pretoria: Department of Social Development.
- Der Kinderen, S., & Greeff, A. P. (2003). Resilience among families where a parent accepted a voluntary teacher's retrenchment package. *South African Journal of Psychology*, 33(2), 86-94. doi:10.1177/008124630303300203
- DeWalt, J. (n.d.). Quote retrieved from <http://www.goodreads.com/quotes/885119-when-we-learn-how-to-become-resilient-we-learn-how/>
- Dew, J., & Wilcox, W. B. (2011). If momma ain't happy: Explaining declines in marital satisfaction among new mothers. *Journal of Marriage and Family*, 73(1), 1-12. doi:10.1111/j.1741-3737.2010.00782.x
- Dietz, P. M., Williams, S. B., Callaghan, W. M., Bachman, D. J., Whitlock, E. P., & Hornbrook, M. C. (2007). Clinical identified maternal depression before, during and after pregnancies ending in live births. *American Journal of Psychiatry*, 164(10), 1515-1520. doi:10.1176/appi.ajp.2007.06111893
- Dohrenwend, B. S., Askenasy, A. R., Krasnoff, L., Dohrenwend, B. P. (1978). Exemplification of a method for scaling life events: The PERI Life Events Scale. *Journal of Health and Social Behavior*, 19(2), 205-229. doi:10.2307/2136536

- Dolores, D.M. (2014). *Exploring the lived experiences of couples making the transition to parenthood and the meaning they ascribe to brief, couple-focused, preventative interventions* (Unpublished master's thesis). Utah State University, Utah.
- Doss, B. D., Rhoades, G. K., Stanley, S. M., & Markman, H. J. (2009). The effect of the transition to parenthood on relationship quality: An 8-year prospective study. *Journal of Personality and Social Psychology*, 96(3), 601-619. doi:10.1037/a0013969
- Durrheim, K. (2006). Research design. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for social sciences* (pp. 33-59). Cape Town: University of Cape Town Press.
- Durrheim, K., & Wassenaar, D. (1999). Putting design into practice: Writing and evaluating research proposals. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for social sciences* (pp. 80-111). Cape Town: University of Cape Town Press.
- Duvall, E. (1971). *Family development*. Philadelphia: J. B. Lippincott.
- Dyer, E. D. (1963). Parenthood as crisis: A re-study. *Marriage and Family Living*, 25(2), 196-201. doi:10.2307/349182
- Dyrdal, G. M., Røysamb, E., Nes, R. B., & Vittersø, J. (2011). Can a happy relationship predict a happy life? A population-based study of maternal well-being during the life transition of pregnancy, infancy, and toddlerhood. *Journal of Happiness Studies*, 12(6), 947-962. doi:10.1007/s10902-010-9238-2
- Earvolino-Ramirez, M. (2007). Resilience: A concept analysis. *Nursing Forum*, 42(2), 73-82. doi:10.1111/j.1744-6198.2007.00070.x

- Feeney, J. A., Hohaus, L., Noller, P., & Alexander, R. P. (2001). *Becoming parents: Exploring the bonds between mothers, fathers and their infants*. Cambridge: Cambridge University Press.
- Fennie, K. M. (2001). *The transition to parenthood from couplehood: Implications for therapy* (Unpublished master's thesis). The Graduate School University of Wisconsin-Stout, Wisconsin.
- Fiese, B. H., Tomcho, T. J., Douglas, M., Josephs, K., Poltrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: Cause for celebration? *Journal of Family Psychology, 16*(4), 381-390. doi:10.1037//0893-3200.16.4.38
- Figueiredo, B., Field, T., Diego, M., Hernandez-Reif, M., Deeds, O., & Ascencio, A. (2008). Partner relationships during the transition to parenthood. *Journal of Reproductive and Infant Psychology, 26*(2), 99-107. doi:10.1080/02646830701873057
- Fincham, F. D., & Beach, S. R. H. (2010). Of memes and marriage: Toward a positive relationship science. *Journal of Family Theory and Review, 2*(1), 4-24. doi:10.1111/j.1756-2589.2010.00033.x
- Fincham, F. D., & Rogge, R. (2010). Understanding relationship quality: Theoretical challenges and new tools for assessment. *Journal of Family Theory and Review, 2*(4), 227-242. doi:10.1111/j.1756-2589.2010.00059.x
- Florsheim, P., Sumida, E., McCann, C., Fukui, R., Seefeldt, T., Winstanley, M., & Moore, D. (2003). The transition to parenthood among young African American and Latino couples: Relational predictors of risk for parental dysfunction. *Journal of Family Psychology, 17*(1), 65-79. doi:10.1037/0893-3200.17.1.65

- Freeman, B., Dieterich, C., & Rak, C. (2002). The struggle for language: Perspectives and practices of urban parents with children who are deaf or hard of hearing. *American Annals of the Deaf*, *147*(5), 37-44. doi:10.1353/aad.2012.0237
- Frey, K. S., Greenberg, M. T., & Fewell, R. R. (1989). Stress and coping among parents of handicapped children: A multidimensional approach. *American Journal of Mental Retardation*, *94*(3), 240-249.
- Friese, S. (2012). *Qualitative data analysis with ATLAS.ti*. London: Sage Publications.
- Frosch, C. A., Mangelsdorf, S.C., & Mchale, J. L. (1998). Correlates of marital behaviour at 6 months postpartum. *Developmental Psychology*, *34*(6), 1438-1449. doi:10.1037/0012-1649.34.6.1438
- Fullilove, M. T. (1998). Comment: Abandoning “race” as a variable in public health research – an idea whose time has come. *American Journal of Public Health*, *88*(9), 1297-1298. doi:10.2105/AJPH.88.9.1297
- Gage, J. D., Kirk, R. (2002). First-time fathers: Perceptions of preparedness for fatherhood. *Canadian Journal of Nursing Research*, *34*(4), 15-24. doi:10.1080/02646838.2013.8695782006
- Galatzer-Levy, I. R., Mancini, A. D., Mazursky, H., & Bonanno, G. A. (2011). What we don't expect when expecting: Evidence for heterogeneity in subjective well-being in response to parenthood. *Journal of Family Psychology*, *25*(3), 384-392. doi:10.1037/a0023759

- Gallimore, R., Goldenberg, C. N., & Weisner, T. S. (1993). The social construction and subjective reality of activity settings: Implications for community psychology. *American Journal of Community Psychology*, 21(4), 537-559. doi: 10.1007/BF00942159.
- Ganong, L. H., & Coleman, M. (2002). Introduction to the special section: Family resilience in multiple contexts. *Journal of Marriage and Family*, 64(2), 346-348. doi:10.1111/j.1741-3737.2002.00346.x
- Gaskins, T. (2011). Quote retrieved from <https://twitter.com/tonygaskins/status/55474898495217664/>
- Gjerdingen, D.K. & Center, B.A. (2004). First-time parents' postpartum changes in employment, childcare, and housework responsibilities. *Social Science Research*, 34(1), 103-116. doi:10.1016/j.ssresearch.2003.11.005
- Gladding, S. T. (2002). *Family therapy: History, theory, and practice*. New Jersey: Merrill Prentice Hall.
- Glasser, W., & Glasser, C. (2000). *Getting together and staying together: Solving the mystery of marriage*. New York: HarperCollins.
- Goldenberg, H., & Goldenberg, I. (2008). *Family therapy: An overview* (7th ed.). Belmont, CA: Brooks/Cole.
- Goldenberg, H., & Goldenberg, I. (2013). *Family therapy: An overview* (8th ed.). Belmont, CA: Brooks/Cole.
- Goodman, J. H. (2004). Paternal postpartum depression, its relationship to maternal postpartum depression, and implications for family health. *Journal of Advanced Nursing*, 45(1), 26-35. doi:10.1046/j.1365-2648.2003.02857.x

- Gottman, J. M., & Notarius, C. I. (2000). Decade review: Observing marital interaction. *Journal of Marriage and Family*, 62(4), 927-947. doi:10.1111/j.1741-3737.2000.00927.x
- Graham, J. M., & Conoley, C. W. (2006). The role of marital attributions in the relationship between life stressors and marital quality. *Personal Relationships*, 13(2), 231-241. doi:10.1111/j.1475-6811.2006.00115.x
- Graziano, A. M., & Raulin, M. L. (2000). *Research methods: A process of inquiry* (4th ed.). Boston, MA: Allyn & Bacon.
- Greeff, A. P., & Aspeling, E. (2007). Resiliency in South African and Belgian single-parent families. *Acta Academica*, 39(2), 139-157.
- Greeff, A. P., & Du Toit, C. (2009). Resilience in remarried families. *The American Journal of Family Therapy*, 37(2), 114-126. doi:10.1080/01926180802151919
- Greeff, A. P., & Holtzkamp, J. (2007). The prevalence of resilience in migrant families. *Family and Community Health*, 30(3), 189-200. doi:10.1097/01.FCH.0000277762.70031.44
- Greeff, A. P., & Human, B. (2004). Resilience in families in which a parent has died. *The American Journal of Family Therapy*, 32(1), 27-42. doi:10.1080/01926180490255765
- Greeff, A. P., & Joubert, A. M. (2007). Spirituality and resilience in families in which a parent has died. *Psychological Reports*, 100(3), 897-900. doi:10.2466/pr0.100.3.897-900
- Greeff, A. P., & Loubser, K. (2008). Spirituality as a resiliency quality in Xhosa-speaking families in South Africa. *Journal of Religion and Health*, 47(3), 288-301. doi:10.1007/s10943-007-9157-7

- Greeff, A. P., & Ritman, I. N. (2005). Individual characteristics associated with resilience in single-parent families. *Psychological Reports, 96*(1), 36-42. doi:10.2466/pr0.96.1.36-42
- Greeff, A. P., & Van der Merwe, S. (2004). Variables associated with resilience in divorced families. *The Social Indicators Research, 68*(1), 59-75. doi:10.1023/B:SOCI.0000025569.95499.b5
- Greeff, A. P., & Van der Walt, K. J. (2010). Resilience in families with an autistic child. *Education and Training in Autism and Developmental Disabilities, 45*(3), 347-355.
- Greeff, A. P., Vansteenwegen, A., & De Mot, L. (2006). Resiliency in divorced families. *Social Work in Mental Health, 4*(4), 67-81. doi:10.1300/J200v04n04_05
- Greeff, A. P., Vansteenwegen, A., & Herbiest, T. (2011). Indicators of family resilience after the death of a child. *Omega: Journal of Death and Dying, 63*(4), 343-358. doi:10.2190/OM.63.4.c
- Greeff, A. P., Vansteenwegen, A., & Ide, M. (2006). Resiliency in families with a member with a psychological disorder. *The American Journal of Family Therapy, 34*(4), 285-300. doi:10.1080/01926180600637465
- Greeff, A. P., & Wentworth, A. (2009). Resilience in families that have experienced heart-related trauma. *Current Psychology, 28*(4), 302-314. doi:10.1007/s12144-009-9062-1
- Grochowski, J. R., & Karraker, M. W. (2006). *Families with futures: A survey of family studies for the twenty-first century*. London: Lawrence Erlbaum Associates.
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods, 18*(1), 59-82. doi:10.1177/1525822X05279903.

- Guttman, J., & Lazar, A. (2004). Criteria for marital satisfaction: Does having a child make a difference? *Journal of Reproductive and Infant Psychology*, 22(3), 147-156. doi:10.1080/02646830410001723733
- Hackel, L. S., & Ruble, D. N. (1992). Changes in the marital relationship after the first baby is born: Predicting the impact of expectancy disconfirmation. *Journal of Personality and Social Psychology*, 62(6), 944-957. doi:10.1037/0022-3514.62.6.944
- Haddock, S. A., Zimmerman, T. S., Ziemba, S. J., & Current, L. R. (2001). Ten adaptive strategies for family and work balance: Advice from successful families. *Journal of Marital and Family Therapy*, 27(4), 445-458. doi:10.1111/j.1752-0606.2001.tb00339.x
- Halbreich, U. (2005). Postpartum disorders: Multiple interacting underlying mechanisms and risk factors. *Journal of Affective Disorders*, 88(1), 1-7. doi:10.1016/j.jad.2005.05.002
- Halford, W. K., & Petch, J. (2010). Couple psychoeducation for new parents: Observed and potential effects on parenting. *Clinical Child and Family Psychology Review*, 13(2), 164-180. doi:10.1007/s10567-010-0066-z
- Halle, C., Dowd, T., Fowler, C., Rissel, K., Hennessy, K., MacNevin, R., & Nelson, M. A. (2008). Supporting fathers in the transition to parenthood. *Contemporary Nurse*, 31(1), 57-70. doi:10.5172/conu.673.31.1.57
- Hanson, R. (2013). Foreword. In L. Graham, *Bouncing back: Rewiring your brain for maximum resilience and well-being* (pp. xix-xxi). Novato, California: New World Library.
- Harriman, L. C. (1983). Personal and marital changes accompanying parenthood. *Family Relations*, 32(3), 387-394. doi:10.2307/584616

- Hawley, D. R. (2000). Clinical implications of family resilience. *The American Journal of Family Therapy*, 28(2), 101-116. doi:10.1080/019261800261699
- Hawley, D. R., & DeHaan, L. (1996). Toward a definition of family resilience: Integrating life-span and family perspectives. *Family Process*, 35(3), 283-298. doi:10.1111/j.1545-5300.1996.00283.x
- Hayes, N. 2000. *Doing psychological research: Gathering and analyzing data*. Buckingham: Open University Press.
- Hendricks, C. (2005). Debating coloured identity in the Western Cape. *African Security Review*, 14(4), 117-119. doi:10.1080/10246029.2005.96267597
- Henning, E., Van Rensburg, W., & Smit, B. (2010). *Finding your way in qualitative research*. Pretoria: Van Schaik.
- Henwood, K., & Procter, J. (2003). The good father: Reading men's accounts of paternal involvement during the transition to first-time fatherhood. *British Journal of Social Psychology*, 42(3), 337-355. doi:10.1348/014466603322438198
- Herrman, H., Stewart, D. E., Diaz-Granados, N., Berger, E. L., Jackson, B., & Yuen, T. (2011). What is resilience? *The Canadian Journal of Psychiatry*, 56(5), 258-265.
- Hilfinger, M. D. K., & DeJoseph, J. F. (2007). The personal work of a first pregnancy: Transforming identities, relationships, and women's work. *Women Health*, 45(4), 41-64. doi:10.1300/J013v45n04_03
- Hill, R. (1949). *Families under stress*. New York: Harper & Row.

- Hjemdal, O., Friborg, O., Stiles, T. C., Martinussen, M., & Rosenvinge, J. H. (2006). A new scale for adolescent resilience: Grasping the central protective resources behind healthy development. *Measurement and Evaluation in Counseling and Development*, 39(2), 84-96. doi:10.1177/1359104507071062
- Hobbs, D. F., & Cole, S. P. (1976). Transition to parenthood: A decade replication. *Journal of Marriage and the Family*, 38(4), 723-731. doi:10.2307/350691
- Hobfoll, S. E., & Leiberman, J. R. (1987). Personality and social resources in immediate and continued stress resistance among women. *Journal of Personality and Social Psychology*, 52(1), 18-26. doi:10.1037/0022-3514.52.1.18
- Hochschild, A. R. (1997). *The second shift: Working parents and the revolution at home*. New York: Avon Books.
- Holloway, I. (2008). *A-Z of qualitative research in nursing and healthcare* (2nd ed.). Oxford: Wiley-Blackwell.
- Holtzkamp, J. (2010). *The development and assessment of family resilience-enhancement programme* (Unpublished doctoral dissertation). University of Stellenbosch, Stellenbosch.
- Jankelson-Groll, C. M. (2014). *First time parents' perceptions of their relationship across the transition to parenthood* (Unpublished master's thesis). University of Cape Town, Cape Town.
- Jonker, L., & Greeff, A. P. (2009). Resilience factors in families living with a member with a mental disorder. *Journal of Community Psychology*, 37(7), 859-873. doi:10.1002/jcop.20337

- Jordan, K., Capdevila, R., Johnson, S. (2005). Body or beauty: A qualitative study into post pregnancy body image. *Journal of Reproductive and Infant Psychology*, 23(1), 19-31. doi:10.1080/02646830512331330965
- Joshi, H. (2002). Production, reproduction and education: Women, children and work in British perspective. *Population and Development Review*, 28(3), 445-474. doi:10.1111/j.1728-4457.2002.00445.x
- Kapoulitsas, M., & Corcoran, T. (2014). Compassion fatigue and resilience: A qualitative analysis of social work practice. *Qualitative Social Work*, 14(1), 86-101. doi:10.1177/1473325014528526
- Karney, B. R., & Bradbury, T. N. (1995). The longitudinal course of marital quality and stability: A review of theory, methods, and research. *Psychological Bulletin*, 118(1), 3-34. doi:10.1037/0033-2909.118.1.3
- Katz-Wise, S. L., Priess, H. A., & Hyde, J. S. (2010). Gender-role attitudes and behavior across the transition to parenthood. *Developmental Psychology*, 46(1), 18-28. doi:10.1037/a0017820
- Keeton, C. P., Perry-Jenkins, M., & Sayer, A. G. (2008). Sense of control predicts depressive and anxious symptoms across the transition to parenthood. *Journal of Family Psychology*, 22(2), 212-221. doi:10.1037/0893-3200.22.2.212
- Keizer, R., Dykstra, P. A., & Poortman, A-R. (2010). Life outcomes of childless men and fathers. *European Sociological Review*, 26(1), 1-15. doi:10.1093/esr/jcn080

- Keller, C., Allan, J., & Tinkle, M. B. (2006). Stages of change, processes of change and social support for exercise and weight gain in postpartum women. *Journal of Obstetric Gynecologic and Neonatal Nursing*, 35(2), 232-240. doi:10.1111/j.1552-6909.2006.00030.x
- Kelly, K. (2006). Calling it a day: Reaching conclusions in qualitative research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in Practice: Applied methods for social sciences* (pp. 370-390). Cape Town: University of Cape Town Press.
- Kendrick, S., & Kendrick, A. (2008). *The love dare*. Nashville, Tennessee: B & H Publishing.
- Kim, P., & Swain, J. E. (2007). Sad dads: Paternal postpartum depression. *Psychiatry*, 4(2), 35-47.
- Kluwer, E. S. (2010). From partnership to parenthood: A review of marital change across the transition to parenthood. *Journal of Family Theory and Review*, 2(2), 105-125. doi:10.1111/j.1756-2589.2010.00045.x
- Knauth, D. G. (2001). Marital change during the transition to parenthood. *Pediatric Nursing*, 27(2), 169-172, 184.
- Knoester, C., & Eggebeen, D. J. (2006). The effects of the transition to parenthood and subsequent children on men's well-being and social participation. *Journal of Family Issues*, 27(11), 1532-1560. doi:10.1177/0192513x06290802
- Kopala, M., & Keitel, M. A. (2003). *Handbook of counseling women*. London: Sage Publications.
- Kotzé, M., & Nel, P. (2013). Psychometric properties of the adult resilience indicator. *South African Journal of Industrial Psychology*, 39(2), 1-11. doi:10.4102/sajip.v39i2.1132

- Kouneski, E. F. (2000). *The Family Circumplex Model, FACES II, and FACES III: Overview of research and applications*. Twin Cities, MN: University of Minnesota.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *The American Journal of Occupational Therapy*, 45(3), 214-222. doi:10.4014/ajot.45.3.214
- Lamott, A. (2015). Quote retrieved from <http://inpowercoaching.com/no-is-a-complete-sentence-anne-lamott/>
- Landau, J. (2007) Enhancing resilience: Families and communities as agents for change. *Family Process*, 46(3), 351-365. doi:10.1111/j.1545-5300.2007.00216.x
- LaRossa, R., & LaRossa, M. M. (1981). *Transition to parenthood: How infants change families*. London: Sage Publications.
- Lawrence, E., Rothman, A. D., Cobb, R. J., Rothman, M. T., & Bradbury, T. N. (2008). Marital satisfaction across the transition to parenthood. *Journal of Family Psychology*, 22(1), 41-50. doi:10.1037/0893-3200.22.1.41
- Lederer, W.J., & Jackson, D. D. (1968). Quote in *The mirages of marriage* (p.189). New York: Norton & Company.
- Leigh, A. J. (2007). *The influence of the mother-child relationship on the development of resilience in the learning disabled child* (Unpublished master's thesis). UNISA, Pretoria.
- LeMasters, E. E. (1957). Parenthood as crisis. *Marriage and Family Living*, 19(4), 352-355. doi:10.2307/347802

- Levy-Shiff, R. (1994). Individual and contextual correlates of marital change across the transition to parenthood. *Developmental Psychology*, 30(4), 591-601. doi:10.1037/0012-164930.4.591
- Levy-Shiff, R. (1999). Fathers' cognitive appraisals, coping strategies, and support resources as correlates of adjustment to parenthood. *Journal of Family Psychology*, 13(4), 554-567. doi:10.1037/0893-3200.13.4.554
- Levy-Shiff, R., Dimitrovsky, L., Shulman, S., & Har-Even, D. (1998). Cognitive appraisals, coping strategies, and support resources as correlates of parenting and infant development. *Developmental Psychology*, 34(6), 1417-1427. doi:10.1037//0012-1649.34.6.1417
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage Publications.
- Linton, B. (2004). How a baby changes the couples' relationship. Retrieved from www.pregnancy.org/article/how-baby-changes-couples-relationship/
- Long, L. L., & Burnett, J. A. (2005). Teaching couples counseling: An integrative model. *The Family Journal*, 13(3), 321-327. doi:10.1177/1066480704273815
- Long, L. L., & Young, M. E. (2000). *Counseling and therapy for couples*. Belmont, CA: Brooks/Cole.
- Lopez, J. L., Riggs, S. A., Pollard, S. E., & Hook, J. N. (2011). Religious commitment, adult attachment and marital adjustment in newly married couples. *Journal of Family Psychology*, 25(2), 301-309. doi:10.1037/a0022943

- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543-562. doi:10.1111/1467-8624.00164
- Luthar, S. S., & Zelazo, L. B. (2003). Research on resilience: An integrative review. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities*. (pp. 510-550). Cambridge: Cambridge University Press.
- MacDermid, S. M., Huston, T. L., & McHale, S. M. (1990). Changes in marriage associated with the transition to parenthood: Individual differences as a function of sex-role attitudes and changes in the division of household labor. *Journal of Marriage and Family, 52*(2), 475-486. doi:10.2307/353041
- Mackay, R. (2003). Family resilience and good child outcomes: An overview of the research literature. *Social Policy Journal of New Zealand, (20)*, 98-118.
- Mangham, C., McGrath, P., Reid, G., & Stewart, M. (1995). *Resiliency: Relevance to health promotion. Detailed analysis*. Halifax: Dalhousie University.
- Marks, S. R., Huston, T. L., Johnson, E. M., & MacDermid, S. M. (2001). Role balance among white married couples. *Journal of Marriage and Family, 63*(4), 1083-1098. doi:10.1111/j.1741-3737.2001.01083.x
- Masemola, M. E., Van Aardt, C. J., Coetzee, M. C. (2011). *Income and expenditure of households in South Africa* (Bureau of Market Research Report 429). Retrieved from <http://unisa.ac.za/contents/faculties/ems/docs/Press429.pdf>
- Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227-238. doi:10.1037/0003-066X.56.3.227

- Masten, A. S., & Coatsworth, J. D. (1998). The development of competence in favorable and unfavorable environments: Lessons from research on successful children. *American Psychologist*, *53*(2), 205-220. doi:10.1037/0003-066X.53.2.205
- Masten, A. S., & Powell, J. L. (2003). A resilience framework for research, policy and practice. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 1-28). Cambridge: Cambridge University Press.
- Matthey, S., Barnett, B., Ungerer, J., & Walters, B. (2000). Paternal and maternal depressed mood during the transition to parenthood. *Journal of Affective Disorders*, *60*(2), 75-85. doi:10.1016/s0165-0327(99)06159-7
- Matthey, S., Kavanagh, D. J., Howie, P., Barnett, B., & Charles, M. (2004). Prevention of postnatal distress or depression: An evaluation of an intervention at preparation for parenthood classes. *Journal of Affective Disorders*, *79*(1-3), 113-126. doi:10.1016/s0165-0327(02)00362-2
- McCubbin, H. I., & McCubbin, M. A. (1988). Typologies of resilient families: Emerging roles of social class and ethnicity. *Family Relations*, *37*(3), 247-254. doi:10.230/584557
- McCubbin, H. I., McCubbin, M. A., Thompson, M. A., Han, S-Y., & Allen, C. T. (1997). Families under stress: What makes them resilient. *Journal of Family and Consumer Sciences*, *89*(3), 2-11.
- McCubbin, H. I., & Patterson, J. M. (1983). Family stress and adaptation to crises: A double ABCX model of family behavior. In D. Olson, & B. Miller (Eds.), *Family Studies Review Yearbook* (Vol 1) (pp. 87-106). Beverly Hills, CA: Sage Publications.

- McCubbin H. I., Thompson, A.I., & McCubbin, M. A. (1996) *Family assessment: Resiliency, coping and adaptation inventories for research and practice*. Madison, University of Wisconsin Publishers.
- McCubbin, H. I., Thompson, A. I., Pirner, P. A., & McCubbin, M. A. (1988). *Family types and strengths: A life cycle and ecological perspective*. Edina, MN: Bellwether.
- McCubbin, M. A., & McCubbin, H. I. (1989). Theoretical orientations to family stress and coping. In C. R. Figley (Ed.). *Treating stress in families* (pp. 3-43). Philadelphia: Brunner/Mazel.
- McCubbin, M. A., & McCubbin, H. I. (1996). Resiliency in families: A conceptual model of family adjustment and adaptation in response to stress and crises. In H. I. McCubbin, A. I. Thompson, & M. A. McCubbin (Eds.), *Family assessment: Resiliency, coping and adaptation: Inventories for research and practice* (pp. 1-64). Madison, Wis: University of Wisconsin Publishers.
- McDonald, A. (2013). Family resilience: An interview with Froma Walsh, MSW, PhD. *The Family Journal*, 21(2), 235-240. doi:10.1177/1066480712465821
- McKenry, P. C., & Price, S. J. (Eds.). (1994). *Families and change: Coping with stressful events*. Thousand Oaks, CA: Sage Publications.
- Mercer, R. T. (1995). *Becoming a mother: Research on maternal identity from Rubin to the present*. New York: Springer.
- Meijer, A. M., & Van den Wittenboer, G. L. H. (2007). Contribution of infants sleep and crying to marital relationship of first-time parent couples in the first year after childbirth. *Journal of Family Psychology*, 21(1), 49-57. doi:10.1037/0893-3200.21.1.49

- Michaels, G. Y., & Goldberg, W. A. (1988). *The transition to parenthood: Current theory and research*. Cambridge: Cambridge University Press.
- Mickelson, K. D., & Joseph, J. A. (2012). Postpartum body satisfaction and intimacy in first-time parents. *Sex Roles, 67*(5-6), 300-310. doi:10.1007/s11199-012-0192-9
- Miller, B. C., & Sollie, D. L. (1980). Normal stresses during the transition to parenthood. *Family Relations, 29*(4), 459-465. doi:10.2307/584459
- Moller, K., Hwang, C. P., & Wickberg, B. (2008). Couple relationship and transition to parenthood: Does workload at home matter? *Journal of Reproductive and Infant Psychology, 26*(1), 57-68. doi:10.1080/02646830701355782
- Monette, D. R. Sullivan, T. J., & DeJong, C. R. (2005). *Applied social research: A tool for the human services*. London: Brooks/Cole.
- Morse, J. M., & Richards, L. (2002). *Readme first for a user's guide to qualitative methods*. Thousand Oaks, CA: Sage Publications.
- Mouton, J. (2001). *How to succeed in your master's and doctoral studies: A South African guide and resource book*. Pretoria: Van Schaik.
- Munford, R., & Sanders, J. (1999). *Supporting families*. Palmerston North: Dunmore Press.
- National Network for Family Resiliency. (1993). *Family resiliency: Building strengths to meet life's challenges*. Columbia, MO: National Network for Family Resiliency.
- Neff, L. A., & Broady, E. F. (2011). Stress resilience in early marriage: Can practice make perfect? *Journal of Personality and Social Psychology, 101*(5), 1050-1067. doi:10.1037/a0023809
- Newman, B. M., & Newman, P. R. (1999). *Development through life: A psychosocial approach* (7th ed.). London: Brooks/Cole.

- Nicholls, D. (2009c). Qualitative research: Part three – Methods. *International Journal of Therapy and Rehabilitation*, 16(12), 638-647. doi:10.12968/ijtr.2009.16.12.45433
- Norman, E. (2000). *Resiliency enhancement: Putting the strengths perspective into social work practice*. New York: Colombia University Press.
- Nyström, K (2004). *Experiences of parenthood and parental support during the child's first year* (Licentiate thesis). Luleå University of Technology, Luleå Sweden.
- Olivier, A. (2014). *Building strong families: Biblical principles for successful families*. Sandton, South Africa: Breakthrough Ministries.
- Olson, D. H., Sprenkle, D. H., & Russell, C. S. (1979). Circumplex Model of Marital and Family Systems: Cohesion and adaptability dimensions, family types, and clinical applications. *Family Process*, 18(1), 3-28. doi:10.1111/j.1545-5300.1979.00003.x
- Orr, R. R., Cameron, S. J., & Day, D. M. (1991). Coping with stress in families with children who have mental retardation: An evaluation of the Double ABCX Model. *American Journal on Mental Retardation*, 95(4), 444-450.
- Osofsky, H. (1982). Expectant and new fatherhood as a developmental crisis. *Bulletin of Menninger Clinic*, 46(3), 209-230.
- Pacey, S. (2004). Couples and the first baby: Responding to new parents' sexual and relationship problems. *Sexual and Relationship Therapy*, 19(3), 223-246. doi:10.1080/14681990410001715391
- Pakenham, K. I. (1998). Couple coping and adjustment to multiple sclerosis in care receiver-carer dyads. *Family Relations: Interdisciplinary Journal of Applied Family Studies*, 47(3), 269-277. doi:10.2307/584977

- Pancer, S. M., Pratt, M., Hunsberger, B., & Gallant, M. (2000). Thinking ahead: Complexity of expectations and the transition to parenthood. *Journal of Personality*, *68*(2), 253-280. doi:10.1111/1467-6494.00097
- Parker, R., & Hunter, C. (2011). *Supporting couples across the transition to parenthood*. Melbourne, Victoria: Australian Institute of Family Studies.
- Patel, P., Lee, J., Wheatcroft, R., Barnes, J., & Stein, A. (2005). Concerns about body shape and weight in the postpartum period and their relation to women's self-identification. *Journal of Reproductive and Infant Psychology*, *23*(4), 347-364. doi:10.1080/02646830500273657
- Patterson, J. M. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and Family*, *64*(2), 349-360. doi:10.1111/j.1741-3737.2002.00349.x
- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Beverly Hills: Sage Publications.
- Pinquart, M., Stotzka, C., & Silbereisen, R. K. (2008). Personality and ambivalence in decisions about becoming parents. *Social Behavior and Personality and International Journal*, *36*(1), 87-96. doi:10.2224/sbp2008.36.1.87
- Pinquart, M., & Teubert, D. (2010). Effects of parenting education with expectant and new parents: A meta-analysis. *Journal of Family Psychology*, *24*(3), 316-327. doi:10.1037/a0019691
- Piontkowski, S. (2011). *First baby, first year: Gratitude and emotional approach coping as predictors of adjustment and life satisfaction during the transition to motherhood* (Unpublished master's thesis). University of Maryland, Baltimore.

- Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice* (8th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Polomeno, V. (2011). Men's sexuality in the perinatal period: What do perinatal educators need to know? *International Journal of Childbirth Education*, 26(4), 35-39.
- Postpartum. (2016). In *The Oxford English online dictionary*. Retrieved from <http://www.oed.com/view/Entry/265041?redirectedFrom=post-partum#eid/>
- Prchalová, L. (2010). *Couple resilience after the birth of their first child* (Unpublished bachelor's thesis). Masaryk University Brno, Czechoslovakia.
- Pryor, J. (2004). *Stepfamilies and resilience: Final report*. Wellington, NZ: Roy McKenzie Centre for the Study of Families.
- Radebe, K. (2013, May). Young, middle class and black. Retrieved from <http://www.moneyweb.co.za/archive/young-middle-class-and-black/>
- Rallis, S., Skouteris, H., Wertheim, E. H., & Paxton, S. J. (2007). Predictors of body image during the first year postpartum: A prospective study. *Women Health*, 45(1), 87-104. doi:10.1300/J013v45n01_06
- Rambaree, K. (2007). Bringing rigour in qualitative social research: The use of a CAQDAS. *University of Mauritius Research Journal*, 13A, 1-16.
- Ramchandani, P, Stein., A. Evans, J., & O'Connor, T. G. (2005). Paternal depression in the postpartum period and child development: A prospective population study. *The Lancet*, 365(9478), 2201-2205. doi:10.1016/s0140-6736(05)66778-5
- Resilience. (2005). In *American Heritage Dictionary of the English Language*. Retrieved from <https://ahdictionary.com/word/search.html?q=resilient/>

- Resilience. (2005). In *Encarta World English Dictionary*. Retrieved from encarta.msn.com/dictionary/1861700867/definition.html/
- Resilience. (2011). In *Merriam-Webster's online dictionary* (11th ed.). Retrieved from <http://www.merriam-webster.com/dictionary/resilience/>
- Rholes, W. S., Simpson, J. A., Campbell, L., & Grich, J. (2001). Adult attachment and the transition to parenthood. *Journal of Personality and Social Psychology*, *81*(3), 421-435. doi:10.1037//0022-3514.81.3.421
- Ross, M. K. (2001). Promoting the transition to first-time parenthood. *British Journal of Midwifery*, *9*(9), 562-566. doi:10.12968/bjon.2001.9.9.9423
- Rossi, A. S. (1968). Transition to parenthood. *Journal of Marriage and the Family*, *30*(1), 26-39. doi:10.2307/350219
- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, *57*(3), 316-331. doi:10.1111/j.1939-0025.1987.tb03541.x
- Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy*, *21*(2), 119-144. doi:10.1111/1467-642700108
- Salmela-Aro, K. (2012). Transition to parenthood and positive parenting: Longitudinal and intervention approaches. *European Journal of Developmental Psychology*, *9*(1), 21-32. doi:10.1080/17405629.2011.607584
- Sameroff, A. J., & Rosenblum, K. L. (2006). Psychosocial constraints on the development of resilience. *Annals of the New York Academy of Sciences*, *1094*, 116-124. doi:10.1196/annals.1376.010
- Scafaria, L. (2014). Quote retrieved from

<https://itsalwaystooearlytoquit.wordpress.com/2014/06/03/routine-is-part-of-coping-lorene-scafaria/>

- Schulz, M. S., Cowan, C. P., & Cowan, P. A. (2006). Promoting healthy beginnings: A randomized controlled trial of a preventative intervention to preserve marital quality during the transition to parenthood. *Journal of Consulting and Clinical Psychology, 74*(1), 20-31. doi:10.1037/0022-006X.74.1.20
- Schutt, R. K. (2015). *Investigating the social world: The process and practice of research*. London: Sage Publications.
- Schwandt, T. A. (2007). *The SAGE dictionary of qualitative inquiry* (3rd ed.). Los Angeles: Sage Publications.
- Seery, M. D. (2011). Resilience: A silver lining to experiencing adverse life events. *Current Direction in Psychological Science, 20*(6), 390-394. doi: 10.1177/096372141142740
- Sellers, T. S., Thomas, K., Batts, J., & Ostman, C. (2005). Women called: A qualitative study of Christian women dually called to motherhood and career. *Journal of Psychology and Theology, 33*(3), 198-209.
- Shapiro, A. F., Gottman, J. M., & Carrère, S. (2000). The baby and the marriage: Identifying factors that buffer against decline in marital satisfaction after the first baby arrives. *Journal of Family Psychology, 14*(1), 59-70. doi:10.1037//0893-3200.14.1.59
- Silberberg, S. (2001). Searching for family resilience. *Family Matters, (58)*, 52-57.
- Silliman, B. (1995). *Resilient families: Qualities of families who survive and thrive*. Laramie, WY: Department of Home Economics, Cooperative Extension Service, University of Wyoming.

- Silveira, F. S., & Boyer, W. (2015). Vicarious resilience in counselors of child and youth victims of interpersonal trauma. *Qualitative Health Research, 25*(4), 513-526. doi:10.1177/1049732314552284
- Sjostrom-Strand, A., & Fridland, B. (2007). Stress in women's daily life before and after a myocardial infarction: A qualitative analysis. *Scandinavian Journal of Caring Science, 21*(1), 10-17. doi:10.1111/j.1471-6712.2007.00433.x
- Smit, R. (2001). Work-family spillover revisited: Is there hope for marital happiness in the dual-earner family? *Koers, 66*(4), 606-620. doi:10.4102/koers.v66i4.402
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretive phenomenological analysis: Theory, method and research*. London: Sage Publications.
- Solomon, S. E., Rothblum, E. D., & Balsam, K. F. (2004). Pioneers in partnership: Lesbian and gay male couples in civil unions compared with those not in civil unions and married heterosexual siblings. *Journal of Family Psychology, 18*(2), 275-286. doi:10.1037/0893-3200.18.2.275
- Speziale, H. J. S., & Carpenter, D. R. (2007). *Qualitative research in nursing: Advancing the humanistic imperative* (4th ed.). Philadelphia: Lippincott Williams & Wilkins.
- Statistics South Africa. (2010). *A survey of time use: How South African women and men spend their time*. Pretoria: Statistics South Africa.
- Statistics South Africa. (2012). *Marriage and divorces 2010: Statistical release* (Report No. P0307). Pretoria: Statistics South Africa.
- Statistics South Africa. (2015). *Statistics South Africa 2015*. Pretoria: Statistics South Africa.
- Stern, D. (1995). *The motherhood constellation*. New York: Basic Books.

- Story, L. B., & Bradbury, T. N. (2004). Understanding marriage and stress: Essential questions and challenges. *Clinical Psychology Review*, 23(8), 1139-1162. doi:10.1016/j.cpr.2003.10.002
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, California: Sage Publications.
- Strümpfer, D. J. W. (1995). The origins of health and strength: From 'salutogenesis' to 'fortigenesis'. *South African Journal of Psychology*, 25(2), 81-89. doi:10.1177/008124639502500203
- Struwig, F. W., & Stead, G. B. (2001). *Planning, designing and reporting research*. Cape Town: Maskew Miller Longman.
- Sun, F. (2014). Caregiving stress and coping: A thematic analysis of Chinese family caregivers of persons with dementia. *Dementia*, 13(6), 803-818. doi:10.1177/1471301213485593
- Taanila, A., Syrjälä, L., Kokkonen, J., & Järvelin, M. R. (2002). Coping of parents with physically and/or intellectually disabled children. *Child: Care, Health and Development*, 28(1), 73-86. doi:10.1046/j.1365-2214.2002.00244.x
- Terre Blance, M. T., Durrheim, K., & Painter, D. (2006). *Research in practice: Applied methods for the social sciences* (2nd ed.). Cape Town: University of Cape Town Press.
- Terry, D. J. (1991). Stress, coping and adaptation to new parenthood. *Journal of Social and Personal Relationships*, 8(4), 527-547. doi:10.1177/026540759184005
- Thiel, C. (2005). *Resilience in families of husbands with prostate cancer* (Unpublished master's thesis). University of Stellenbosch, Stellenbosch.

- Truter, C. (2004). Interview. In V. Van Niekerk. *Strategies to promote the mental health of married couples throughout the ante- and post natal period* (Unpublished doctoral dissertation). University of Johannesburg, Johannesburg.
- Twenge, J. M., Campbell, W. K., & Foster, C. A. (2003). Parenthood and marital satisfaction: A meta-analytic review. *Journal of Marriage and Family*, 65(3), 574-583. doi:10.1111/j.1741-3737.2003.00574.x
- Ungar, M. (2003). Qualitative contributions to resilience research. *Qualitative Social Work*, 2(1), 85-102. doi:10.1177/1473325003002001123
- Ungar, M., Lee, A. W., Callaghan, T., & Boothroyd, R. A. (2005). An international collaboration to study resilience in adolescents across cultures. *Journal of Social Work Research and Evaluation*, 6(1), 5-24.
- Updegraff, J., & Taylor, S. (2000). From vulnerability to growth: Positive and negative effects of stressful events. In J. H. Harvey & E. D. Miller (Eds.), *Loss and trauma: General and close relationships perspectives* (pp. 3-28). New York: Brunner-Routledge.
- Van Niekerk, V. (2013). *Strategies to promote the mental health of married couples throughout the ante- and post natal period* (Unpublished doctoral dissertation). University of Johannesburg, Johannesburg.
- Van Vuuren, L. (2012). *Veerkrachtigheidskenmerke by gesinne met 'n kind met 'n leergestremdheid en die effek van 'n gesinsroetine-intervensieprogram* (Ongepubliseerde doktorsale proefskrif). Universiteit van Stellenbosch, Stellenbosch.
- Vanzetti, N., & Duck, S. (1996). *A lifetime of relationships*. Pacific Grove, CA: Brooks/Cole.
- Venter, N. (2009) *Resilience in intimate relationships* (Unpublished master's thesis). UNISA, Pretoria.

- Ventura, J. N., & Boss, P. G. (1983). The family coping inventory applied to parents with new babies. *Journal of Marriage and Family*, 45(4), 867-875. doi: 10.2307/351799
- Viers, D., & Prouty, A. M. (2002). We've come a long way? An overview of research of dual career couples' stressors and strengths. *Journal of Feminist Family Therapy*, 13(2-3), 169-190. doi:10.1300/J086v13n02_09
- Von Eye, A., & Schuster, C. (2000). The odds of resilience. *Child Development*, 71(3), 563-566. doi: 10.1111/1467-8624.00165
- Von Sydow, K. (1999). Sexuality during pregnancy and after childbirth: A metacontent analysis of 59 studies. *Journal of Psychosomatic Research*, 47(1), 27-49. doi:10.1016/s002-3999(98)00106-8
- Wainwright, W. H. (1966). Fatherhood as a precipitant of mental illness. *American Journal of Psychiatry*, 123(1), 40-44. doi:10.1176/ajp.123.1.40
- Wait, J., Meyer, J., & Loxton, H. (2005). *Human development: A psychological approach* (3rd ed.). Cape Town: Ebony Books.
- Wald, J., Taylor, S., Asmundson, G. J. G., Yang, K. L., & Stapleton, J. (2006). *Literature review of concepts: Psychological resiliency*. Vancouver: British Columbia University.
- Wallace, P. M., & Gotlib, I. H. (1990). Marital adjustment during the transition to parenthood: Stability and predictors of change. *Journal of Marriage and Family*, 52(1), 21-29. doi:10.2307/352834
- Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family Process*, 35(3), 261-281. doi:10.1111/j.1545-5300.1996.00261.x
- Walsh, F. (1998). *Strengthening family resilience*. New York: Guilford Press.

- Walsh, F. (2002). A family resilience framework: Innovative practice applications. *Family Relations*, 51(2), 130-137. doi:10.1111/j.1741-3729.2002.00130.x
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1-18. doi:10.1111/j.1545-5300.2003.00001.x
- Walsh, F. (2006). *Strengthening family resilience* (2nd ed.). New York: Guilford Press.
- Walsh, F. (2012). *Normal family processes: Growing diversity and complexity*. New York: Guilford Press.
- Walsh, F. (2016). Quote in *Strengthening family resilience* (3rd ed., pp. 44). New York: Guilford Press.
- Walsh, F. (2016). *Strengthening family resilience* (3rd ed.). New York: Guilford Press.
- Walters, I. (2009). *Adaptation in families with young children: Identifying key processes and factors of resilience* (Unpublished master's thesis). University of Stellenbosch, Stellenbosch.
- Ward, J. P. (2004). *Identifying factors associated with successful transition to parenthood* (Unpublished doctoral dissertation). Perdue University, Lafayette, Indiana.
- Wassenaar, D. R. (2006). Ethical issues in social science research. In M. Terre Blanche, K. Durrheim, & D. Painter (Eds.), *Research in practice: Applied methods for social sciences* (pp. 60-79). Cape Town: University of Cape Town Press.
- West, C., Usher, K., & Clough, A. R. (2014). Study protocol – resilience in individuals and families coping with the impacts of alcohol related injuries in remote indigenous communities: A mixed method study. *BMC Public Health*, 14, 479-485. doi:10.1186/1471-2458-14-479

- White, L. K., & Booth, A. (1985). The transition to parenthood and marital quality. *Journal of Family Issues*, 6(4), 435-449. doi:10.1177/019251385006004003
- Wickens, L., & Greeff, A. P. (2005). Sense of family coherence and the utilization of resources by first-year students. *The American Journal of Family Therapy*, 33(5), 427-441. doi:10.1080/01926180490455303
- Wolcott, I. (1999). Strong families and satisfying marriages: A review of the literature. *Family Matters*, (53), 21-30.
- Worthington, E. L., & Buston, B.G. (1986). The marriage relationship during the transition to parenthood: A review and a model. *Journal of Family Issues*, 7(4), 443-473. doi:10.1177/019251386007004007
- Wright, H. N. (2000). *Communication: Key to your marriage, a practical guide to creating a happy, fulfilling relationship*. California: Regal Books.
- Wright, P. J., Henggeler, S. W., & Craig, L. (1986). Problems in paradise?: A longitudinal examination of the transition to parenthood. *Journal of Applied Developmental Psychology*, 7(3), 277-291. doi:10.1016/0193-3973(86)90035-3
- Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (2nd ed., pp. 235-251). London: Sage Publications.
- Yodanis, C. (2005). Divorce culture and marital gender equality: A cross-national study. *Gender and Society*, 19(5), 644-659. doi:10.1177/0891243205278166
- Young, M. E., & Long, L. L. (1998). *Counseling and therapy for couples*. Pacific Grove, California: Brooks/Cole.

Zastrow, C. (2010). *The practice of social work: A comprehensive worktext* (9th ed.). Belmont, California: Brooks/Cole.

ADDENDUM A

INTERVIEW SCHEDULE

A single central open-ended question was posed in the semi-structured couple interviews: *What would you say helped you as a couple to adapt to the birth of your first child?* The interviews conducted with selected married couples included both spouses. In cases where the couples' initial responses to the open-ended question required more detail or were unrelated to the focus of the research, probing questions or follow-up questions were used to clarify the initial responses. In this way, participants were guided to elaborate on their initial response, or the researcher was able to elicit applicable responses to the specific research question. Examples of probing questions or follow-up questions are:

- *Tell me more about the aspects in your relationship that helped you to adapt to the birth of your first child.*
- *Please elaborate on the strengths in your relationship that have kept your marriage together during the transition to parenthood?*
- *What would you say were those qualities of your couple relationship, or what qualities in your couple relationship, helped you to keep on functioning well as a couple after the birth of your first child?*
- *In your own words, what are the most important aspects or strengths, which have helped you as a couple to adapt to the birth of your first child?*
- *Do you want to give me more detail?*
- *What do you think? (address other spouse)*
- *Is there anything else that you might want to add?*
- *How is that?*
- *In what ways?*
- *How do you mean that?*
- *What would be an example of that?*

ADDENDUM B

BIOGRAPHICAL QUESTIONNAIRE

All information in this questionnaire is strictly confidential and your information will be anonymously processed.

Please answer all the questions.

Today's Date:		What is your home language:	
Name of father			
Name of mother			
Telephone number of the father		Telephone number of the mother	
Age of father		Age of mother	
Is this your first child?			
How old is your child?			
Gender of your child?			

Marital history (please describe your current marital status and give the number of years that you have been married):

How many times has the father been married? How many times has the mother been married?

The highest level of education the father has obtained	Primary School	High School	Diploma	Degree	None
The highest level of education the mother has obtained	Primary School	High School	Diploma	Degree	None
Is the father currently employed?		Is the father permanently employed?		What is the father's occupation?	
Is the mother currently employed?		Is the mother permanently employed?		What is the mother's occupation?	
Approximately what is your family's monthly income? (The combined income of both parents)	Less than R5 000	R5 000 to R15 000	R15 000 to R20 000	R20 000 to R30 000	More than R30 000

ADDENDUM C

PARTICIPANT CONSENT FORM



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STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH

Adaptation in new parent married couples: Key qualities and processes of resilience

You are asked to participate in a research study conducted by **Friedel Swart**, BA Honours (Psychology), MTh Clinical Pastoral Counselling and currently a doctoral psychology student, from the Department of Psychology at the University of Stellenbosch. This study forms part of a Doctoral degree in Psychology at the University of Stellenbosch. You were selected as a possible participant in this study on the basis of being a new parent married couple and because you comply with the following inclusion criteria and thus fall within the requirements of the research study.

1. Middle class, dual-earner couples;
2. African and White heterosexual couples;
3. Couples in their first marriage;
4. Couples with a first baby between 8 months and 4 years old during the interview, as well as full term and healthy at birth;
5. Couples between 25 and 40 years of age;
6. Couples able to speak either English or Afrikaans;
7. Couples married for a time period of 1 to 10 years.

1. PURPOSE OF THE STUDY

The purpose of this study is to answer the research question: *Which resilience qualities and processes enable married couples as first-time parents to adapt to the addition of their first child?* The aim of the research study is to explore adaptation in new-parent married couples. In light of this focus, the research will offer a unique lens through which to gain understanding of couple resilience, specifically within the South African context.

2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following:

Both parents will have to participate, at the same time, in an interview with the researcher. The time and location of the interview will be negotiated with you as a couple. The following question will be asked in the couple interview: What would you say helped you as a couple to adapt to the birth of your first child? The interview will take approximately 45 minutes. You will also be asked to complete a biographical questionnaire consisting of one page.

3. POTENTIAL RISKS AND DISCOMFORTS

There are no foreseeable risks, discomforts and inconveniences that will be caused by participation in this study.

4. POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

Participation in this study could give you the opportunity to reflect on the resilience in your relationship; as such you will be lead to recognise the ways in which you have successfully endured the major normative transition of becoming new parents. Furthermore, your participation in this study may assist you in dealing with future challenges, such as the adaptation to the addition of your second child. In addition, recognising resilience qualities and processes in your relationship may assist you as a couple with a strength-based perspective through which you can redefine yourself as a resilient parental unit.

By taking part in the research study and sharing your narratives, you have the fulfilling opportunity of being part of a bigger picture. The present study's aim is ultimately to enrich other marriages by highlighting the importance of recognising and enhancing strengths in a

couple's relationship. The findings of the study can be helpful to other first-time parents by equipping them with insight on how first-time parent married couples managed to adapt successfully to parenthood.

5. PAYMENT FOR PARTICIPATION

Although you will not be paid for participation in the study, you will receive a small gift at the end of the study as a token of appreciation for your participation.

6. CONFIDENTIALITY

Any information that is obtained through this research and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by the law. Confidentiality will be maintained by means of storing all the gathered information (biographical questionnaire and interview) in a locked cabinet and only the researcher and her study leader will have access to these documents.

As the interview is to be audio-recorded, you have the right to review/edit the recording. Only the researcher and her study leader will have access to the recording. After 5 years the recordings will be deleted and the questionnaires will be destroyed. When data is written up and published, no recognizable information about you will ever be used and no names will ever be mentioned.

7. PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw from it at any time without any negative consequences. You may also refuse to answer some questions but still remain in the study. The investigator may withdraw you from this research if circumstances arise that make it necessary.

8. IDENTIFICATION OF RESEARCHER AND SUPERVISOR

If you have any questions or concerns about the research, please feel free to contact the researcher Friedel Swart, (via email at swartfriedel@gmail.com or via telephone at 072 033 6285) or the supervisor, Professor Greeff (via email at apg@sun.ac.za or via telephone at 021 808 3464) or you can go to the Department of Psychology, Ryneveld Street, Stellenbosch.

9. RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without any negative consequences. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research participant, contact Ms Maléne Fouché (mfouche@sun.ac.za; 021 808 4622) at the Division for Research Development at the University of Stellenbosch.

SIGNATURE OF RESEARCH PARTICIPANT

The information above was given and described to [*name of participant*] by Friedel Swart in English and I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study.

Name of Participant

Signature of Participant

Date

SIGNATURE OF RESEARCHER

I declare that I explained the information given in this document to _____ [*name of the participant*]. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.

Signature of Researcher

Date



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UNIVERSITEIT STELLENBOSCH INWILLIGING OM DEEL TE NEEM AAN NAVORSING

Aanpassing by nuwe-ouer getroude paartjies: Kern eienskappe en prosesse van veerkragtigheid

U word gevra om deel te neem aan 'n navorsingstudie wat uitgevoer word deur Friedel Swart, BA Honneurs (Sielkunde), tans 'n Doktorsgraad student, van die Departement van Sielkunde aan die Universiteit Stellenbosch. Die navorsingstudie vorm deel van 'n Doktorsgraad in Sielkunde aan die Universiteit van Stellenbosch. U is as moontlike deelnemer aan die studie gekies omdat u 'n getroude nuwe-ouer paartjie is en aan die insluitings-kriteria van die navorsingstudie voldoen en dus geskik is om deel te neem.

1. Middel klas, dubbelinkomste-paartjies;
2. Swart of wit heteroseksuele paartjies;
3. Paartjies in hul eerste huwelik;
4. Paartjies met hul eerste baba wat tussen 8 maande en 4 jaar oud is gedurende die onderhoud, sowel as voltermyn en gesonde baba by geboorte;
5. Paartjies tussen die die ouderdomme 25 en 40;
6. Engels of Afrikaans-sprekende paartjies;
7. Paartjies wat getroud is vir 'n periode van 1 tot 10 jaar.

1. DOEL VAN DIE STUDIE

Die doel van die navorsingstudie is om die volgende navorsingsvraag te beantwoord: *Watter veerkragtigheid eienskappe en prosesse dra daartoe by dat nuwe-ouer getroude paartjies aanpas by die koms van hul eerste kind?* Die navorsingstudie se hoofokus is om die aanpassing by

nuwe-ouer getroude paartjies te ondersoek. Die navorsingstudie sal 'n unieke blik bied in terme van paartjie veerkragtigheid, spesifiek binne die Suid-Afrikaanse konteks.

2. PROSEDURES

Indien u inwillig om aan die studie deel te neem, vra ons dat u die volgende moet doen:

Beide ouers sal moet deelneem aan 'n paartjie onderhoud met die navorser. Die tyd en plek van die paartjie onderhoud sal met elke paartjie afsonderlik gereël word. Die volgende vraag sal in die onderhoud vir die paartjie gevra word: Wat sou julle sê het julle as 'n paartjie gehelp om aan te pas by die koms van jul eerste kind? Die onderhoud sal ongeveer 45 minute duur. Julle sal ook gevra word om 'n bladsy biografiese vraelys in te vul.

3. MOONTLIKE RISIKO'S EN ONGEMAKLIKHEID

Daar is geen voorsienbare risiko's, ongemaklikheid en ongerief verbonde aan deelname aan die studie nie.

4. MOONTLIKE VOORDELE VIR DEELNEMERS EN/OF VIR DIE SAMELEWING

Deelname aan die navorsingstudie kan julle die geleentheid gee om te reflekteer op die veerkragtigheid aanwesig in julle verhouding. Sodoende sal julle ontdek wat bygedra het dat julle as 'n nuwe-ouer paartjie suksesvol aanpas het by die normatiewe krisis van koms van 'n eerste kind. 'n Verdere voordeel wat deelname aan die navorsingstudie inhou is moontlike bemagtiging om toekomstige uitdagings soos die aanpassing by die koms van 'n tweede kind te bestuur. As 'n paartjie sal jul die veerkragtigheid eienskappe en prosesse in jul verhouding herken en jul help om deur 'n sterkte-perspektief juisself as 'n veerkragtige ouerpaartjie te herdefinieër.

Deur jul deelname aan die navorsingstudie en deel van jul stories, het julle 'n unieke geleentheid om deel te wees van 'n groter prentjie. Die navorsingstudie se doel is om ander huwelike te versterk deur te beklemtoon hoe belangrik dit is om sterktes in 'n paartjie verhouding te herken en op te bou. Die bevindinge van die navorsingstudie kan daartoe bydrae om ander nuwe ouer

paartjies te bemagtig met insig in hoe ander nuwe-ouer paartjies suksesvol aangepas het by ouerskap.

5. VERGOEDING VIR DEELNAME

Deelnemers sal geen betaling ontvang vir deelname aan die studie nie, maar sal wel 'n klein geskenk ontvang na die afloop van die studie as dankie-sê gebaar vir hul bereidwilligheid om deel te neem aan die studie.

6. VERTROULIKHEID

Enige inligting wat deur middel van die navorsing verkry word en wat met u in verband gebring kan word, sal vertroulik bly en slegs met u toestemming bekend gemaak word of soos deur die wet vereis. Vertroulikheid sal gehandhaaf word deur middel van 'n toegesluitde kabinet waarin al die ingesamelde data (biografiese vraelys en onderhoud materiaal) bewaar sal word. Slegs die navorser en haar promotor sal toegang hê toe die vertroulike data.

Omdat die onderhoud op band opgeneem sal word – oudio – sal jul die reg hê om die bande te hersien/redigeer. Na 5 jaar sal die bande skoongegee word en die vraelyste sal vernietig word. Indien die navorser van plan is om die resultate van die studie te publiseer, sal vertroulikheid by publisering streng gehandhaaf sal word. Geen herkenbare inligting oor julle as 'n paartjie sal genoem word nie.

7. DEELNAME EN ONTTREKKING

U kan self besluit of u aan die studie wil deelneem of nie. Indien u inwillig om aan die studie deel te neem, kan u te eniger tyd u daaraan onttrek sonder enige nadelige gevolge. U kan ook weier om op bepaalde vrae te antwoord, maar steeds aan die studie deelneem. Die ondersoeker kan u aan die studie onttrek indien omstandighede dit noodsaaklik maak.

8. IDENTIFIKASIE VAN NAVORSER EN PROMOTOR

Indien u enige vrae of besorgdheid omtrent die navorsing het, staan dit u vry om in verbinding te tree met die navorser Friedel Swart, (via epos by swartfriedel@gmail.com of via telefoon by 072 033 6285) of die promotor, Professor Greeff (via epos by apg@sun.ac.za of via telefoon by 021 808 3464) of u kan na die Departement van Sielkunde gaan, Ryneveld Straat, Stellenbosch.

9. REGTE VAN DEELNEMER

U kan te eniger tyd u inwilliging terugtrek en u deelname beëindig, sonder enige nadelige gevolge vir u. Deur deel te neem aan die navorsing doen u geensins afstand van enige wetlike regte, eise of regs middel nie. Indien u vrae het oor u regte as deelnemer by navorsing, skakel met Me Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] van die Afdeling Navorsingsontwikkeling by die Universiteit van Stellenbosch.

VERKLARING DEUR DEELNEMER

Die bostaande inligting is aan my,..... *[naam van deelnemer]*, gegee en verduidelik deur Friedel Swart in Afrikaans en ek is dié taal magtig. Ek is die geleentheid gebied om vrae te stel en my vrae is tot my bevrediging beantwoord.

Ek willig hiermee vrywillig in om deel te neem aan die studie.

Naam van deelnemer

Handtekening van deelnemer

Datum

VERKLARING DEUR NAVORSER

Ek verklaar dat ek die inligting in hierdie dokument vervat verduidelik het aan..... *[naam van die deelnemer]*. Hy/sy is aangemoedig en oorgenoeg tyd gegee om vrae aan my te stel. Dié gesprek is in Afrikaans gevoer en geen vertaler is gebruik nie.

Handtekening van Navorser

Datum

ADDENDUM D

LETTER TO THE GATEKEEPERS



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jou kennisvenoot • your knowledge partner

Letter to the gatekeeper

University of Stellenbosch

Private Bag X1

Matieland 7602

Stellenbosch

Tel +27 2 18099111

REQUEST FOR ASSISTANCE WITH THE RECRUITMENT OF PARTICIPANTS FOR DOCTORAL RESEARCH STUDY

My name is Friedel Swart, and I am a Doctoral Psychology student at the University of Stellenbosch. I wish to conduct research related to couple resilience in the context of the transition to parenthood.

The purpose of the study is to answer the research question: *Which resilience qualities and processes enable married couples as first-time parents to adapt to the addition of their first child?* Flowing from this formulation, the following objectives of the study are expounded below.

1. RESEARCH OBJECTIVES

This study has a primary and secondary objective.

The **primary objective** of the study is to identify, explore and describe resilience qualities and processes of new-parent married couples associated with positive adaptation to the arrival of their firstborn.

The **secondary objective** of the study is to determine the resemblance in qualities and processes of resilience as identified between African and White couples.

2. MOTIVATION FOR THE STUDY

The present study is relevant for a number of theoretical, practical and empirical reasons. Firstly, the transition to parenthood signifies an important normative transition in the family life-cycle (Levy-Shiff, Dimitrovsky, & Shulman, 1998; Ventura & Boss, 1983). First-time parents have been found to experience more changes following the transition to parenthood, than established parents having their next child (Harriman, 1983). Terry (1991), as well as Grochowski and Karraker (2006), emphasise the fact that the transition to parenthood is identified as a major moment on most life-event scales.

Secondly, the transition to parenthood provides an important window to identify strengths associated with resilience. This is because couples are at the greatest risk for divorce in the first five years of marriage – the time during which most couples undergo the transition to parenthood (Bramlett & Mosher, 2001). Healthy marriages have a ripple effect in contributing towards well-functioning families and well-being in society (Aboagye, 2012). The quality of the marital relationship has far-reaching consequences for a child's development (Fennie, 2001; Schulz, Cowan, & Cowan, 2006). This indicates that disruptions in couples' relationships during the transition to parenthood may create difficulties for a great number of children (Cowan & Cowan, 1995; De Goede, 2012; Fennie, 2001; Schulz et al., 2006). This underscores the practical value of strength-based and resilience-enhancing programmes. The findings of this study can, thus, be applied in programmes for marriage preparation and marriage enrichment.

Thirdly, there is a gap in the international and South African literature regarding a focus on couple resilience related to the transition to parenthood. Seeing that this transition is shared, a *couple-focus* is presented (Salmela-Aro, 2012). Most research on transition to parenthood focuses solely on the mothers' perspective, which implies an individual viewpoint (Delmore-Ko, Pancer, & Hunsberger, 2000). The present study addresses this silence by focusing on the couple by including the fathers' perspective, which to date has been neglected (Deave, Johnson, & Ingram, 2008).

Fourthly, the available literature reveals scant knowledge of resilience qualities and processes, which would enable married couples as first-time parents to adapt successfully to the birth of their first child. Most researchers seem to focus on the negative aspects, or the impact of the transition on the couple relationship. Also, with a few exceptions, the bulk of the available literature referred to American studies (Fincham & Beach, 2010). The present study will add value to the understanding of resilience qualities and the processes helping married couples from diverse cultural groups to thrive in the midst of this particular transition period. This understanding could establish a basis for remedial intervention at a dyadic level well prior to the arrival of the child, and even prior to pregnancy.

Fifthly, parenthood is frequently romanticised in society and the media, with the result that couples often are caught unprepared (Kluwer, 2010). Thus, understanding resilience qualities and processes of new-parent married couples may help prepare other married couples better for parenthood and help strengthen the resilience within marriages to cope better with this transition. The findings of the present study can be used by clinicians to provide couples with an optimal foundation from which to enter parenthood.

Further motivation for this study is that the research will help determine priorities and focus-areas for future research (Babbie & Mouton, 2010).

3. POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

It is important to highlight the **potential benefits** this study holds for participants and/or society in large. Participation in this study gave a couple the opportunity to reflect on the resilience in their relationship; as such they can be led to recognise ways in which they have successfully endured the major normative transition of becoming new parents. Furthermore, their participation in the study may help them to deal with future challenges, such as the adaptation to the addition of their second child. Moreover, recognising resilience qualities and processes in their relationship may help couples acknowledge a strength-based perspective through which they can redefine themselves as a resilient parental unit. By taking part in the present research study and sharing their narratives, participants had the fulfilling opportunity of being part of a bigger picture. The present study's aim is ultimately to enrich other first-time parents' marriages by highlighting the importance of recognising and enhancing strengths in couples' relationship.

The findings of the study can be helpful to other first-time parents by equipping them with insight on how first-time parent couples did manage to adapt successfully to parenthood. Upon completion of this study, the findings will be shared with the couples who participated in the study.

4. INCLUSION CRITERIA

It is envisaged that up to 15 South African new parent married couples of each cultural group (White couples and African couples) will participate in the proposed study. I hereby request your assistance with the recruitment of new parent married couples for the research study by identifying potential participants that comply with the following inclusion criteria:

1. Middle class, dual-earner couples;
2. African and White heterosexual couples;
3. Couples in their first marriage;
4. Couples with a first baby between 8 months and 4 years old during the interview, as well as full term and healthy at birth;
5. Couples between 25 and 40 years of age;
6. Couples able to speak either English or Afrikaans;
7. Couples married for a time period of 1 to 10 years.

5. PROCEDURE

After you identified the potential participants, please provide me (via email at swartfriedel@gmail.com or via telephone at 072 033 6285) with the names and contact numbers of interested parents that you believe meet the inclusion criteria.

If the couple volunteer to participate in this study, we would ask them to do the following:

Both parents will have to participate, at the same time, in an interview with the researcher. The time and location of the interview will be negotiated with the couple. The following question will be asked in the couple interview: What would you say helped you as a couple to adapt to the birth of your first child? The interview will take approximately 45 minutes. They will also be asked to complete a biographical questionnaire consisting of one page.

Participation in the study will be anonymous and voluntary. For the purpose of anonymity and confidentiality your name and the names of the couples will not be mentioned in the research report. The research will be conducted under the supervision of Professor A.P. Greeff of the Psychology Department of the University of Stellenbosch.

6. IDENTIFICATION OF RESEARCHER AND SUPERVISOR

If you have any questions or concerns about the research, please feel free to contact the researcher Friedel Swart, (via email at swartfriedel@gmail.com or via telephone at 072 033 6285) or the supervisor, Professor A. P. Greeff (via email at apg@sun.ac.za or via telephone at 021 808 3464) or you can go to the Department of Psychology, Ryneveld Street, Stellenbosch.

Yours sincerely

Friedel Swart

ADDENDUM E

INFORMATION LETTER FOR THE NEW PARENT MARRIED COUPLES



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NEW PARENT MARRIED COUPLES: INFORMATION LETTER

Dear Participants

You are asked to participate in a research study conducted by **Friedel Swart**, BA Honours (Psychology), MTh Clinical Pastoral Counselling and currently a doctoral psychology student, from the Department of Psychology at the University of Stellenbosch.

PURPOSE OF THE STUDY

The purpose of this study is to answer the research question: *Which resilience qualities and processes enable married couples as first-time parents to adapt to the addition of their first child?* The aim of the research study is to explore adaptation in new parent married couples. In light of this focus, the research will offer a unique lens through which to gain understanding of couple resilience, specifically within the South African context.

This letter is a friendly request to you as a couple to participate in the research project. You were identified on the basis of being a new parent couple and being a **potential** participant in this study because you possibly comply with the following **inclusion criteria** and thus fall within the requirements of the research study.

1. Middle class, dual-earner couples;
2. African and White heterosexual couples;
3. Couples in their first marriage;
4. Couples with a first baby between 8 months and 4 years months old during the interview, as well as full term and healthy at birth;
5. Couples between 25 and 40 years of age;
6. Couples able to speak either English or Afrikaans;

7. Couples married for a time period of 1 to 10 years.

PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following:

Both parents will have to participate, at the same time, in an interview with the researcher. The time and location of the interview will be negotiated with you as a couple. The following question will be asked in the couple interview: **What would you say helped you as a couple to adapt to the birth of your first child?** The interview will take approximately 45 minutes. You will also be asked to complete a biographical questionnaire consisting of one page.

POTENTIAL RISKS AND DISCOMFORTS

There are no foreseeable risks, discomforts and inconveniences that will be caused by participation in this study.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

Participation in this study could give you the opportunity to reflect on the resilience in your relationship; as such you will be lead to recognise the ways in which you have successfully endured the major normative transition of becoming new parents. Furthermore, your participation in this study may assist you in dealing with future challenges, such as the adaptation to the addition of your second child. In addition, recognising resilience qualities and processes in your relationship may assist you as a couple with a strength-based perspective through which you can redefine yourself as a resilient parental unit.

By taking part in the present research study and sharing your narratives, you have the fulfilling opportunity of being part of a bigger picture. The present study's aim is ultimately to enrich other marriages by highlighting the importance of recognising and enhancing strengths in a couple's relationship. The findings of the study can be helpful to other first-time parents by equipping them with insight on how first-time parent couples managed to adapt successfully to parenthood.

Upon completion, the findings of this research will be shared with you as a couple.

PAYMENT FOR PARTICIPATION

Although you will not be paid for participation in the study, you will receive a small gift at the end of the study as a token of appreciation for your participation.

CONFIDENTIALITY

Any information that is obtained through this research and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by the law. Confidentiality will be maintained by means of storing all the gathered information (biographical questionnaire and interview) in a locked cabinet and only the researcher and her study leader will have access to these documents.

As the interview is to be audio-recorded, you have the right to review/edit the recording. Only the researcher and her supervisor will have access to the recording. After 5 years the recording will be deleted and the questionnaires will be destroyed.

When data is written up and published, no recognizable information about you will be used and no names will ever be mentioned.

PARTICIPATION AND WITHDRAWAL

You can choose to participate in this study or not. If you volunteer to be in this study, you may withdraw from it at any time without any negative consequences. You may also refuse to answer some questions but still remain in the study. The researcher may withdraw you from this research if circumstances arise that make it necessary.

IDENTIFICATION OF RESEARCHER AND SUPERVISOR

If you have any questions or concerns about the research, please feel free to contact the researcher Friedel Swart, (via email at swartfriedel@gmail.com or via telephone at 072 033 6285) or the supervisor, Professor Greeff (via email at apg@sun.ac.za or via telephone at 021 808 3464) or you can go to the Department of Psychology, Ryneveld Street, Stellenbosch.

Yours sincerely

Friedel Swart

ADDENDUM F

RESEARCH ETHICS COMMITTEE FORM



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Approval Notice

Progress Report

16-Jan-2015

SWART, Friedel

Proposal #: DESC/Swart/Oct2013/13

Title: ADAPTATION IN NEW PARENT MARRIED COUPLES: KEY QUALITIES AND PROCESSES OF RESILIENCE

Dear Ms Friedel SWART,

Your **Progress Report** received on **06-Jan-2015**, was reviewed by members of the **Research Ethics Committee: Human Research (Humanities)** via Expedited review procedures on **15-Jan-2015** and was approved.

Please note the following information about your approved research proposal:

Proposal Approval Period: **15-Jan-2015 -14-Jan-2016**

Please take note of the general Investigator Responsibilities attached to this letter. You may commence with your research after complying fully with these guidelines.

Please remember to use your **proposal number (DESC/Swart/Oct2013/13)** on any documents or correspondence with the REC concerning your research proposal.

Please note that the REC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

Also note that a progress report should be submitted to the Committee before the approval period has expired if a continuation is required. The Committee will then consider the continuation of the project for a further year (if necessary).

This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki and the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health). Annually a number of projects may be selected randomly for an external audit.

National Health Research Ethics Committee (NHREC) registration number REC-050411-032.

We wish you the best as you conduct your research.

If you have any questions or need further help, please contact the REC office at 218089183.

Sincerely,

Clarissa Graham
REC Coordinator
Research Ethics Committee: Human Research (Humanities)