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Le couple et l’enfant lors de la transition à la parentalité

Par

Sophie Laniel

Département de psychologie, Faculté des arts et des sciences

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Présentée par

Sophie Laniel

A été évalué(e) par un jury composé des personnes suivantes

Marie-Julie Béliveau
Président-rapporteur

Julie C. Laurin
Directrice de recherche

Geneviève Mageau
Membre du jury

Audrey Brassard
Examinatrice externe

Résumé

La famille constitue un système au sein duquel les membres s'inter-influencent continuellement (Bowen, 2004; Minuchin, 1974). La bidirectionnalité de ces influences a souvent été soulignée (e.g., Yan & Ansari, 2016). La recherche en psychologie de la famille s'est largement penchée sur l'influence des parents, et notamment du couple parental, sur l'enfant. Néanmoins, nos connaissances sur la direction inverse, soit l'influence de l'enfant sur le *couple*, et non pas seulement sur le *parent*, comportent des lacunes notoires (e.g., Pardini, 2008; Pettit & Arsiwalla, 2008). Par ailleurs, un grand pan de cette littérature utilise une approche individuelle en utilisant des données provenant d'un seul des deux membres du couple. Cette approche fournit un portrait incomplet du fonctionnement du couple, n'intégrant pas le point de vue du deuxième partenaire. Les différences entre les partenaires, ainsi que les processus dyadiques qui ont lieu au sein de leur relation, demeurent donc potentiellement méconnus. Cette thèse porte sur le fonctionnement du couple parental au moment de la transition à la parentalité (TP), soit la période où débute l'influence de l'enfant sur ses parents. La thèse mobilise des données dyadiques, i.e., provenant des deux parents du couple, afin de brosser un portrait plus précis du fonctionnement du couple. Elle est articulée en deux études qui examinent, d'une part, le fonctionnement du couple lors de la TP de façon *macro* (étude 1), et d'autre part, de façon plus *micro* (étude 2).

L'étude 1 consiste en une revue systématique des études dyadiques portant sur l'adaptation des couples lors de la TP publiées au cours des deux dernières décennies. Sa contribution principale est de synthétiser et intégrer les résultats de recherche ayant documenté tout aspect du fonctionnement dyadique du couple parental au moment de la TP. L'intégration des résultats des 50 études incluses met en évidence des prédicteurs au niveaux individuel, dyadique, ainsi que les effets de l'enfant sur l'adaptation des couples lors de cette période. L'étude détaille les trajectoires des différentes dimensions du fonctionnement du couple (e.g., satisfaction conjugale, ajustement dyadique, coparentage). L'utilisation de données dyadiques permet d'examiner les similarités ainsi que les différences dans l'expérience des deux membres d'un couple à travers

cette transition. Les limites des études recensées, notamment méthodologiques, sont discutées. Parmi ces limites, les conflits au moment de la TP constituent un aspect du fonctionnement du couple sur lequel l'influence de l'enfant demeure assez incomprise. Ce constat est d'autant plus marqué quant à la violence conjugale, qui constitue pourtant un facteur de risque très important pour le développement de l'enfant (Harold & Sellers, 2018; van Eldik et al., 2020), mais aussi le bien-être individuel (Flanagan et al., 2015), conjugal et familial (Kan et al., 2012; Stewart et al., 2013). Comprendre l'influence que peut avoir l'enfant sur la perpétration de violence au sein du couple lors de la TP est fondamental. D'une part car cette période peut coïncider avec le début ou l'escalade de violence conjugale (Stewart et al., 2013), et d'autre part car les conséquences pour l'enfant de l'exposition à la violence conjugale sont d'autant plus graves que l'exposition est précoce (Vu et al., 2016). La seconde étude de cette thèse apporte une réponse à cette limite.

Plus précisément, l'étude 2 est une étude longitudinale qui documente la contribution du tempérament du nourrisson (mesuré au T1 = 6 mois postpartum) aux processus dyadiques aboutissant à l'augmentation individuelle de la perpétration de violence conjugale entre le T1 et le T2 (11 mois postpartum). Cette étude intègre l'influence que l'affectivité négative de l'enfant peut avoir sur le stress vécu par les parents (Crockenberg & Leerkes, 2003; Doss & Rhoades, 2017), ainsi que le rôle du stress dans les processus dyadiques associés à l'utilisation de stratégies de conflits destructives entre partenaires (Bodenmann et al., 2010; Ledermann et al., 2010). En utilisant des données dyadiques de couples de parents primipares (*N* = 194), deux modèles sont testés avec des analyses acheminatoires selon un modèle d'interdépendance acteur-partenaire (APIM; Kenny et al., 2006). Le premier permet d'illustrer la contribution potentielle de l'affectivité négative de l'enfant de 6 mois au stress parental, étant en retour associée à l'augmentation ordonnée de la violence conjugale commise par les parents entre 6 et 11 mois postpartum. Plus précisément, le stress de chaque parent est marginalement positivement associé à l'augmentation ordonnée de la fréquence des gestes de violence qu'il commet (effet acteur), et significativement positivement lié à l'augmentation ordonnée de la violence perpétrée par son partenaire envers lui (effet partenaire). En s'appuyant sur la théorie de l'autodétermination (TAD; Deci & Ryan, 1985, 2000), cette étude éclaire également notre compréhension du lien entre le stress et l'augmentation ordonnée de la perpétration de violence dans le couple entre le T1 et le

T2 en utilisant le concept de frustration du besoin d'autonomie. La frustration de l'autonomie est effectivement associée à un fonctionnement altéré (Costa et al., 2015; Vansteenkiste & Ryan, 2013), plus particulièrement dans un contexte conjugal (Bartholomew et al., 2009; Kanat-Maymon et al., 2016; Vanhee, Lemmens, Stas, et al., 2016). Un second modèle a ainsi permis de mettre en évidence le rôle médiateur de percevoir son autonomie brimée dans le lien entre le stress et l'augmentation ordonnée de la violence conjugale perpétrée (lien acteur) et reçue (lien partenaire), mais seulement chez les mères ayant porté l'enfant.

Ces deux études qui constituent le cœur de la thèse contribuent à mieux comprendre l'adaptation de couples et les processus dyadiques qui y ont lieu lorsqu'ils deviennent parents. Elles mettent également l'accent sur la contribution de l'enfant à l'adaptation du couple. L'apport de l'ensemble de ces résultats pour la pratique clinique avec les couples et les familles est discuté en conclusion. Finalement, cette thèse identifie des avenues importantes pour la recherche à venir, notamment la nécessité d'améliorer la représentation de tous les types de familles (e.g., familles issues de la communauté LGBTQ+) et de leur réalité, ainsi que la prise en compte de la frustration des besoins psychologiques pour comprendre les processus dyadiques au sein du couple.

Mots-clés : transition à la parentalité, analyses dyadiques, couple, effet de l'enfant, nourrisson, affectivité négative, stress, violence conjugale, besoin d'autonomie brimé.

Abstract

A family is a system in which members continuously inter-influence each other (Bowen, 2004; Minuchin, 1974), and the bidirectionality characterizing these inter-influences has often been underlined (e.g., Yan & Ansari, 2016). Family psychology scholars have extensively documented parents' and couples' influences on children. However, the scientific knowledge on the opposite direction, that is, child-driven influences on couple, is limited (e.g., Pardini, 2008; Pettit & Arsiwalla, 2008). Furthermore, research results in family psychology are widely based on an individual approach, using single-person reports to assess a relational outcome. This individual approach provides an incomplete picture of couples' functioning, as one partner's perspective is not considered. The differences between partners' experiences, and the dyadic processes occurring in their relation, remain potentially unknown. This thesis focuses on couple adaptation during the transition to parenthood (TP), a period when child-driven effects on parents begin. It exclusively centers on dyadic data, i.e., gathered from both couple members, to portray a more accurate representation of couple functioning. This thesis comprises two studies, investigating couples' adaptation to the TP at a *macro* (study 1) and a *micro* level (study 2).

Study 1 is a systematic review of dyadic research documenting couple functioning during the TP published in the last two decades. The main contribution relies on the synthesis and integration of results from 50 studies investigating any aspects of couples' dyadic functioning during the TP. This integration highlighted the individual and dyadic predictors of couples' adaptation, along with child-driven effects. Study 1 also underlined the trajectories of the different couple dimensions under study (e.g., relationship satisfaction, dyadic adjustment, coparenting) across TP. The use of dyadic data enabled the investigation of similarities and differences between couple members' experiences, in addition to identifying dyadic processes occurring between them. The limitations of the studies reviewed, especially methodological, were discussed. Among them, it became evident that children's contribution to certain domains of couple functioning, such as couple conflict, and more importantly intimate partner violence (IPV), remain widely underexplored during TP when sampling research based on dyadic datasets. Yet, the use of IPV

among parents represents a major risk factor for children's adaptation (Harold & Sellers, 2018; van Eldik et al., 2020), individual, couple and family well-being (Flanagan et al., 2015; Kan et al., 2012; Stewart et al., 2013). Understanding child-driven effects on the perpetration of IPV in couples during TP is crucial. First, because IPV often manifests or escalates during the period (Stewart et al., 2013), and second, because the consequences of IPV exposure on children are worse the earlier this exposure starts (Vu et al., 2016). The second study addresses this limitation.

More specifically, study 2 is a longitudinal study investigating infant difficult temperament contribution (T1 = 6 months postpartum) to the dyadic processes leading to subsequent rank-order increases in IPV use between T1 and T2 (11 months postpartum). This study considered the link between infants' negative affectivity and parent stress (Crockenberg & Leerkes, 2003; Doss & Rhoades, 2017), and the role of stress in the dyadic processes associated with the increased rank-order use of destructive conflict strategies between partners (Bodenmann et al., 2010; Ledermann et al., 2010). Two models were tested using dyadic data from primiparous couples (*N* = 194) and path analysis with actor-partner interdependence modelling (APIM; Kenny et al., 2006). The first illustrated infant negative affectivity's contribution to parent stress, which was in turn linked to parents' subsequent rank-order increases in IPV perpetration between T1 and T2. More precisely, for both parents, higher stress was positively, marginally related to subsequent individual increases in their own IPV use (actor effect), and positively, significantly related to their partner's increased IPV use (partner effect), between T1 and T2. Relying on Self-Determination Theory (SDT; Deci & Ryan, 1985, 2000), this study also improved our understanding of the dyadic links between stress and IPV within couples, using the concept of autonomy need thwarting. The thwarting of autonomy is indeed associated with impaired functioning (Costa et al., 2015; Vansteenkiste & Ryan, 2013), especially in a relational context (Bartholomew et al., 2009; Kanat-Maymon et al., 2016; Vanhee, Lemmens, Stas, et al., 2016). A second model, therefore, emphasized the mediating role of perceiving autonomy thwarting in the link between childbearing mothers' stress and both parents' subsequent rank-order increases in IPV use (actor and partner effects).

Altogether, these two studies added to our understanding of couples' adaptation and the dyadic processes taking place when becoming parents, while emphasizing the child's contribution to

parental couples' adaptation. The results' contribution to clinical practice with couples and families are discussed. This thesis identifies avenues for future research, such as the necessity to improve the representation of *all* family types (e.g., LGBTQ+ families) and realities in our scientific knowledge, along with considering psychological needs thwarting to understand couples' dyadic processes.

Keywords: transition to parenthood, dyadic analysis, couple, child-driven effect, infant, negative affectivity, stress, intimate partner violence, autonomy thwarting.

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Liste des sigles et abréviations

TP: Transition à la parentalité; Transition to parenthood

TAD: Théorie de l'autodétermination

SDT: Self-determination theory

IPV: Intimate partner violence

APIM: Actor-partner interdependence model

À Maman

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Introduction générale

Les relations sociales, et la satisfaction qui en est retirée, constituent un élément fondamental de l'espérance de vie (Holt-Lunstad et al., 2010). La qualité des relations de couple est notamment associée à une meilleure santé physique et à un meilleur bien-être psychologique (Robles et al., 2014). Outre son impact sur la santé individuelle, la qualité de la relation du couple façonne le bien-être familial (Lansford et al., 2001). En effet, le fonctionnement du couple déborde sur le bien-être familial de diverses façons. L'une d'entre elle est l'influence du fonctionnement du couple sur les relations parent-enfant. Plusieurs liens ont notamment été établis entre les conflits parentaux et les pratiques parentales (Krishnakumar & Buehler, 2000; McCoy et al., 2013). Plus directement, les conflits parentaux ont maintes fois été reconnus comme un facteur de risque pour l'adaptation psychologique des enfants (Cummings et al., 2004; Feinberg, 2003; McCoy et al., 2009; van Eldik et al., 2020), mais également pour leur sommeil, leur santé physique, leur fonctionnement scolaire et représenterait même un risque pour la transmission intergénérationnelle de détresse relationnelle (Harold & Sellers, 2018). La qualité de la relation de couple constitue par ailleurs un facteur de protection pour l'adaptation de l'enfant (Cowan & Cowan, 2019) et permet également à la famille de mieux faire face à l'adversité. En effet, la capacité du couple à collaborer et s'accorder, à se soutenir et se respecter mutuellement est à la base de la résilience familiale (Walsh, 2003). Bien que les chercheurs et cliniciens œuvrant en psychologie de la famille aient démontré un engouement pour identifier et décrire les mécanismes de fonctionnement intra-familial, plusieurs avenues demeurent délaissées. Notamment, la contribution de facteurs associés à l'enfant aux processus de fonctionnement du couple, et particulièrement aux processus associés à la violence conjugale. Cette thèse s'attèle à apporter certaines réponses dans le contexte de la TP.

La bidirectionnalité des relations familiales

La théorie des systèmes familiaux conceptualise la famille comme un système dans lequel les membres s'inter-influencent continuellement (Bowen, 2004; Cox & Paley, 2003; Minuchin, 1974). Plus spécifiquement, le système familial est composé de sous-systèmes (e.g., sous-système

parental, sous-système parent-enfant, sous-système de fratrie, etc.), chacun caractérisé par des règles, un degré de proximité, des patrons de communication et des rôles familiaux qui leurs sont propres. Les interactions qui ont lieu au sein de ces sous-systèmes, mais aussi entre eux, sont bidirectionnelles (Feiring & Lewis, 1978; Nichols & Davis, 2017).

Au fil du développement des relations parent-enfant, le comportement des parents a sans le moindre doute un grand impact sur l'enfant. Un vaste pan de la littérature en psychologie de la famille examine d'ailleurs l'influence des parents, que ce soit leur santé mentale, leurs pratiques parentales ou certaines caractéristiques de leur relation conjugale, sur l'enfant et son fonctionnement. D'importants travaux de recherche ont notamment mis en évidence les effets des caractéristiques personnelles des parents (e.g., traits de personnalité, problèmes de santé physique et de santé mentale, pratiques parentales) sur le développement de l'enfant (e.g., Goodman et al., 2011; Khaleque, 2013; Vasquez et al., 2016). L'influence *parent sur enfant* est de mieux en mieux comprise et documentée. Néanmoins, étant donné la bidirectionnalité qui caractérise la communication et les influences au sein des sous-systèmes familiaux, si le parent a une influence notoire sur l'ajustement de l'enfant, cette influence est mutuelle. Les enfants exercent eux-aussi une influence sur leurs parents, individuellement d'une part, et sur le sous-système parental d'autre part. Et cette influence *enfant sur parent* est tout aussi importante pour comprendre les processus familiaux (Bigner & Gerhardt, 2014; Yan & Ansari, 2016). Bien que la bidirectionnalité qui opère au sein des systèmes familiaux soit souvent soulignée, plusieurs auteurs ont noté qu'elle est moins étudiée ou même abordée directement (Ambert, 2001; Pardini, 2008; Pettit & Arsiwalla, 2008; Zemp et al., 2018). Ainsi, il devient important de s'attarder à cette limite importante des connaissances en psychologie de la famille. Sans porter directement sur la bidirectionnalité, cette thèse s'intéressera à documenter davantage la direction enfant sur le couple.

La direction enfant sur parent

Les travaux de recherche portant sur l'influence de l'enfant sur le parent ont particulièrement investigué le bien-être et les pratiques parentales (e.g., Andreadakis et al., 2020; Armour et al., 2018; Nelson et al., 2014; Yan & Ansari, 2016), et documenté les changements dans la vie des

parents lors de la TP (e.g., Cowan & Cowan, 2000; Kluwer, 2010; Twenge et al., 2003). Il est également à noter que la majorité de ces résultats se fondent principalement sur la participation des mères aux études, et donc sur leurs expériences de la parentalité, ce qui constitue une limite importante de la littérature puisque l'expérience de leurs partenaires n'est pas tenue en compte.

L'influence de l'enfant sur le sous-système couple

L'influence mutuelle qui existe entre les enfants et leurs parents ne se limite pas à un parent individuellement, mais concerne également le sous-système parental (i.e., du couple et/ou des coparents). Considérant la direction *couple-enfant* des influences entre le sous-système parental et l'enfant, il a été largement documenté que les caractéristiques de la relation parentale (e.g., les conflits conjugaux, la relation coparentale) ont des répercussions sur l'ajustement des enfants (e.g., Cummings & Davies, 2011; Teubert & Pinquart, 2010). En comparaison, la direction inverse, i.e., les effets de l'enfant sur le sous-système parental, demeure peu explorée. Elle apparait principalement limitée à la satisfaction conjugale et à la coparentalité, et cible notamment les problèmes développementaux, de santé physique et comportementaux ainsi que le tempérament de l'enfant (Burns et al., 2017; Cook et al., 2009; Langley et al., 2017; Lawrence et al., 2008).

De nombreuses études ont associé l'arrivée d'un enfant dans le couple à une diminution de la satisfaction conjugale (e.g., Kluwer, 2010; Lawrence et al., 2008), bien que ce ne soit pas le cas pour tous les couples (Nelson et al., 2014). D'autres caractéristiques liées aux enfants ont été étudiées quant à leur influence sur la satisfaction conjugale, principalement la présence de problèmes développementaux, l'état de santé de l'enfant, ainsi que ses problèmes de comportement. Il apparait que ces facteurs n'affectent pas forcément la relation conjugale. Plus précisément, lorsqu'il s'agit de problèmes développementaux, (e.g., syndrôme de Down, TSA, TDAH), c'est la sévérité du diagnostic et la façon dont il interfère avec le développement de l'enfant qui semblent apporter le plus d'effets délétères sur la relation conjugale (Dutta & Sanyal, 2015; Ferguson, 2014; Gau et al., 2012; Norton et al., 2016; Van Riper et al., 1992). Les études s'intéressant à l'effet de l'état de santé de l'enfant (e.g., diagnostic de spina-bifida ou diagnostic de cancer) sur la qualité de la relation de couple obtiennent des résultats plus mitigés, la sévérité

de la maladie n'étant pas forcément liée à une qualité de relation moindre (Cappelli et al., 1994; Dahlquist et al., 1996). Parmi les autres caractéristiques de l'enfant qui peuvent affecter le couple se trouvent les problèmes de comportement, qui ont tendance à influencer négativement la satisfaction conjugale (Kotler & Hammond, 1981; Wymbs, 2008). Il semble aussi que la qualité de la relation de couple ne protège pas la relation coparentale de l'effet délétère du tempérament difficile de l'enfant (Cook et al., 2009).

Quelques chercheurs se sont penchés sur les effets de l'enfant sur les conflits conjugaux. Par exemple, Wymbs (2008) a utilisé un devis expérimental pour mettre en évidence que les comportements perturbateurs d'enfants d'âge scolaire exacerbent les conflits parentaux. De plus, à l'aide de mesures quotidiennes, Schermerhorn et ses collègues (2010) ont montré que les comportements d'enfants d'âge préscolaire lors des conflits parentaux avaient une incidence sur la résolution du conflit.

Le concept de coparentage fait référence à la façon dont deux figures parentales font équipe dans le but d'élever un enfant (Feinberg, 2003). La qualité de la relation coparentale semble également être influencée par les caractéristiques de l'enfant. Plus particulièrement, Cook et ses collègues (2009) ont obtenu des résultats suggérant que l'affectivité négative d'enfants d'âge préscolaire aurait une importante influence sur la qualité de la relation coparentale : un tempérament plus difficile chez l'enfant a été associé à des comportements de coparentage moins soutenant entre parents, mais également à des comportements qui sapent les efforts de parentage de l'autre parent, et ce, autant en fréquence qu'en intensité plus accrue. Naturellement, l'influence réciproque de l'enfant sur le couple débute lorsque le couple accueille leur enfant, soit au moment de la TP.

La transition à la parentalité

Cette étape majeure du cycle de vie des familles a suscité l'intérêt de plusieurs générations de chercheurs et généré une pléthore d'études dans différents champs de recherche (e.g., psychologie, sociologie, médecine, sciences politiques). Plusieurs approches théoriques développées en psychologie de la famille ont servi à conceptualiser les changements qui

surviennent lors de cette période, nous en présentons ici un survol afin de mettre en contexte ces changements.

Modèles théoriques pertinents à la TP

Le modèle ABC-X de la théorie de la crise, élaboré par (Hill, 1958), décrit la façon dont une famille réagit à un événement stressant et s'applique ainsi à l'étude des événements de vie majeurs, tels que la TP. Ce cadre théorique défini que lorsque A (un événement stressant) interagit avec B (l'utilisation des ressources de la famille et leur capacité à faire face au stress), qui en retour interagit avec C (la définition que se fait la famille de l'événement stressant) produit X, la crise familiale (McCubbin et al., 1980). Une seconde partie s'ajoute à ce cadre théorique et postule qu'à la suite de la crise, la trajectoire de retour à une homéostasie comporte une phase de désorganisation, une phase de récupération, puis une phase de réorganisation.

La théorie de la turbulence relationnelle (Solomon & Knobloch, 2004) décrit la façon dont les membres d'un couple pensent, ressentent et communiquent lorsque des circonstances changent au sein de leur relation (Solomon et al., 2016). Une transition y est définie comme une période de transformation dans une relation qui requière que les membres restructurent leur façon d'être en lien (Knobloch et al., 2017). La théorie de la turbulence s'appuie principalement sur deux paramètres : l'incertitude relationnelle (soit le degré de confiance que les membres d'un couple ont quant à leur engagement dans la relation) et l'interdépendance (soit le degré auquel des partenaires d'inter-influencent dans leur vie quotidienne). La théorie postule qu'un changement survenant au sein du couple, tel que l'arrivée d'un enfant, est susceptible de se répercuter dans le niveau d'incertitude relationnelle, et de perturber les processus d'interdépendance. Les individus éprouvant davantage d'incertitude sont plus susceptibles d'avoir des biais cognitifs dans l'évaluation d'un événement, et par ailleurs les interférences qui surviennent dans l'interdépendance des partenaires déclenchent une réponse émotionnelle immédiate. Ainsi un changement dans la relation enclenche des processus qui rendent les partenaires cognitivement et émotionnellement plus réactifs. L'accumulation de tels épisodes dans le quotidien d'un couple crée ultimement une turbulence relationnelle. Les patrons de communication qu'adopteront les partenaires vont déterminer la façon dont le couple vivra ce

changement. Des nouveaux parents qui expérimentent de l'incertitude relationnelle (par exemple en raison de priorités divergentes entre les partenaires) et de l'interférence de la part de leur partenaire (par exemple une contribution aux tâches domestiques du partenaire qui n'est pas à la hauteur des attentes du parent) seront plus enclins à vivre des épisodes de turbulence relationnelle lors de la TP (Knobloch et al., 2017).

Par ailleurs, le modèle écologique (Bronfenbrenner, 1977) conceptualise le couple comme un système social qui est influencé par les multiples contextes (e.g., physique, social, culturel) qui composent son environnement (Fincham & Hall, 2005). Certains contextes sont plus proximaux (e.g., la famille rapprochée), d'autres sont plus distaux (e.g., le quartier, la communauté), mais l'ensemble de ces influences teintera la façon dont le couple traversera la période de la TP (Cowan & Cowan, 1995).

Toujours dans une perspective systémique, la théorie des systèmes familiaux, dans laquelle s'inscrit plus spécifiquement cette thèse, conceptualise la période de TP comme un important changement structural pour le système familial, alors qu'il accueille un troisième individu (Bowen, 2004; Minuchin, 1974). L'arrivée de l'enfant implique la formation de nouveaux sous-systèmes (i.e., coparental et parent-enfant), ainsi que l'évolution des règles et des rôles caractérisant la structure antérieure (Carter & McGoldrick, 2004; Cox & Paley, 2003). Ceci nécessite une adaptation majeure pour les nouveaux parents au niveau individuel, mais également au niveau dyadique.

Au niveau individuel

Devenir parent est souvent vécu comme un événement heureux, comblant. Toutefois ce nouveau rôle n'est pas sans défi. Bien qu'il génère typiquement une panoplie de réactions positives chez les parents, telles que la joie, le plaisir et le soulagement, des émotions telles que l'anticipation et la frustration peuvent également être exprimées (Bigner & Gerhardt, 2014). Un nourrisson requiert constamment des soins et de l'attention de ses parents. Il leur impose son cycle de sommeil imprévisible (Bornstein, 2019). Les parents sont typiquement fatigués et en manque de sommeil (Martin & Fabes, 2006). En effet, un sommeil limité à six heures ou moins par nuit pendant trois nuits consécutives entraine des déficits cognitifs qui équivalent à deux nuits

complètes de privation de sommeil (Van Dongen et al., 2003), ce qui affecte forcément le fonctionnement des parents, que ce soit à la maison, au travail ou sur l'équilibre travail-famille. En outre, prendre soin d'un enfant étant particulièrement chronophage, la routine quotidienne des parents est drastiquement modifiée. Les dépenses associées aux soins de l'enfant peuvent par ailleurs constituer un stress financier. Cette nouvelle étape requiert également une adaptation entre le travail et la vie de famille. Ces nombreuses adaptations peuvent avoir des répercussions sur la santé physique des parents (Saxbe et al., 2018), ainsi que leur bien-être (Nelson et al., 2014).

La revue de Nelson et al. (2014) aborde la complexité des facteurs de bien-être associés aux enjeux du rôle de parent. Plusieurs explications sont apportées quant au lien positif entre la parentalité et le bonheur. Les auteurs rapportent le sens que donne à la vie le fait d'avoir un enfant et de s'en occuper. Dans une perspective évolutionniste, devenir parent apporterait la satisfaction d'un besoin humain fondamental et donc davantage de bien-être. Les enfants peuvent également être une source d'émotions positives pour leurs parents, telles que l'amour, la joie et la fierté. De plus, porter un rôle social supplémentaire, tel que celui de parent, serait avantageux notamment pour la santé mentale surtout lorsque les relations avec les enfants sont positives. Parallèlement, plusieurs explications sont avancées pour expliquer comment la parentalité pourrait affecter négativement le bien-être (Nelson et al., 2014). D'abord, élever un enfant confronte tout parent à diverses émotions négatives, parmi lesquelles la peur, l'inquiétude, la frustration et la colère. De plus, les parents seraient plus enclins à souffrir de perturbations du sommeil et de fatigue, surtout lorsque leur progéniture est plus jeune.

La pression financière associée aux soins et à l'éducation des enfants peut également avoir une incidence sur le niveau de bien-être des parents (Nelson et al., 2014). Dans le contexte de la vie quotidienne et à travers le temps, l'ensemble de ces influences positives et négatives sont indissociables, en plus d'être dynamiques. Outre l'impact de la TP au niveau individuel, l'arrivée d'un enfant exerce aussi des tensions sur la relation conjugale lors de la TP. Il est donc essentiel de se pencher sur la dimension dyadique.

Au niveau dyadique

L'arrivée d'un enfant au sein d'un couple constitue un événement majeur qui requière d'importants ajustements au sein de la dyade parentale. Plusieurs travaux de recherche ont illustré que cette période est souvent associée à une diminution de la satisfaction conjugale et du fonctionnement du couple (e.g., Doss & Rhoades, 2017; Kluwer, 2010; Mitnick et al., 2009; Twenge et al., 2003). Cette période de la vie de la famille est typiquement associée à un niveau de stress et de fatigue parental accrus (Cowan & Cowan, 2000). L'enfant devient la priorité de ses parents, l'ensemble de ses besoins nécessitant beaucoup de soins et d'attention de leur part (Cowan & Cowan, 2000). Les parents ont ainsi moins de temps à se consacrer mutuellement, et la relation conjugale est alors reléguée au second plan. Parallèlement, cet événement impose une renégociation des rôles familiaux au sein du couple, ce qui constitue une tension supplémentaire sur la relation (Cowan & Cowan, 2012; Nelson et al., 2014). La dyade parentale demeure un couple, mais doit maintenant également fonctionner comme un sous-système coparental : les partenaires doivent collaborer comme parents dans les soins et l'éducation de leur enfant. Ils doivent coordonner la division du travail au sein du foyer : les tâches associées aux soins de l'enfant, mais également les tâches ménagères, ainsi que le travail rémunéré.

Les rôles de genre

Évoluer de partenaires à parents, particulièrement chez les couples hétérosexuels, exacerbe fréquemment les rôles de genre, les parents adoptant des attitudes de genre plus traditionnelles et moins égalitaires (Katz-Wise et al., 2010; Perales et al., 2018). Bien qu'à travers les dernières décennies, les femmes aient considérablement investi le monde du travail, amenant les hommes à davantage participer aux soins et à l'éducation des enfants (Oláh et al., 2020), les mères demeurent plus susceptibles que les pères de prendre en charge les tâches ménagères, ainsi que celles associées aux soins de l'enfant (Offer & Schneider, 2011; Yavorsky et al., 2015). Logiquement, la façon dont les parents divisent le travail domestique exerce une influence directe sur leur participation au travail rémunéré, les mères étant plus à même de diminuer leur temps de travail rémunéré, alors que le temps de travail des pères est minimalement affecté avec la naissance d'un enfant (Paull, 2008). La littérature est très mince quant aux couples LGBTQ+. Les résultats disponibles indiquent que les couples gays et lesbiens ont tendance à diviser le travail

domestique de façon plus égalitaire entre eux que les couples hétérosexuels (Goldberg & Perry-Jenkins, 2007; Goldberg et al., 2012). La TP constitue certainement un moment critique pour examiner les différences qui se manifestent entre les parents d'un même couple.

Étant donné que les influences réciproques entre les parents en leurs enfants débutent dès la TP, comprendre l'influence de l'enfant sur ses parents à travers cette période est essentiel. Dans ses premiers mois de vie, une des caractéristiques principales de l'enfant dont l'influence sur les parents a été étudiée est son tempérament (Berryhill et al., 2016; Doss & Rhoades, 2017; Sadeh et al., 2010).

La contribution du tempérament de l'enfant en contexte de TP

Le tempérament de l'enfant est une caractéristique déterminée génétiquement qui a trait au niveau de réactivité et d'autorégulation (Gartstein & Rothbart, 2003). Il s'agit d'une caractéristique individuelle qui détermine les toutes premières réponses émotionnelles et comportementales des enfants, et en ce sens, il sera étroitement lié aux réactions de leurs parents envers eux (Bates & Pettit, 2015). Les chercheurs qui ont investigué la question de l'influence du tempérament de l'enfant sur les parents se sont largement penchés sur son lien avec la qualité du parentage (e.g., Sanson et al., 2004; Therriault et al., 2011). Plus récemment, il a été mis en évidence que l'irritabilité du bambin prédit la coercition dans le parentage (Armour et al., 2018), ce qui se réfère à l'utilisation de contrôle parental externe, telles que des punitions, des menaces ou l'élévation du ton de la voix (Soenens & Vansteenkiste, 2010). Par ailleurs, le tempérament craintif du bambin prédirait la surprotection, soit des pratiques parentales qui peuvent exercer un contrôle interne sur l'enfant (Armour et al., 2018). Le contrôle interne se manifeste par une pression parentale interne sur l'enfant, en induisant de la culpabilité, ou à travers des démonstrations d'amour parental conditionnelles à l'exhibition de bonnes conduites de l'enfant (Soenens & Vansteenkiste, 2010). Ainsi, un tempérament plus difficile manifesté par le nourrisson est lié à des pratiques de parentage moins positives de la part des parents (Armour et al., 2018). Il apparait que ce lien pourrait être expliqué par le stress vécu par le parent. En effet, Andreadakis et al. (2020) ont mis en évidence qu'une affectivité négative chez l'enfant est associée à davantage de stress parental, qui à son tour prédit moins de pratiques parentales

soutenant l’autonomie du bambin. Ainsi, l’affectivité négative du bambin pourrait être associée à des pratiques parentales néfastes pour l’enfant, car ce tempérament difficile susciterait davantage de stress parental, probablement davantage chez les plus jeunes enfants qui ne parviennent pas encore à bien s’exprimer. En effet, l’affectivité négative du nourrisson, caractérisée par une humeur plus négative, de l’irritabilité et de la difficulté à être consolé et apaisé (Rothbart et al., 1994), est typiquement associée à davantage de stress parental que les enfants moins irritable (McQuillan & Bates, 2017; Solmeyer & Feinberg, 2011). Inversement, un tempérament adaptatif, se rapprochant de la capacité d’autorégulation, est négativement lié au stress rapporté par les parents de nourrissons (Moe et al., 2018) et de bambins (Andreadakis et al., 2020).

Ainsi, plusieurs études ont investigué la contribution du tempérament de l’enfant au stress parental et aux pratiques parentales, qui sont des dimensions individuelles. En ce qui concerne l’influence du tempérament de l’enfant sur ses parents, non pas au niveau individuel mais du *couple*, les résultats indiquent que les nourrissons démontrant davantage d’émotions négatives ont des parents rapportant une qualité relationnelle moindre au moment de la TP (Berryhill et al., 2016; Parade, 2010). Traverser la période de transition impose un stress au système familial (Carter & McGoldrick, 2004). Les changements qu’il doit opérer pour s’y adapter auront une incidence sur le fonctionnement dyadique des parents. Ainsi cette thèse se penchera sur l’influence de l’enfant et de son tempérament sur l’adaptation des couples, et non pas au niveau individuel des parents. Ce lien sera investigué notamment à travers sa contribution au niveau de stress des parents. En effet, la contribution du tempérament de l’enfant au fonctionnement dyadique est encore peu connue. Cette connaissance est pourtant pertinente pour mieux comprendre le fonctionnement dyadique des nouveaux parents, et ainsi intervenir de façon plus éclairée auprès d’eux et prévenir certaines difficultés dyadiques associées à la TP (Twenge et al., 2003). Au fil du temps, la TP a suscité l’intérêt de nombreux chercheurs et théoriciens qui l’ont conceptualisées de différentes façons.

Considérations méthodologiques à l’étude de la TP

Vers une définition temporelle de la TP

Pour plusieurs chercheurs le début de la période de la transition à la parentalité coïncide avec la naissance du premier enfant (e.g., Goldberg, 2005; Holmes et al., 2013; Kluwer, 2010; Saxbe et al., 2018). Pour d'autres, cette période débuterait avant la naissance, soit dès le début de la grossesse (Bouchard, 2017). Plus précisément, chez les couples au sein desquels la TP est planifiée, cette transition pourrait même commencer dès que la décision d'avoir un enfant est prise, qu'il s'agisse d'une grossesse ou d'un processus d'adoption. En effet, l'adoption constitue également une forme de TP (Bouchard, 2017; Shannon et al., 2013). Plusieurs études longitudinales incluent donc des mesures dès la grossesse (Canário & Figueiredo, 2016; Cox et al., 1999; Don & Mickelson, 2014; Fillo et al., 2015). En effet chez les personnes qui portent l'enfant les changements biologiques, au plan hormonal et corporel, se présentent dès le début de la grossesse, bien avant la naissance de l'enfant (Bigner & Gerhardt, 2014). La conclusion de la période de la transition à la parentalité peut également être définie différemment. Typiquement, cette période s'étant jusqu'à la première année de vie de l'enfant (Bigner & Gerhardt, 2014; Bouchard, 2017). Toutefois, plusieurs chercheurs ont étudié les changements survenant dans le couple lors de cette période jusqu'à 16 mois postpartum (e.g., Parade, 2010), voire deux ans après la naissance (Cox et al., 1999; Fillo et al., 2015; Kohn et al., 2012) et même trois ans (Durtschi et al., 2017; Le et al., 2016), afin de mieux capturer l'ensemble de l'évolution du phénomène à l'étude. Ainsi, il n'y a pas de consensus clairement établi quant au début et la fin de la période de TP.

Une approche dyadique

De nombreuses études qui se sont penchées sur la relation de couple l'ont fait en utilisant une approche *individuelle*, les données collectées sur le fonctionnement du couple provenant d'un seul des deux membres du couple. Bien que cette approche soit à l'origine d'importantes connaissances sur le développement de la famille (e.g., Chun Bun et al., 2018; Hasson-Ohayon et al., 2019; Shapiro, 2014), elle fournit un portrait incomplet et biaisé du fonctionnement du couple étant donné qu'elle n'intègre pas le point de vue des deux partenaires, mais d'un seul. Les femmes participant bien davantage aux études impliquant des parents que les hommes (e.g., Hasson-Ohayon et al., 2019; Moreira et al., 2019), des différences entre partenaires, et notamment de genre, demeurent potentiellement méconnues. Puisque que les deux membres

du couples sont impliqués dans les processus dynamiques qui s'exercent dans le système familial (McGoldrick et al., 2015; Nichols & Davis, 2017), la meilleure façon d'obtenir le portrait le plus précis possible de leur relation commune est de conjuguer leurs points de vue (Mickelson & Biehle, 2017). L'adoption d'une approche *dyadique* le permet, d'autant plus que les parents sont susceptibles de vivre de façons très différentes cette importante étape du cycle de vie de famille. Contrairement à une approche individuelle, une approche dyadique permet d'intégrer les deux points de vue simultanément dans les analyses statistiques, ce qui permet notamment d'estimer avec davantage de précision la contribution de chacun des partenaires aux phénomènes à l'étude. C'est donc avec une approche dyadique que cette thèse examinera l'adaptation des couples au moment de la TP, afin d'en brosser un portrait moins biaisé, et de mettre en relief les déterminants à la fois individuels, dyadiques, provenant de l'enfant et du système familial (i.e., la structure de la famille).

Au sein de la littérature portant sur la TP, plusieurs domaines du fonctionnement du couple ont été investigués (e.g., satisfaction conjugale, sexualité; Grussu et al., 2021; Kluwer, 2010; Twenge et al., 2003), toutefois les conflits conjugaux constituent un domaine qui a été relativement délaissé. Dans le contexte de la bidirectionnalité des influences parents-enfant, comprendre l'influence que peut avoir l'enfant sur les conflits conjugaux est fondamental, notamment car de nombreux parents notent une augmentation de l'engagement dans les conflits pendant cette période transitionnelle (e.g., Holmes et al., 2013).

Les conflits conjugaux

Les conflits conjugaux, et particulièrement leur influence sur le développement de l'enfant est une dimension des influences *parent-sur-enfant* ayant été largement documentée. Ils peuvent représenter un important facteur de risque pour le bien-être familial, et notamment pour le développement de l'enfant, ainsi que pour la qualité de la relation du couple (e.g., Grych & Fincham, 1990; Kopystynska et al., 2022; van Eldik et al., 2020). Ainsi, après avoir jusqu'ici abordé la pertinence de considérer la direction *enfant-sur-couple*, la direction *couple-sur-enfant* est abordée dans cette section. En effet, la connaissance des conséquences des différentes

caractéristiques des conflits conjugaux sur l'enfant permet de mieux comprendre dans quoi s'inscrit l'influence de l'enfant sur cette dimension du couple.

Les conflits conjugaux sont définis comme des divergences d'opinion qui posent problème au sein de la relation (Brassard et al., 2017; Cummings & Davies, 2011). Les interactions qui en émergent dans le but de régler le problème peuvent se caractériser par des échanges négatifs ou dysfonctionnels. Ces interactions sont conçues comme faisant naturellement partie d'un fonctionnement relativement normal des familles. Le spectre de manifestations des conflits conjugaux est très large (Brassard et al., 2017). Il inclut notamment des interactions de nature négatives tout comme plus positives, allant de comportements agressifs, de type physique ou verbal, de l'hostilité non verbale, une attitude défensive, de retrait; mais également des réactions plus positives devant les désaccords, comme des comportements de soutien, d'affection et la mise en place de stratégies de résolution de problème entre les parents. Certaines caractéristiques des conflits conjugaux ont été associées à différents facteurs de risque et de protection pour l'enfant. En effet, les comportements adoptés par les parents (incluant la sévérité, l'intensité et la durée), ainsi que le contenu du conflit et sa résolution sont des caractéristiques importantes pour comprendre l'incidence du conflit sur le développement de l'enfant et son bien-être (Harold & Sellers, 2018).

Les caractéristiques des conflits en lien avec l'adaptation de l'enfant

Conflits constructifs versus conflits destructifs

La distinction qui se dessine entre conflits *constructifs* et *destructifs* est pertinente pour comprendre l'impact différentiel du conflit sur l'enfant (Cummings & Davies, 2011). Un conflit est dit constructif lorsque les parents gèrent le conflit de façon positive, c'est-à-dire lorsqu'ils démontrent de l'affection (verbale comme physique), lorsqu'ils utilisent des stratégies de résolution de problème et lorsqu'ils font preuve de soutien (Brassard et al., 2017; Goeke-Morey et al., 2003). En promouvant la confiance chez les enfants que leurs parents pourront gérer leurs difficultés pour maintenir une harmonie familiale, ce type de conflit réduit la probabilité que les enfants interviennent dans les conflits et qu'ils développent des tendances agressives (Cummings et al., 2004). Au contraire, ils pourraient même promouvoir le développement de leurs habiletés

de résolution de problème, de coping et de résolution de conflit (Grych & Fincham, 1990). Parallèlement, un conflit est dit destructif lorsqu'il comporte de l'hostilité, de la colère, de l'agressivité physique ou verbale, des menaces ou des insultes personnelles (Goeke-Morey et al., 2003). Les conflits destructifs, mesurés auprès de parents d'enfants d'âge préscolaire, sont associés à des réponses de dysrégulation émotionnelle chez les enfants qui peuvent contribuer au développement de problèmes comportementaux chez les enfants (Schermerhorn et al., 2007). Lorsqu'ils sont témoins de ce type de conflit, les enfants ont tendance à vivre un niveau élevé d'inquiétude, d'anxiété et de désespoir, les mettant à risque de développer des troubles intériorisés; poussés par la colère et un sentiment de perte de contrôle, ils peuvent développer des comportements agressifs, augmentant les risques de développer des troubles extériorisés (Grych & Fincham, 1993; McCoy et al., 2009). Outre la distinction entre les conflits constructifs et destructifs, des caractéristiques plus spécifiques du conflits, de même que l'âge de l'enfant lorsqu'il y est exposé, semblent avoir des répercussions spécifiques sur le bien-être de l'enfant.

Agressivité

L'agressivité exprimée lors d'un conflit interparental, qu'elle soit physique, verbale ou non, ébranle le bien-être psychologique de l'enfant (Harold & Sellers, 2018). L'exposition à des conflits conjugaux de nature physique prédisposerait les enfants à des problèmes émotionnels et comportementaux de seuil clinique (Evans et al., 2008; Fincham, 1994). Certains résultats indiquent que les enfants d'âge scolaire percevraient comme plus négatifs des conflits impliquant de l'agressivité physique que des conflits où une telle agressivité n'est pas exprimée, et ils auraient des réactions émotionnelles plus négatives devant ces conflits (Cummings et al., 1989). D'autre part, l'agressivité verbale, qu'elle soit manifestée par des cris, des menaces verbales ou l'expression de colère, génère également de la détresse chez l'enfant (Cummings, Ballard, & El-Sheikh, 1991).

Retrait

Néanmoins, l'hostilité n'émane pas seulement des conflits sous forme verbale. Des comportements de retrait, tels que l'évitement du conflit et la capitulation d'un des parents ont été associés à des problèmes comportementaux chez l'enfant d'âge scolaire (Cummings & Davies,

2011). Les conflits non verbaux susciteraient d'ailleurs chez l'enfant les mêmes réactions que les conflits verbaux (Cummings, Ballard, & El-Sheikh, 1991).

Contenu

Les messages et contenus véhiculés lors des conflits ont une importance toute particulière. Lorsqu'un parent menace de quitter le foyer, les enfants d'âge scolaire auraient des réactions négatives aussi élevées que dans le cas d'un conflit impliquant de l'agressivité physique, et des réactions émotionnelles plus négatives que dans un conflit qui implique des insultes (Laumakis et al., 1998). Considérant à nouveau le contenu du conflits, plusieurs résultats indiquent que le niveau de détresse de l'enfant est plus élevé lorsque le sujet de la dispute le concerne que lorsque le conflit porte sur un autre sujet (Fincham et al., 1994; Grych, 1998), ce qui les rendrait également plus vulnérables aux problèmes psychologiques (van Eldik et al., 2020). Dans ce type de conflits, les enfant auraient davantage tendance à s'impliquer dans la dispute en agissant comme médiateur (Shelton et al., 2006).

Fréquence

La fréquence des conflits aurait une influence particulièrement délétère pour le fonctionnement de l'enfant, car elle intensifierait la réactivité de l'enfant face aux conflits subséquents (van Eldik et al., 2020). Plus précisément, la méta-analyse de van Eldik et al. (2020) suggère que les enfants exposés à différentes formes de conflits (impliquant hostilité, désengagement, conflits destructifs) ne sont pas plus à risque de disfonctionnement que les enfants évoluant auprès de parents ayant un faible ajustement dyadique (soit peu de satisfaction conjugale, de cohésion, démontrant peu d'affection et de consensus). En effet, la fréquence des conflits, et le fait qu'ils soient liés à l'enfant, seraient des prédicteurs bien plus importants pour l'adaptation de l'enfant que l'exposition à des conflits destructifs.

Résolution

La façon dont un conflit se résout influence également le bien-être de l'enfant. Fincham et ses collègues (1994) ont montré que tout comme la fréquence et la sévérité des conflits, le fait qu'ils demeurent irrésolus après la dispute contribue à élever le niveau de détresse de l'enfant face à ces conflits. En revanche, la résolution du conflit semble diminuer son impact négatif car elle

diminuerait la détresse de l'enfant (Cummings, Ballard, El-Sheikh, et al., 1991). En effet, les enfants bénéficient d'entendre que le conflit est résolu, d'entendre des explications ou de percevoir l'optimisme de leur parent quant à la résolution ultime d'un conflit (Cummings & Wilson, 1999). L'atteinte d'un compromis entre les parents engendre également des difficultés moindre chez l'enfant (Cummings et al., 2001).

Âge de l'enfant

Les travaux de recherche abordés jusqu'ici ont principalement porté sur la période de l'enfance et de l'adolescence. L'étude de l'exposition aux conflits d'enfants plus jeunes, soit dès la naissance et pendant la petite enfance (jusqu'à l'âge de 2 ans), est plus récente et beaucoup moins extensive. Toutefois ces travaux soulignent également que l'exposition aux conflits conjugaux est associée aux problèmes extériorisés et intériorisés chez l'enfant (Zhou et al., 2017). Avant même l'âge de deux ans, l'exposition aux conflits destructifs génèrerait des difficultés de régulation émotionnelle, alors que les conflits constructifs entre parents auraient un effet positif (Du Rocher Schudlich et al., 2011). Par ailleurs, une étude effectuée auprès d'un très large échantillon de bébés âgés de 9 mois (N = 6019) a établi un lien négatif entre la fréquence des conflits conjugaux et les habiletés cognitives des enfants 15 mois plus tard, à 24 mois. Il est à noter que l'exposition aux conflits serait particulièrement délétère pour les nourrissons présentant une affectivité plus négative (Pauli-Pott & Beckmann, 2007). Ainsi, les conséquences des conflits conjugaux apparaissent donc très tôt dans la vie de l'enfant, ce qui souligne l'importance de s'intéresser à l'expression des conflits conjugaux et d'en comprendre les déterminants dès la TP.

Il existe un chevauchement entre les construits de violence conjugale et de conflits conjugaux. La violence conjugale peut être conçue comme une manifestation particulièrement destructrice de conflits conjugaux, soit des conflits conjugaux hostiles comportant, en plus de la colère exprimée, une forme de violence dirigée envers l'autre membre du couple.

La violence conjugale

L'organisation mondiale de la santé définit la violence conjugale comme tout acte de violence physique, sexuelle ou psychologique commis par un partenaire, ou ex-partenaire, sur un autre (Krug et al., 2002; World Health Organization [WHO], 2010). La violence conjugale comprend les

agressions physiques (incluant gifles, coups de poings, coups de pied, morsure ou l'utilisation d'une arme), le recours à la force pour contraindre son partenaire à avoir des relations sexuelles contre sa volonté, la violence psychologique (incluant l'intimidation, l'humiliation, les insultes et les menaces; Lussier et al., 2017) et toute forme de comportement contrôlant qu'un partenaire peut exercer sur un autre (incluant un contrôle économique, une restriction des actions, l'isolement social; Krug et al., 2002). La violence conjugale est un phénomène qui survient dans tous milieux socio-économiques, toutes cultures et tous types de couples (i.e., hétérosexuels ou non; Krug et al., 2002). Les femmes, les hommes et les personnes d'identifiant à un autre genre, ou non, peuvent perpétrer ou être victime de violence conjugale (Stewart et al., 2013). Toutefois les femmes seraient le plus souvent victimes et subiraient des formes plus sévères de violence; les hommes seraient plus souvent perpétrateurs (Laforest et al., 2018; Stewart et al., 2013). L'Organisation mondiale de la santé estime que 30% des femmes à travers le monde auraient vécu de la violence conjugale à un moment dans leur vie (WHO, 2014). En Amérique du Nord ce chiffre est estimé à environ 20% (Laforest et al., 2018). Au Québec, entre 2012 et 2017, 12% des personnes âgées de 15 ans et plus auraient vécu au moins une forme de violence conjugale (Gravel & Belleau, 2017). Il est difficile d'établir avec précision le nombre d'enfants exposés à la violence conjugale. Toutefois, l'Institut national de santé publique du Québec estime que la proportion d'enfants ayant été exposés à la violence conjugale dans leur vie varie entre 3 et 18%, certains chiffres allant jusqu'à 25% des enfants québécois exposés dans la dernière année (Laforest et al., 2018).

La violence conjugale a de toute évidence des conséquences très néfastes pour le fonctionnement familial, que ce soit sur la santé physique et mentale des partenaires, le fonctionnement du couple, la qualité du parentage et du coparentage, et les répercussion sur le développement des enfants (e.g., Flanagan et al., 2015; Kan et al., 2012; Kopystynska et al., 2022; Stewart et al., 2013; Vu et al., 2016).

L'exposition à la violence conjugale constitue une forme de maltraitance sur les enfants (Laforest et al., 2018), et de nombreuses conséquences négatives de l'exposition à la violence conjugale ont été répertoriées (Evans et al., 2008; Vu et al., 2016). Ces conséquences délétères touchent un large éventail du fonctionnement de l'enfant, incluant sa santé physique (e.g., problèmes

néonataux, retard de croissance), sa santé mentale et son fonctionnement psychosocial (e.g., faible estime personnelle, manque d'habiletés de résolution de conflits, craintes d'être violenté, abandonné et craintes face à l'avenir, idéations et tentatives de suicide, agressivité et comportements destructeurs), son fonctionnement académique (e.g., difficulté de concentration, retards d'apprentissage et retard scolaire, absentéisme et décrochage), ainsi que des habitudes de vie de nature destructrice (e.g., fugue, délinquance, violence dans les relations amoureuses; Laforest et al., 2018). Les effets négatifs de l'exposition à la violence conjugale peuvent perdurer jusqu'à l'âge adulte, et même être à l'origine d'une transmission intergénérationnelle de la violence (Stewart et al., 2013).

La transition à la parentalité représente un moment charnière pour étudier la violence conjugale au sein des familles. La grossesse marque souvent le début, ou l'intensification de la violence conjugale (Stewart et al., 2013). La violence conjugale perpétrée pendant cette période constitue également un facteur de risque pour le développement du nourrisson et le développement des compétences parentales (Bisson & Lévesque, 2017). De plus, la méta-analyse de Vu et al. (2016) met en évidence que plus l'exposition à la violence est précoce, plus son lien avec les problèmes internalisés et externalisés chez les enfants se renforce. Il importe donc de s'intéresser à l'occurrence de la violence conjugale dès la TP, et surtout de ses déterminants familiaux, afin d'être en mesure de mieux la prévenir.

L'influence de l'enfant sur les conflits conjugaux

Les résultats présentés jusqu'ici illustrent les conséquences très délétères que peuvent avoir l'exposition aux conflits, et d'autant plus la violence conjugale, sur le développement des enfants. La relation inverse, soit l'influence de l'enfant sur les conflits conjugaux demeure relativement inexplorée. Les travaux de recherche ont principalement été réalisés dans le but d'identifier les processus intra-familiaux ayant lieu lors des conflits. L'objectif n'est en aucun cas de faire porter une responsabilité aux enfants qui présentent des caractéristiques liées aux conflits entre leurs parents. Il s'agit plutôt de mieux comprendre les contextes qui peuvent favoriser les conflits, dans le but de pouvoir prévenir et/ou intervenir. Les chercheurs ont principalement mis en évidence que le comportement des enfants peut exacerber le niveau de conflit (Wymbs, 2008), et que la

façon dont les enfants interviendront au moment du conflit aura une incidence sur sa résolution, par exemple en augmentant le niveau de discorde ou en favorisant une résolution (Schermerhorn et al., 2007; Schermerhorn et al., 2010). Il est à noter que ces études ont été réalisées auprès d'enfants ayant au moins atteint l'âge préscolaire. L'influence que peut avoir le nourrisson sur les conflits de ses parents à la suite de la TP demeure relativement inconnue, d'autant plus pour ce qui est de l'influence de formes de conflits plus sévères comme la violence conjugale. Pourtant, il a été illustré que les conséquences de l'exposition à la violence conjugale sont exacerbées plus l'exposition débute tôt. Il est donc essentiel de comprendre quelle peut être l'influence de l'enfant sur les phénomènes de violence conjugale dès son arrivée au sein de la famille.

Le rôle du tempérament difficile

Des études ont souligné que le tempérament plus difficile du nourrisson peut être associé à une qualité relationnelle moindre chez ses parents (Berryhill et al., 2016; Parade, 2010). Ce type de tempérament, plus irritable et difficile à apaiser, apporte donc une tension sur la relation conjugale, qui serait susceptible de se manifester par des stratégies de conflits plus destructrices, voire de la violence. Un nourrisson pourrait ainsi, de par son tempérament, exacerber des phénomènes dyadiques délétères chez ses parents. Phénomènes qui pourraient en retour avoir des répercussions dans son développement. Il importe de comprendre ces influences mutuelles. Considérant les liens établis entre l'affectivité négative du nourrisson et le stress parental (McQuillan & Bates, 2017; Solmeyer & Feinberg, 2011), ainsi que le facteur de stress pour le couple que constitue une transition telle que la TP (Carter & McGoldrick, 2004; Cowan & Cowan, 2000), le stress nous apparait comme une variable clé pour comprendre l'influence du nourrisson sur les phénomènes dyadiques menant à la violence conjugale dans la période de TP.

Le rôle du stress

Comme il a été décrit précédemment, la TP est une période de réorganisation du système familial qui implique un niveau de stress accru chez les parents (Lawrence et al., 2008; McGoldrick et al., 2015; Song-Choi & Woodin, 2021). Dans une revue sur l'influence du stress sur les couples, Randall et Bodenmann (2009) mettent en lumière la complexité des liens entre le stress et le fonctionnement du couple, qui dépendra de l'intensité du stress, son origine (i.e., interne ou

externe) et de la durée. Le stress a pour effet de consumer les ressources personnelles et de cette façon de déborder dans la relation de couple. Au travers de la TP, les changements se produisant dans la relation conjugale sont en partie déterminés par différents stresseurs (Don & Mickelson, 2014; Trillingsgaard et al., 2014), auxquels peut s'ajouter l'affectivité négative du nourrisson (Doss & Rhoades, 2017). De hauts niveaux de stress exercent une tension sur la relation conjugale (Timmons et al., 2017), et affectent de façon négative la capacité des couples à gérer le conflit (Crockenberg & Leerkes, 2003) : le stress étant associé à l'utilisation de tactiques de conflit plus destructrices, et délétères pour la relation, telle que les critiques, les démonstrations d'impatience et la violence conjugale, contrairement à des stratégies de résolution de problème ou autres façons constructives de gérer la discorde (e.g., Bodenmann et al., 2010; Lewandowski et al., 2014). Outre les apports théoriques de Bodenmann et ses collègues quant à l'influence du stress sur les couples (e.g., Ledermann et al., 2010; Randall & Bodenmann, 2009), le modèle vulnérabilité-stress-adaptation (VSA; Karney & Bradbury, 1995) permet également de lier les stresseurs aux processus d'adaptation de couples. Plus précisément, ce modèle met en relation les vulnérabilités personnelles de chacun des membres du couple, avec la présence d'événements stressants (tel que la TP, un enfant ayant un tempérament plus difficile), ainsi que les processus adaptatifs du couple. Il est prédit que lorsque des stratégies d'adaptation dyadiques positives sont favorisées, les processus adaptatifs mis en place dans le couple sont liés à la satisfaction conjugale. Toutefois, lorsque des processus moins efficaces sont déployés, le couple vit un plus haut niveau de stress, voire de détresse (Naud et al., 2017). Par ailleurs, la présence de difficultés conjugales et manque d'habiletés de résolution de conflits contribuent à la démonstration de gestes violents au sein du couple (Lussier et al., 2017).

Les associations dyadiques entre le stress et la violence conjugale

Au sein d'une relation de couple, le stress constitue un phénomène dyadique. En effet, pour un individu, la qualité de la relation conjugale est liée à son propre niveau de stress (i.e., effet acteur), mais également au niveau de stress rapporté par son partenaire (i.e., effet partenaire; Ledermann et al., 2010). L'étude des processus relationnels au cours de la TP a mis en évidence différents effets partenaires. Par exemple, le niveau d'émotions négatives d'un parent (incluant le stress) serait négativement lié à l'ajustement dyadique rapporté par son partenaire (Bower et al., 2013).

Le stress maternel serait associé à une diminution de la satisfaction conjugale des pères (Don & Mickelson, 2014). La recherche portant sur les stratégies dyadiques de gestion du stress (i.e., *dyadic coping*), conceptualisées par Bodenmann (2005) comme les processus mis en place par les couples lorsqu'ils font face à un stresseur commun, a mis en évidence que l'échec des parents à gérer adéquatement un stresseur ensemble est lié à l'utilisation de stratégies inadaptées, telles qu'une mauvaise communication et des comportements de retrait (e.g., Bodenmann et al., 2010; Ledermann et al., 2010). Au regard de ces différents travaux, il est possible de supposer que des processus dyadiques liant le stress des parents à la perpétration de violence seraient en jeu au moment de la TP. Afin d'opérationnaliser ces processus, la théorie de l'autodétermination (TAD) nous apparait comme un cadre théorique très pertinent.

Théorie de l'autodétermination et fonctionnement du couple

Dans la littérature scientifique, et plus particulièrement en psychologie de la famille, le fonctionnement dyadique des couples est le plus souvent opérationnalisé en termes de satisfaction conjugale, de consensus entre les partenaires, d'expression d'affection, de satisfaction sexuelle, de communication et/ou de niveau de conflits (Brodard et al., 2015; Rossier et al., 2006; Spanier, 1976). Le concept d'ajustement dyadique est largement utilisé dans la littérature pour faire référence à la qualité de la relation, la satisfaction des partenaires et le fonctionnement de la dyade à travers le temps (Spanier, 1976; Spanier et al., 1975). Le cadre théorique de la théorie de l'autodétermination permet d'envisager la qualité des relations conjugales dans une perspective humaniste qui mise sur la satisfaction ou frustration des besoins fondamentaux entre partenaires (Knee & Uysal, 2011; Ryan & Deci, 2017). Cette dimension dyadique permet de faire un lien, possiblement de médiation, avec les potentielles conséquences sur les processus dyadiques tels que les conflits (Patrick et al., 2007; Vanhee, Lemmens, Stas, et al., 2016).

Le cadre théorique de la théorie de l'autodétermination

La TAD postule que l'être humain tend naturellement à se développer vers un fonctionnement cohérent et unifié. Un tel développement optimal requiert certains éléments fondamentaux : les auteurs de la TAD ont identifié trois besoins psychologiques essentiels, soit les besoins

d'affiliation sociale, de compétence et d'autonomie (Deci & Ryan, 1985, 2000). Plus précisément, le besoin d'affiliation sociale réfère au sentiment de se sentir connecté à des personnes significatives. Le besoin de compétence correspond à un sentiment d'efficacité, soit d'avoir le sentiment d'une capacité d'agir dans son l'environnement et de se sentir efficace dans l'atteinte de ses propres objectifs. Le besoin d'autonomie réfère au sentiment de se sentir à l'origine de ses propres comportements, d'agir de plein gré avec un sentiment de volition, de façon authentique et avec une cohérence entre ses propres valeurs et ses comportements (Deci & Ryan, 2000). Plusieurs études dans différents domaines tels que l'éducation, le développement de l'enfant, et la psychothérapie, ont montré une association entre la satisfaction de ces besoins fondamentaux et diverses conséquences positives, telles que le bien-être, la performance, la persévérance, la créativité, ainsi qu'un effet préventif au-devant de conséquences négatives (e.g., Joussemet et al., 2005; Sheldon et al., 2001).

L'environnement social de l'individu est un facteur clé pour la satisfaction des besoins fondamentaux, car il peut faciliter et soutenir ces besoins, comme il peut les entraver et les brimer. Un pan plus récent de la littérature ancrée dans la TAD s'est penché sur la satisfaction des besoins dans un cadre relationnel, qu'il s'agisse d'un lien d'amitié ou d'une relation de couple (Knee et al., 2013; La Guardia & Patrick, 2008; Verhofstadt et al., 2020; Weinstein et al., 2016). Au sein de couples, les résultats suggèrent que la satisfaction des besoins d'un individu ne bénéficie pas uniquement à son propre bien-être, mais également au bien-être dyadique, ainsi qu'au bien-être de son partenaire. Ainsi, la satisfaction des besoins au sein du couple a été associée à des répercussions positives dans la relation : notamment davantage de satisfaction conjugale, davantage d'engagement dans la relation, ainsi qu'une plus grande tendance à chercher du soutien émotionnel auprès de son partenaire (Patrick et al., 2007; Ryan & Deci, 2017; Ryan et al., 2005). À l'inverse, la frustration des besoins d'un partenaire implique quelque chose de plus intentionnel de la part de l'autre partenaire pour miner ces besoins. Les conséquences de la frustration des besoins, plus récemment étudiée que la satisfaction, sont associées au mal-être et à un fonctionnement altéré (Deci & Ryan, 2014; Deci & Ryan, 2000; Vansteenkiste & Ryan, 2013).

Le besoin d'autonomie au sein du couple

De nombreux travaux de recherche ont mis en lumière le rôle du besoin d'autonomie dans les processus relationnels conjugaux. Notamment, la mutualité du soutien à l'autonomie entre partenaires a des répercussions positives dans la relation (Ryan & Deci, 2017), voir son besoin d'autonomie satisfait au sein de la relation est associé à la satisfaction conjugale (Knee et al., 2013; Vanhee, Lemmens, & Verhofstadt, 2016) et à des réponses plus constructives lors des conflits (Knee et al., 2005; Patrick et al., 2007). Le soutien du besoin d'autonomie se fait notamment en soutenant les décisions de son partenaire, en lui donnant des opportunités d'initiative ainsi qu'en reconnaissant son point de vue. En revanche, des comportements frustrant le besoin d'autonomie instaurent une pression sur le partenaire pour qu'il se comporte de certaines façons (Bartholomew et al., 2009). Ces comportements incluent des mesures coercitives, telle que l'utilisation d'un langage intimidant ou d'un contrôle excessif, ou encore des mesures plus manipulatives induisant de la culpabilité chez son partenaire, comme faire preuve d'un regard positif conditionnel, incitant le partenaire à se conformer (Kanat-Maymon et al., 2016; Vansteenkiste & Ryan, 2013). Ce type de comportement peut entraver la communication du couple. À ce titre, Vanhee, Lemmens, Stas, et al. (2016) ont mis en évidence que la frustration du besoin d'autonomie perçue en compagnie de son partenaire est liée à davantage d'insatisfaction dans la relation et à l'utilisation de stratégies de conflits destructives (i.e., comportements de retrait et d'évitement) par les hommes mais non par les femmes.

Sur le plan méthodologique, l'utilisation de données dyadiques (i.e., provenant des deux membres du couple) ainsi que l'utilisation d'un modèle d'interdépendance acteur-partenaire (*Actor Partner Interdependence Model*, APIM; Kenny et al., 2006) permet de mettre en évidence les processus dyadiques associés aux conflits, en prenant en compte à la fois la contribution d'un individu mais également la contribution de son partenaire à un phénomène. Les résultats indiquent que la satisfaction des besoins d'un partenaire prédirait son propre niveau de perpétration de violence (effet acteur) et celui de son partenaire (effet partenaire), ainsi que son propre niveau de satisfaction conjugale (effet acteur) et celui de son partenaire (effet partenaire; Patrick et al., 2007; Petit et al., 2017). Parallèlement, Vanhee, Lemmens, Stas, et al. (2016) ont illustré que la frustration du besoin d'autonomie d'un membre du couple affecte négativement

non seulement son propre niveau de bien-être relationnel et de conflits (effet acteur), mais également celui de son partenaire (effet partenaire).

Frustration du besoin d'autonomie et violence conjugale

Si certains chercheurs ont mis en lien la frustration des besoins fondamentaux et les conflits conjugaux (Vanhee, Lemmens, Stas, et al., 2016), les études réalisées dans le cadre théorique de la TAD portant plus particulièrement sur la violence conjugale n'ont, à notre connaissance, pas encore exploré les liens entre la frustration des besoins et la perpétration de violence conjugale (Øverup et al., 2017; Petit et al., 2017). Ces études ont plutôt investigué des construits, tels que la satisfaction des besoins (Petit et al., 2017) ou le type de motivation d'orientation dans les relations (*Relationship Causality Orientation*; Øverup et al., 2017). Ce concept réfère au type de motivation (i.e., autonome, contrôlée, impersonnelle) qui sous-tend les comportements d'un individu et qui détermine le bien-être de ce dernier. Par ailleurs, plusieurs liens ont déjà été établis entre la frustration des besoins, notamment le besoin d'autonomie, et des comportements de nature agressive. Par exemple, brimer le besoin d'autonomie des enfants d'âge scolaire s'est avérée liée à des comportements agressifs de leur part (Joussemet et al., 2008). Vansteenkiste et Ryan (2013) ont illustré que les individus dont les besoins se voyaient frustrés ont tendance à s'engager dans des comportements compensatoires, tel que des patrons de comportements rigides, une perte du contrôle de soi, ainsi que des comportement de défiance et d'opposition. En outre, au sein d'un échantillon de nouveaux parents, au moment de la TP, Gou et al. (2019) ont établi un lien positif entre les comportements de contrôle coercitif des mères, un construit proche de la frustration de l'autonomie, et leur niveau de perpétration de violence conjugale (effet acteur), ainsi que celui de leurs partenaires (effet partenaire).

Le rôle du stress

Le stress étant lié à une sensation de perte de contrôle dans une situation (Dickerson & Kemeny, 2004), il est susceptible d'induire des comportements interpersonnels contrôlants. Une étude effectuée auprès d'enfants d'âge préscolaire et de leurs parents soutient cette idée. En effet, le stress parental expliquait la relation entre l'affectivité négative des enfants et des pratiques parentales moins soutenantes de la part des parents (Andreadakis et al., 2020). Plus spécifiques

aux relations conjugales, des études effectuées auprès de nouveaux parents illustrent que vivre du stress teinterait la perception qu'ont les parents de leurs partenaires. Plus précisément, les parents rapportant davantage de stress percevraient leurs partenaires comme faisant preuve de peu d'humilité (Nonterah et al., 2016), et seraient portés à percevoir davantage d'intentions nuisibles de la part de leurs partenaires (i.e., attributions hostiles; Song-Choi & Woodin, 2021). Ainsi, dans un contexte stressant tel que la TP, le stress et son lien avec la perception de frustration du besoin d'autonomie pourrait expliquer l'émergence de conséquences délétères sur la relation conjugale des parents.

Les limites de la littérature

Au fil de ce chapitre, plusieurs lacunes de la littérature actuelle ont été identifiées. Tout d'abord, alors que l'influence de divers dimensions associées au sous-système du couple, et particulièrement les conflits et la violence conjugale, sur le développement de l'enfant est largement documenté, la relation inverse, soit l'influence de l'enfant sur le fonctionnement de ses parents, l'est beaucoup moins (Ambert, 2001; Yan & Ansari, 2016). Certains chercheurs tentent de prendre en compte la bidirectionnalité opérant dans les relations parent-enfant, mais celle-ci est encore trop rarement considérée dans la réalisation des études (Pettit & Arsiwalla, 2008), induisant un biais dans nos connaissances des processus intra-familiaux.

Il est également à noter que dans l'étude des phénomènes conjugaux et familiaux, les résultats se fondent principalement sur la participation d'un seul des deux parents aux études, soit majoritairement les mères. Ce constat est problématique car il implique que les connaissances au sujet des phénomènes relationnels sont basées sur les perceptions et les expériences d'un seul membre de cette relation. Ce biais est particulièrement avéré dans le contexte de la TP (Biehle & Mickelson, 2011). En outre, l'absence du point de vue d'un des deux partenaires nous prive de l'analyse simultanée de la contribution de chacun aux phénomènes relationnels à l'étude (e.g., distinction des effets acteurs et partenaires), en plus de rester muet quant aux différences de vécu entre les partenaires (e.g., différences de genre) et les similarités de leurs expériences. Ainsi, documenter les points de vue des deux membres du couple lors de la TP est crucial pour mettre

en évidence les processus dyadiques, les différences et les similarités dans leurs expériences de parents et de partenaires.

Ensuite, si les études sur les relations enfant-couple ont surtout porté sur l'influence de l'enfant sur l'ajustement, la satisfaction conjugale ou le coparentage, peu de chercheurs se sont intéressées à l'influence de l'enfant sur les conflits conjugaux, encore moins sur l'utilisation de la violence conjugale. Ces deux phénomènes, et particulièrement la violence conjugale, ayant pourtant des conséquences importantes sur le développement de l'enfant, son bien-être et le bien-être familial, il importe de mieux comprendre les inter-influences entre l'enfant et le sous-système couple, afin d'être en mesure de mieux prévenir ces phénomènes et de mieux intervenir auprès des nouveaux parents.

Le tempérament de l'enfant, précurseur de sa personnalité, est une des premières caractéristiques de l'enfant à se manifester dans sa relation avec ses parents. L'aspect de négativité affective, de par son lien avec le stress des parents (Andreadakis et al., 2020; McQuillan & Bates, 2017; Solmeyer & Feinberg, 2011), et le rôle modérateur (amplificateur) qu'il semble tenir dans le développement de problèmes comportementaux sérieux lors de l'exposition à la violence conjugale (Pauli-Pott & Beckmann, 2007), apparait comme une influence de l'enfant fondamentale à considérer. Pourtant, la contribution de l'affectivité négative de l'enfant dans les processus menant à la violence conjugale est un facteur qui n'a, à notre connaissance jamais été étudié, encore moins au moment de la TP. En effet, la TP apparait comme une période clé pour étudier ces phénomènes. D'une part, elle représente le commencement des inter-influences parents/couple – enfant. D'autre part, elle représente un contexte pouvant s'avérer particulièrement stressant pour les parents. De plus, dans l'évolution de la violence conjugale au sein de couple, la TP peut représenter une période charnière.

Finalement, dans la compréhension des processus dyadiques liant le stress à la perpétration de gestes de violence conjugale, le cadre de la TAD peut fournir un appui important. Des études antérieures utilisant ce cadre ont mis en évidence que la perception de frustration du besoin d'autonomie peut jouer un rôle médiateur entre des environnements stressant et un fonctionnement maladapté (psychologie organisationnelle; Bartholomew et al., 2014; Vander Elst

et al., 2012). Ce rôle médiateur ne semble pas avoir été examiné dans le contexte de relations conjugales. Des liens plus spécifiques entre la perception de frustration de l'autonomie et la perpétration de violence conjugale demeurent également inexplorés. Ces différents liens apparaissent toutefois plausibles étant donné le possible effet délétère du stress sur le soutien à l'autonomie ainsi que sur les perceptions des partenaires (Andreadakis et al., 2020; Song-Choi & Woodin, 2021), et les liens existant entre les comportements brimant l'autonomie et les comportements agressifs (e.g., Gou et al., 2019; Joussemet et al., 2008).

Objectifs de la thèse

L'orientation générale de cette thèse est de mettre en lumière le fonctionnement dyadique des couples lors de la TP, et l'influence de l'enfant sur ce fonctionnement; la TP constituant le point d'origine de cette influence. Articulée en deux articles, cette thèse examinera cette question de façon macro (étude 1), et plus micro (étude 2). Au regard des limites décrites ci-haut, ces deux études poursuivront deux objectifs principaux :

Étude 1

La première étude consiste en une revue systématique de la littérature visant à rassembler et intégrer les connaissances existant sur le fonctionnement du couple à travers la TP, en s'appuyant exclusivement sur des données dyadiques. L'objectif est d'établir un portrait précis et d'éviter les biais associés à l'utilisation de données individuelles pour décrire le fonctionnement dyadique du couple pendant cette période. Cette revue sera conduite avec un intérêt particulier pour la contribution de chacun des partenaires aux dynamiques relationnelles, les différences et similarités entre leurs expériences, ainsi que l'influence de l'enfant sur leur fonctionnement dyadique. Nous serons ainsi en mesure d'illustrer les déterminants individuels, dyadiques et familiaux de l'adaptation des couples, en plus de l'influence de l'enfant sur cette adaptation.

Adoptant une approche exploratoire, cette revue cherchera à documenter toute facette du fonctionnement du couple parental ayant fait l'objet de travaux de recherches au cours des deux dernières décennies. Ainsi, toute variable se rapportant aux processus dyadiques survenant au sein du sous-système de couple sera inclue. De plus, pour représenter adéquatement l'état des

connaissances sur l'ensemble des familles, tous les types de structures familiales seront inclues (e.g., familles ayant recours à l'adoption, familles issues des communautés LGBTQ+), tant qu'il s'agit de deux parents en couple qui ont un enfant ensemble. Pour mettre en lumière les différences (e.g., différences de genre) et les similarités existant dans l'expériences des parents d'un même couple ainsi que la contribution de chacun aux phénomènes à dyadiques à l'étude, une approche dyadique sera privilégiée. Ainsi cette revue n'inclura que des études fondées sur des données provenant des deux membres des couples étudiés.

Intégrer les données de chacun des membres permet d'outrepasser au mieux les biais qui résident dans l'utilisation des données provenant d'un seul parent, et de construire une compréhension plus représentative du fonctionnement réel des familles. Cette approche sera également mise à profit dans la seconde étude réalisée dans le cadre de cette thèse.

Étude 2

L'objectif principal de cette étude est d'examiner de façon longitudinale la contribution de l'affectivité négative du nourrisson aux processus dyadiques associés à l'augmentation ordonnée de la violence conjugale perpétrée entre les parents entre 6 et 11 mois postpartum (T1 & T2, respectivement). Cet objectif s'articule autour de trois hypothèses principales, résumées sous forme schématique dans les Figures 1 (hypothèses 1 et 2) et 2 (hypothèse 3).

Hypothèse 1 : L'affectivité négative de l'enfant (T1) sera positivement associée au stress rapporté par chacun des parents (T1).

Hypothèse 2 : Le stress rapporté par chaque parent (T1) sera positivement associé à leur propre augmentation ordonnée de perpétration de violence conjugale entre le T1 et le T2 (effet acteur), ainsi qu'à l'augmentation ordonnée de la perpétration de violence de l'autre parent entre le T1 et le T2 (effet partenaire).

Hypothèse 3 : La perception du besoin d'autonomie brimé médiera le lien entre le stress et l'augmentation ordonnée de la violence conjugale entre le T1 et le T2. Plus précisément, plus un parent rapportera de stress, plus il percevra son besoin d'autonomie brimé (a) et plus son partenaire percevra son besoin d'autonomie brimé (b); plus un parent percevra son besoin

d’autonomie brimé, plus il commettra un niveau de violence conjugale accru entre le T1 et le T2 (effet acteur, c) et plus son partenaire commettra un niveau de violence conjugale accru entre le T1 et le T2 (effet partenaire, d).

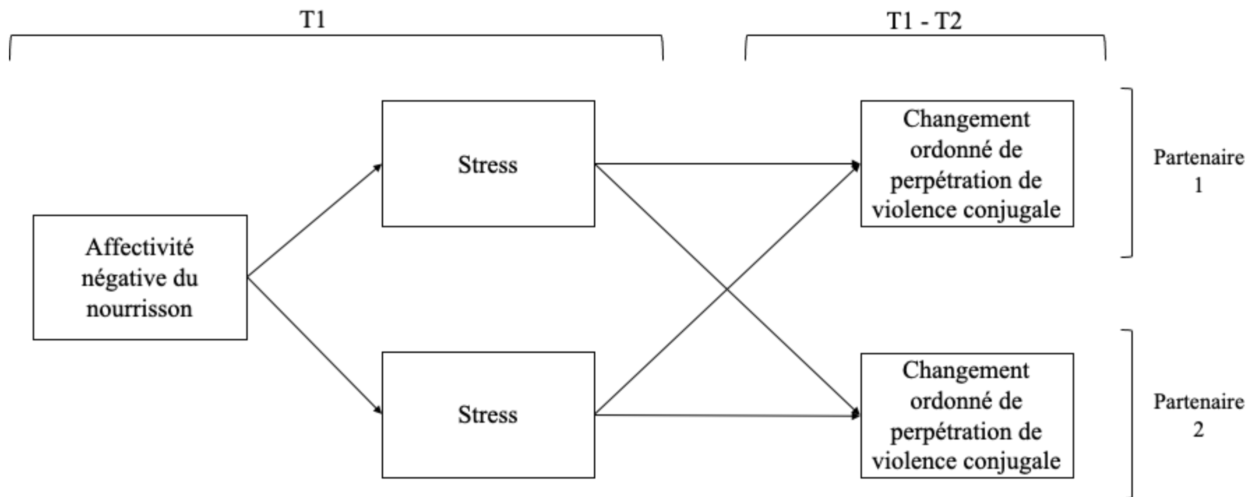

Figure 1. – Associations attendues entre l’affectivité négative du nourrisson, le stress des parents et la violence conjugale

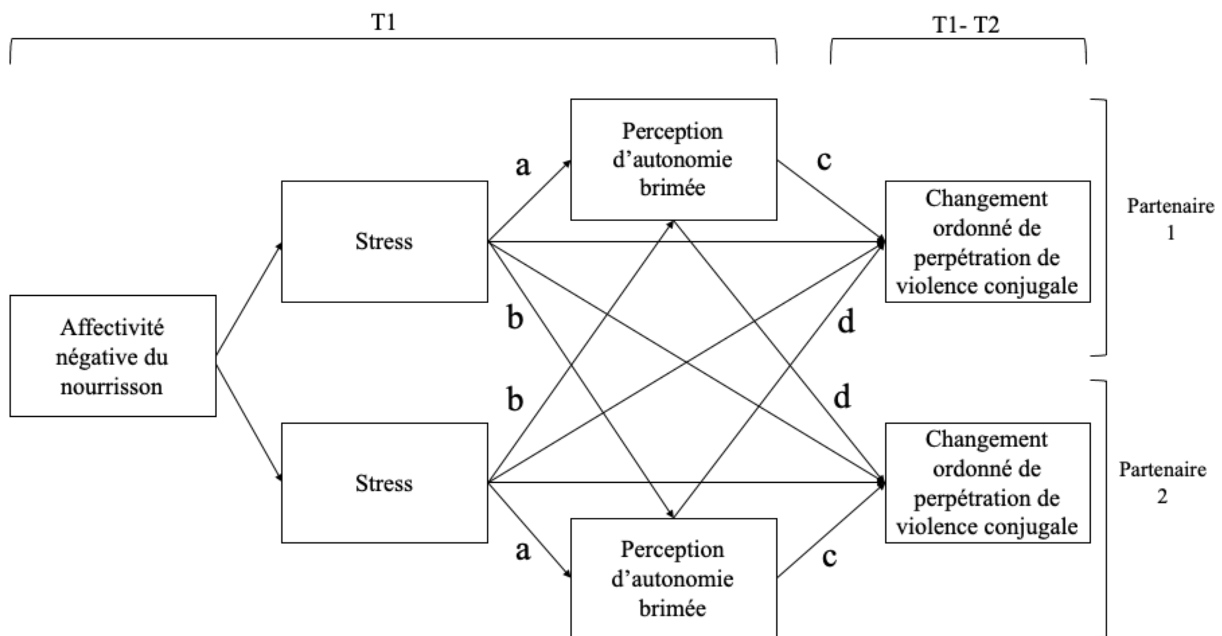

Figure 2. – Associations attendues entre l’affectivité négative du nourrisson, le stress des parents, percevoir son autonomie brimée et la violence conjugale

L’utilisation d’une approche dyadique permettra de mettre en lumière la contribution de chacun des parents aux phénomènes à l’étude, en considérant l’interdépendance de leurs réponses lorsqu’ils rapportent des faits sur leur relation commune. L’utilisation d’un modèle d’interdépendance acteur-partenaire (APIM; Kenny et al., 2006) prend non seulement en compte l’interdépendance des données provenant de deux partenaires d’un même couple, mais permet également de tester statistiquement et simultanément les effets acteurs et effets partenaires. La distinction de la contribution de chacun des parents est d’autant plus pertinente au moment de la TP, car cette période génère typiquement des différences entre partenaires quant aux tâches et rôles parentaux qui ont tendance à devenir stéréotypés (Katz-Wise et al., 2010; Yavorsky et al., 2015). Les analyses acheminatoires permettront de tester les liens hypothétisés simultanément dans deux modèles distincts, tel que représentés dans les Figures 1 et 2.

Article 1

Le fonctionnement du couple lors de la transition à la parentalité : une revue systématique et intégrative

Couple Functioning and the Transition to Parenthood: A Systematic and Integrative Review

Sophie Laniel[1], Julie C. Laurin[1], Frédérique Mercure, Alexandra Cournoyer[1], & Anne-Sophie Huppé[1]

[1]Département de Psychologie, Université de Montréal

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Contribution des auteurs:

Sophie Laniel : recension de la littérature, conceptualisation de l'étude, collecte des données, extraction et codification des données, intégration des résultats, rédaction de l'article

Julie C. Laurin : conceptualisation de l'étude, aide à l'intégration des résultats, révision du manuscrit

Frédérique Mercure : aide à la collecte des données, extraction et codification des données, aide à l'intégration des résultats

Alexandra Cournoyer : aide à la collecte des données, extraction et codification des données

Anne-Sophie Huppé : aide à la collecte des données, extraction et codification des données

Abstract

The present systematic review investigates couple adaptation during the transition to parenthood (TP). Studies documenting couple functioning during the TP do not systematically include measures from both couple members, which yields important bias. Additionally, child-driven effects on couple functioning are often underexplored. Our objective is to portray couples' adaptation through this transition more accurately. Using a systematic process, research reports were identified through multiple databases. Only studies published between 1999 and 2019 using both parents' assessment of the couple's functioning during the TP were included, which yielded 50 studies. Relevant data were extracted, and research quality was assessed systematically. Our results integrate couple adaptation predictors and highlight partner differences and dyadic influences. The limitations of the literature are discussed.

Keywords: couple functioning, transition to parenthood, child-driven effects, dyadic data

Couple Functioning and the Transition to Parenthood: A Systematic and Integrative Review

Social relationships are essential to leading a healthy life (Holt-Lunstad et al., 2010). For instance, the quality of committed couple relationships is associated with better physical health and greater psychological well-being (Robles et al., 2014). Beyond being fundamental for individual health, it also plays a crucial role in shaping family well-being (Lansford et al., 2001). One important mechanism by which couple relationships influence family well-being is the spillover effect, which occurs when couple functioning influences the parent-child relationship. For example, many links have been established between interparental conflict and parenting behaviors (Krishnakumar & Buehler, 2000; McCoy et al., 2013). Likewise, some aspects of couples' functioning, such as their conflict level or coparenting relationship, have also been documented as largely influencing the child's psychological adjustment (Cummings et al., 2004; Feinberg, 2003; McCoy et al., 2009). Furthermore, the quality of the couple relationship can also act as a protective factor through adversity. Connectedness between couple members, defined as their ability to collaborate, reconcile, provide mutual support and show mutual respect, helps build family resilience (Walsh, 2003). Couple functioning is central in family life, and its potential to spillover and influence family wellbeing materializes as soon as couples become parents, i.e., the transition to parenthood (TTP). This major family transition has received much attention in the past decades, particularly regarding the changes in couples' relationship functioning (Cowan & Cowan, 2000; Kluwer, 2010; Twenge et al., 2003). Despite researchers' and clinicians' keen interest in identifying mechanisms operating through the TP, some important research avenues remain underexplored.

Bidirectionality

Families are often conceptualized as systems in which members continuously inter-influence each other (e.g., Bowen, 2004; Cox & Paley, 2003; Minuchin, 1974). Each family system is composed of subsystems: parental, parent-child or sibling subsystems, and so on. Each subsystem is characterized by unique family rules, level of closeness, communication patterns, and family roles. The interactions occurring within and between the family subsystems are bidirectional (Cox

& Paley, 2003; Nichols & Davis, 2017). While each dyad member evidently influences each other, and the couple also influences the child's adjustment, children reciprocally exert influence on couple adaptation, especially during the TP.

Individual Level

The parent-child subsystem holds inter-influence occurring between one parent and their child. Extensive research on the parent-to-child influence has notably highlighted the effects of personal parental characteristics (e.g., personality traits, physical and mental health problems, parenting practices) on children's development (for reviews, see Goodman et al., 2011; Khaleque, 2013; Vasquez et al., 2016). Despite the general acknowledgement of bidirectionality and its importance in family dynamics, the opposite direction, i.e., the child-to-parent influence, has received less attention (Ambert, 2001; Pettit & Arsiwalla, 2008). Research investigating the child's influence on parents has generally focused on parental well-being and parenting practices (e.g., Andreadakis et al., 2020; Armour et al., 2017; Nelson et al., 2014; Yan & Ansari, 2016). Also, this literature primarily stems from mothers' experiences and reports. This bias is particularly true in the context of the TP (Biehle & Mickelson, 2011), with an important number of studies inquiring about the predictors of postpartum depression (e.g., Beck, 2001; Guintivano et al., 2018; Katon et al., 2014).

Couple Level

The mutual influence between children and their parents occurs between one parent and the child, the other parent and the child, and between the parental subsystem (i.e., couple and/or coparents) and the child. When considering the couple-to-child direction of influences, it is widely documented that the parents' relationship characteristics (e.g., couple conflict, coparenting relationship) are linked to children's adjustment (e.g., Cummings & Davies, 2011; Teubert & Pinquart, 2010). Yet, exploration of the opposite direction, i.e., child-driven effects on the parental dyad, remains limited to marital satisfaction as an outcome and targets specific conditions, such as child developmental, physical or behavioral problems as predictors (Burns et al., 2017; Langley et al., 2017; Lawrence et al., 2008). When comparing with the literature on couple-to-child effects, it is clear that child-driven influences on couples remain vastly

underexplored. Notably, scrutinizing the TP is essential as it instigates the very beginning of this reciprocal influence between a couple and a child.

The Transition to Parenthood

During this period, the family undergoes a structural change as it welcomes a third individual, forming new subsystems (i.e., parent-child and coparental subsystems). The rules and roles characterizing the previous structure evolve (Carter & McGoldrick, 2004). At an individual level, becoming a parent is often experienced as a fulfilling. Yet, this new role is not without challenges. The infant requires constant care and attention, while also imposing their sleep cycle onto parents (Bornstein, 2019). The parents' daily routine is drastically modified as childcare is quite time-consuming. Caring for a young child involves expenses that can lead to financial stress. Adaptation to this stage of family life may also require conciliation between work and family life. These critical adaptations can affect parents' health (Saxbe et al., 2018) and well-being (Nelson et al., 2014).

At the couple level, the adaptations required during this transition represent a real challenge for them. As the child becomes a priority, partners have less time for each other, and the relationship takes a back seat. The TP often brings crucial changes (e.g., Kluwer, 2010; Twenge et al., 2003). The couple evolves into new family roles. Despite remaining a couple, it must also function as a coparental subsystem; parents now need to collaborate as parents in the care and parenting of their child. They also need to coordinate the division of childcare, housework and paid work within the household. In heterosexual couples, women tend to engage in more housework and childcare than men (Offer & Schneider, 2011; Yavorsky et al., 2015). How parents divide housework can also influence paid work participation, with mothers being more likely to decrease their paid work hours (Paull, 2008). The literature is scarce on LGBTQ+ couples, but results indicate that same-sex couples tend to divide housework more equally than heterosexual couples (Goldberg & Perry-Jenkins, 2007; Goldberg et al., 2012). Transitioning from partners to parents, particularly for heterosexual couples, often exacerbates gender roles toward more traditional and less egalitarian gender-role attitudes (Katz-Wise et al., 2010; Perales et al., 2018). The TP is undoubtedly a critical moment to investigate this matter.

A Comprehensive Portrait of Couple Functioning During the TTP

As both couple members are involved in the dynamic processes taking place between each member of a family, especially in this modern family era, the best way to obtain a more accurate portrait of their mutual relationship is to consider *both* points of view (Mickelson & Biehle, 2017). Yet, many studies investigating couples' relationships have used an *individual* approach, relying on a single couple member's reports to generate couple functioning data. Although this approach led to extensive and valuable knowledge on family development (e.g., Chun Bun et al., 2018; Hasson-Ohayon et al., 2019; Shapiro, 2014), it creates biases.

Firstly, it leaves the other partner's point of view undocumented, leading to an incomplete picture of couples. Notably, as women participate much more than men in studies involving parents (e.g., Hasson-Ohayon et al., 2019; Moreira et al., 2019), gender differences might have remained unnoticed. Documenting both parents' points of view is crucial to expose the similarities and differences, including gender differences, in their experiences as parents. Bringing these to light facilitates further investigation of their determinants.

Secondly, on a methodological level, the absence of data from the other partner prevents statistically controlling for its effect on the dyadic phenomenon under study, creating biased results. To address these biases, we privileged a dyadic review approach. That is, to exclusively review the literature based on dyadic data (i.e., research results based on both couple members' reports).

Family systems and societal changes have certainly evolved in the past decades. For instance, the democratization of divorce and the modernization of a growing number of legal systems allowing same-sex couples to start a family entail diversifying the possible family structures (e.g. step-families, same-sex families; Fine & Fincham, 2013). To adequately portray the state of knowledge on modern families, we focused on the last two decades of research, i.e., from 1999 to 2019.

Finally, while couple relationship quality and marital satisfaction are the most studied variables in the couple subsystem, they do not provide a complete spectrum of their dyadic functioning. In the scope of this review, we were interested in variables pertaining to the dynamic processes occurring within couples. It includes relationship quality and satisfaction but extends to conflict,

communication, parenting alliance, intimacy, sexuality and all other couple-level variables that family researchers have found of interest.

Review Question and Objective

The main objective of this systematic review was to portray couples' adaptation as they welcome a child. We aim to gather and integrate the existing knowledge on couple functioning, with a particular interest in each partner's contribution to the couple's dynamic, gender differences and child-driven effects. We then hope to highlight this literature's existing gaps and contradictions to orient future research.

Method

The studies presented in this review were drawn from a broader review project that documents the existing knowledge regarding the child-driven effects on dyadic functioning. The studies on the transition to parenthood (i.e., the arrival of a child in the family) were isolated from this broader review at the end of the whole process of report selection, data extraction, quality assessment and assessment of coding reliability described below. The complete selection process is summarized in a flow diagram (see Figure 1).

Review Inclusion and Exclusion Criteria

For inclusion, studies must have documented any aspect of the couple's functioning as the couple subsystem welcomes a child. Thus, both adoptive and biological parents were included. Retrospective studies were included as long as they documented a child variable related to the TP (e.g., conception method); no specific timeframe around the birth or the adoption was applied. Based on the premise that couples undergo a transition period regardless of the birth ranking of the child it welcomes (Cox & Paley, 2003; Feiring & Lewis, 1978), no exclusion criteria were applied toward multiparous couples nor step-families. No exclusion criteria were applied regarding the country of origin, parents' gender or sexual orientation. Studies must have been published in the last two decades. Quantitative and qualitative studies in both English and French were considered. Only studies with both parents' assessment of the couple's functioning were included to avoid possible data bias from a single couple member's report on couple functioning.

Search Strategy

The literature search was performed in PsycINFO, Pubmed, Web of Science, Social Work Abstracts (EBSCO), and Family Studies Abstracts (EBSCO). The following descriptors were used: child*, newborn*, baby, babies, toddler*, infan*, preschooler*, teen*, adolescen*, youth, youngster*, parent*, "co-paren*", coparent*, marital, couple*, romantic, conjugal, partner*, spouse, spousal, married, marriage, dyad*, triad*, famil*. To also cover the “grey literature”, Dissertations and Theses Global (ProQuest) & OpenGrey were searched with the same keywords. Finally, reference lists of meta-analyses and reviews retrieved through our selection process were consulted to identify other relevant results.

Selection of Articles

Two authors completed an initial screening of study titles and abstracts to determine if they met the inclusion criteria. A second full-text screening excluded studies using single-parent report data. The remaining studies were compared between authors, and all authors discussed and resolved differences in selection. Endnote was the bibliographic software used to manage the references.

Data Extraction and Coding of Articles

Four co-authors participated in the data extraction process. The final sample of studies was coded for the following information: authors and year of publication, location, funding, research design, number of participants, sociodemographic data, child variable studied, couple functioning variable studied, measures used and key findings reported by the authors.

Quality Assessment

To assess the quality of the reports included in the review, we used the QualSyst tool developed by Kmet et al. (2004). This tool was preferred to other quality appraisal tools as it provides two checklists designed to assess the quality of quantitative and qualitative research, which was particularly interesting to us. It includes specific criteria regarding the clarity of the report and the specification of relevant information. For instance, assessed criteria for quantitative research feature the description and justification of subjects’ selection, whether variables and measures

are well defined, the description of statistical analysis and reporting of variance estimates. Conversely, criteria for qualitative research include the connection to a theoretical framework, the description of data collection methods and the use of verification procedures. The checklist designed for quantitative research comprises 14 criteria that can be assessed as fully met, partially met or not met. Nine of those 14 criteria may also not be applicable, depending on the study. The checklist for qualitative research comprises 10 criteria. Three criteria were mainly not applicable to our study sample as they address interventional research designs (not present in the included studies), assessing random allocation, and blinding of investigators and subjects. Following recommendations from the APA Style JARS (Appelbaum et al., 2018), the STROBE Statement (Von Elm et al., 2007) and the Checklist for Qualitative Research from the Joanna Briggs Institute (Lockwood et al., 2015), the QualSyst quotation criteria were slightly adapted to facilitate its application to our sample of studies. Table 1 presents the criteria we used.

The QualSyst tool enables a quality score calculation, ranging from 0 to 1, with 1 representing the highest quality level. As our goal is to shed light on the available couple functioning knowledge during the TP, we included the studies with lower quality scores while providing enough information to nuance these results. The quality assessment scores for each study are presented in Table 2.

Coding Reliability

After being trained to use the data extraction and quality assessment forms, four authors participated in the coding and quality assessment of three articles. Following Cochrane's recommendations (Higgins & Green, 2008), coding and quality assessment discrepancies between authors were discussed until a consensus could be reached. Next, intercoder reliability indexes were computed for 17 studies coded independently by pairs of co-authors. The percentage of coder agreement was used to report interrater reliability for nominal-level coding and data extraction (Lombard et al., 2002). Conversely, Cohen's kappa was preferred for quality assessment as it is a more conservative index of interrater reliability for categorical variables. Overall, the percentage of agreement between coders averaged .87 (range = .85-.89), and Cohen's kappa averaged .63 (range = .53-.76). As these indexes respectively reflect 'good' to 'very

good' agreement between coders (Kraemer, 2015; Lombard et al., 2002), the remaining sample of studies was coded individually.

Results

Table 2 provides general information on the retrieved studies, including the country of origin, the number of couples, demographic information and the couple dimensions under study. We privileged a narrative description in the main presentation of the study outcomes, which includes a description of the couple adaptation trajectories documented throughout the retrieved studies. Many results originated from the US (32 studies, 64%), and the vast majority were from Western countries (48 studies, 96%). Publication dates ranged from 1999 to 2019, with 24 studies (48%) published between 1999-2010 and 26 studies (52%) published between 2011-2019. Most studies were published in peer-reviewed scientific journals (40 studies, 80%), compared to nine dissertations (18%) and a single book chapter (2%).

Study Characteristics

Design

The studies retrieved through our review reflect various methodologies researchers have applied to study couple functioning during the TP. As seen in Table 2, of the 50 identified studies, a significant majority used quantitative methods (46 studies, 92%), while two (4%) employed a qualitative design, and two (4%) used mixed methods. Most studies used longitudinal data (41 studies, 82%), while nine (18%) used cross-sectional data. Most longitudinal research designs also included measures during pregnancy (34 out of 41, 68% overall), while seven (14%) investigated the postpartum period. Cross-sectional studies investigated the pregnancy (three studies, 6%) or postpartum (six studies, 12%) periods.

Some compared parent to non-parent couples (five studies, 10%; Connolly, 1999; Durtschi, 2011; Galdiolo & Roskam, 2017; Hortacsu, 1999; Lawrence et al., 2008), as well as first-time (i.e., primiparous) vs more experienced parents (i.e., multiparous; three studies, 6%; Bower et al., 2013; Canário & Figueiredo, 2016; Richmond, 2004). One study compared couples using the conception method (Golombok et al., 2003).

Being an inclusion criterion, all the retrieved studies included dyadic data (i.e., data from both parents), and 18 studies (36%) also used dyadic analysis methods. Among these, 12 (24% overall) used actor-partner interdependence modelling (APIM; Alves, Fonseca, et al., 2019; Alves, Milek, et al., 2019; Berryhill et al., 2016; Chong & Mickelson, 2016; Christopher et al., 2015; Don & Mickelson, 2014; Durtschi et al., 2017; Galdiolo & Roskam, 2017; Gallegos et al., 2019; Kuo et al., 2017; Le et al., 2016; Molgora et al., 2019), and six (12% overall) used dyadic growth curve modelling (Canário & Figueiredo, 2016; Figueiredo et al., 2018; Fillo et al., 2015; Holmes et al., 2013; Kohn et al., 2012; Parade, 2010).

Couple Dimensions Under Study

Diverse couple functioning dimensions (i.e., outcome variables; Table 2) were investigated. The most studied construct was relationship satisfaction (15 studies, 30%), along with relationship quality (13 studies, 26%). Researchers also found interest in relationship adjustment (six studies, 12%), couple teamwork (one study, 2%), changes in attachment patterns (one study, 2%) and couple relationship changes (both qualitative studies, 4%). Still, regarding the couple subsystem, the couple's communication quality was also investigated (five studies, 10%), as well as the division of labor in the household (seven studies, 14%). Turning to the parental subsystem, 11 studies (22%) investigated the coparenting relationship and behaviors. Four studies (8%) investigated parents' experiences more globally by examining several of the aforementioned constructs.

Predictors of Couple Functioning

Predictors of couple functioning dimensions during TP included individual and dyadic factors, as well as child-driven effects.

Individual Level Predictors. Most studies (26 studies, 52%) examined individual-level predictors. Parent mental health was the most examined, with nine studies (18%), which were interested in anxiety and depressive symptoms (six studies, 12%; Biehle & Mickelson, 2011; Cox et al., 1999; Don & Mickelson, 2014; Elliston et al., 2008; Figueiredo et al., 2018; Holmes et al., 2013), negative emotionality (Bower et al., 2013), post-traumatic stress symptoms (Ayers et al., 2007), and more general psychological functioning (Durkin et al., 2001). Individual predictors also

included sleep (Insana et al., 2011), worries (Biehle & Mickelson, 2011), quality of life (Gjerdingen & Center, 2005), self-esteem (Don & Mickelson, 2014), ego resilience (Elliston et al., 2008) and attachment (three studies, 6%; Alves, Milek, et al., 2019; Bouchard, 2014; Kohn et al., 2012).

Three studies (6%) included predictors related to traditional gender roles (Kuo et al., 2017; Schober, 2009; Schoppe-Sullivan, 2003). Nine studies (18%) included predictors related to parental roles, namely expectations about parenthood (Holmes et al., 2013) and the division of childcare (Goldberg & Perry-Jenkins, 2007; Van Egeren, 2004), expectations about future coparenting (McHale et al., 2004; Schoppe-Sullivan, 2003), parenting satisfaction and infant care self-efficacy (Elek et al., 2003), parental engagement (Carlson et al., 2011) and parenting stress (Berryhill et al., 2016; Durtschi et al., 2017). Four studies (8%) included predictors related to parents' family of origin, more precisely, the quality of childhood family relationship (Durkin et al., 2001; Schoppe-Sullivan, 2003), recollection of family of origin marriage (Perren et al., 2005) and remembered parental rejection (Parade, 2010). Finally, the number of work hours (Goldberg & Perry-Jenkins, 2007), the involvement in housework and the time spent on childcare (Gjerdingen & Center, 2005) were also assessed.

Couple-Level Predictors. Twenty-four studies (48%) investigated dyadic-level predictors of couple functioning. These predictors include relationship length (Goguen, 2006), marital status (Carlson et al., 2011), relationship quality (five studies, 10%; Christopher et al., 2015; Cordova, 2000; Durkin et al., 2001; Le et al., 2016; McHale et al., 2004), relationship adjustment (Schoppe-Sullivan, 2003; Van Egeren, 2004), relationship satisfaction (Gordon & Feldman, 2008; Kuo et al., 2017; Schober, 2009), relationship distress (Elliston et al., 2008), dyadic coping (Alves, Fonseca, et al., 2019; Molgora et al., 2019), partner emotional support (Chong & Mickelson, 2016; Kohn et al., 2012), couple teamwork (Cordova, 2000), communication abilities (Connolly, 1999), problem-solving skills (Cox et al., 1999) and division of labor (Chong & Mickelson, 2016; Schober, 2009).

Ten studies (20%) investigated parental subsystem predictors, including pregnancy planning (four studies, 8%; Cordova, 2000; Cox et al., 1999; Lawrence et al., 2008; Volling et al., 2015), agreement over the planned division of childcare (Schoppe-Sullivan, 2003), the actual division of childcare (Fillo et al., 2015; Schober, 2009), opinion of partner's parenting competence (Gallegos

et al., 2019), coparenting relationship (Durtschi et al., 2017; Le et al., 2016) as well as work-family conflict (Fillo et al., 2015).

Moderators. Eight studies (16%) investigated moderators of the links between various predictors and couple functioning dimensions. These moderators include infant temperament (Gallegos et al., 2019; McHale et al., 2004; Parade, 2010), parents' attachment orientation (Fillo et al., 2015), anxiety and depressive symptoms (Figueiredo et al., 2018). Moderators related to the couple's relationship were also investigated, namely social support from partners (Kohn et al., 2012), warmth and hostility (Durtschi, 2011). Variables moderating the parental role were also investigated, including work-family conflict (Kohn et al., 2012), coparenting (Durtschi et al., 2017), childcare self-efficacy and the division of childcare (Fillo et al., 2015).

Mediators. Six studies (12%) investigated processes by which different variables explained a link to couple functioning. These mediators include anxiety and depressive symptoms (Biehle & Mickelson, 2011), parenting stress (Berryhill et al., 2016), aggressive conflict strategies (Parade, 2010), negative interactions and emotional support from partners (Chong & Mickelson, 2016), relationship adjustment (Bouchard, 2014), as well as dyadic coping (Alves, Milek, et al., 2019).

Child-Driven Effects. A total of 17 studies (34%) considered child characteristics when examining couple outcomes. Child characteristics examined as predictors included sex (five studies, 10%; Cordova, 2000; Cox et al., 1999; Elek et al., 2003; Elliston et al., 2008; Holmes et al., 2013), temperament (10 studies, 20%; Berryhill et al., 2016; Cordova, 2000; Gallegos et al., 2019; Gordon & Feldman, 2008; Holmes et al., 2013; Kuo et al., 2017; McHale et al., 2004; Parade, 2010; Szabo et al., 2012; Van Egeren, 2004) and the biological link to the parents (four studies, 8%; Goldberg, 2005; Goldberg et al., 2014; Goldberg & Perry-Jenkins, 2007; Golombok et al., 2003).

Measures and Assessment Tools

All of the retrieved studies included self-reported measures. Additionally, 14 studies (28%) also included observational measurements. These observational measures assessed coparenting interactions (eight studies, 18%) and the quality of couple interactions (10 studies, 20%). One study included actigraphy, an objective measure of sleep quality (Insana et al., 2011). Table 3 presents the measures used to assess the couple functioning dimensions under study.

Sample Characteristics

The number of participating couples varied between 5 and 1778, with *M* = 217 and *SD* = 346. Five studies (10%) had more than 500 participating couples, six (12%) had between 200 and 500 participating couples, 18 (36%) had between 100 and 200, and 21 (42%) had less than 100 participating couples. Please see Table 2 for the corresponding references.

As seen in Table 2, 13 studies (26%) included exclusively married couples, while the rest also featured cohabiting couples. The majority of the studies comprised primiparous parents exclusively (35 studies, 70%), whereas three studies (6%) enlisted second-time parents exclusively, and 12 studies (26%) spanned both primiparous and multiparous parents.

Children's ages varied across the studies. In the case of families with an only child (i.e., studies including exclusively primiparous parents), the age of the child varied from before the birth (Biehle & Mickelson, 2011; Durkin et al., 2001; Molgora et al., 2019) and up to an average of 4.6 years old (adopted children; Goldberg et al., 2014). In the three studies specifically interested in the transition from one to two children, the older children's mean age varied between 23 and 31 months (Kuo et al., 2017; Szabo et al., 2012; Volling et al., 2015). In the remaining studies, the older children's ages were often unspecified (nine studies, 18%). When specified, their ages varied between 2 (Lindblom et al., 2014) and 6 years and 3 months old (mean of the adopted children group; Golombok et al., 2003).

Parents' mean age varied between 23 and 41. The majority (45 studies; 90%) reported mean age in the late twenties or early thirties, with one study (2%) reporting a mean below 25 years and four studies (8%) reporting a mean age higher than 35 years.

Forty-seven studies (94%) included exclusively heterosexual couples. Only two studies (4%) included lesbian couples, and a single study (2%) included lesbian, gay and heterosexual couples.

Regarding racial and ethnic identity, nine studies (18%) did not provide information. Four studies (8%) indicated participants' nationality by providing information on their racial or ethnic background. A total of 31 studies (62%) reported their sample as "mostly White" or more than 80% of White participants, with 14 studies (28%) specifying a proportion of 90% or more White participants.

A total of 21 studies (42%) did not provide participants' income. Among the available information, the mean family income varied from $29,400 to $107,220. Some conveyed income data differently (e.g., median).

Quality Assessment in the Study Sample

Qualitative studies scored respectively .60 (Ahlborg & Strandmark, 2001) and .95 (Goldberg et al., 2014). In evaluating the 10 qualitative research criteria, a .60 corresponds to four criteria met, four partially met, and two not met, while a .95 corresponds to nine criteria met and one partially met.

Quality assessment scores of quantitative and mixed design studies ranged from .64 to .95 (*M* = .84; *SD* = .087), with 29 of those studies (58%) having scores between .82 and .91. As a benchmarks, a score of .64 may correspond to four criteria fully met, six partially met, and one not met. A score of .86 may correspond to eight fully met criteria and three partially met, while a score of .95 reflects to 10 fully met and one partially met.

Definition and Trajectories of the Main Couple Dimensions

In our study sample, authors have extensively investigated relationship satisfaction, relationship quality/adjustment, and coparenting. Within this literature, the following section offers defining characteristics of these constructs and discusses their evolution across the TP.

Defining Relationship Satisfaction

With the term relationship satisfaction, we encompass couple, spousal and marital satisfaction. Relationship satisfaction refers to a subjective experience, an opinion of one's relationship (Keizer, 2014). It mainly refers to the respondent's level of happiness in their relationship, the perception of being in a good relationship and that their partner meets their needs (Chong & Mickelson, 2016; Fillo et al., 2015; Lawrence et al., 2008; Parade, 2010). Researchers have used various tools to assess the relationship satisfaction construct. In the retrieved studies, many inconsistencies appeared around the terms 'relationship satisfaction', 'relationship quality' and 'relationship adjustment'. Some authors use these terms interchangeably. For example, Schober (2009) used a single item asking participants how s*atisfied* they were with their partner to

measure 'relationship quality'. Bower et al. (2013) labelled 'relationship satisfaction' a variable assessed with a questionnaire typically associated with relationship adjustment (dyadic adjustment, see definition below). Cox et al. (1999) labelled 'relationship satisfaction' a composite score integrating a relationship satisfaction measure with other subscales, namely dimensions of love, ambivalence, conflict and intimacy. For other researchers, relationship satisfaction is often conceptualized as a dimension of a broader concept of relationship quality/adjustment. In this perspective, relationship satisfaction is part of the positive pole of the relationship experience (along with affection, as opposed to conflicts).

This section presents results on the relationship satisfaction construct defined above. The outcomes corresponding to a broader concept, such as relationship quality or adjustment, are presented further down, despite being labelled 'relationship satisfaction' in some original papers. The reader is invited to refer to Table 3 for details on measurements.

General Evolution of Relationship Satisfaction Across TTP

There is a consensus on the general decline in relationship satisfaction many couples experience after becoming parents. Researchers have measured this decline in different time windows. Results by Cordova (2000) indicate that this decline, measured between the 3rd trimester of pregnancy and 3rd month postpartum, occurs soon after the birth. Other results suggest that this decline continues up to 12 months postpartum (Elek et al., 2003; Lawrence et al., 2008) and even up to 24 months postpartum (Kohn et al., 2012). According to Schober (2009), parents who experience more relationship satisfaction before the birth of their child also remain more satisfied 3 years postpartum.

Gender Differences

Measuring the changes between the 3rd trimester of pregnancy and 9 months postpartum, Don and Mickelson (2014) results indicate a moderate decline for most mothers (80%) and half of the fathers, while 20% of mothers and 50% of fathers experienced steeper declines. Conversely, Parade (2010), who followed primiparous couples across a larger time window, i.e., from pregnancy to 16 months postpartum, found that the decline tends to be steeper for mothers.

Also, they found that parents who reported lower relationship satisfaction at 6 months postpartum tended to report steeper declines in relationship satisfaction across this period.

Partner Agreement

Additionally, members of a couple tend to have a similar appraisal of their relationship satisfaction level. In many cases, self-reports of mothers and fathers were found to be positively correlated with medium to large effect sizes according to Cohen's (1988) recommendations (Fillo et al., 2015; Kohn et al., 2012; Parade, 2010), or not statistically different from each other (Elek et al., 2003; Insana et al., 2011). The results of Don and Mickelson (2014) also indicate that partners tended to present similar trajectories of relationship satisfaction.

Defining Relationship Quality or Adjustment

Based on our review of the included studies, what defines the quality of a couple's relationship comprises several elements. In extensive studies from which originated the results of Carlson et al. (2011), Berryhill et al. (2016) and Durtschi et al. (2017), *relationship quality* was measured with the frequencies of various behaviors, including the will to compromise during disagreements, the expression of love and affection, provision of support and understanding, and reverse coding of provisions of insults and criticism. Similarly, the measure used by Goldberg (2005), the Relationship Questionnaire (Braiker & Kelley, 1979), assesses levels of conflict, love, ambivalence (i.e., feeling confused versus invested in the relationship) and maintenance (i.e., behaviors intended to reduce the cost and maximize the rewards of the relationship). Holmes et al. (2013) only used this questionnaire's love and conflict subscales to operationalize relationship quality. Indeed, relationship quality was often (eight on 13 studies, 62%) conceptualized as the sum of a positive and a negative relationship pole. For instance, Volling et al. (2015) also used this same questionnaire to create a positive marital relation composite (combining the love and maintenance subscales) and a negative marital relation composite (combining the conflict and ambivalence subscales). The dichotomized conceptualization of the couple relationship was also adopted by Canário and Figueiredo (2016) and Figueiredo et al. (2018), who divided positive (i.e., support, care, affection and closeness) and negative aspects (i.e., irritability, arguments and criticisms) of couple interactions in their work.

Likewise, the constructs labelled ‘relationship adjustment’ or ‘dyadic adjustment’ were similarly operationalized. For example, a widely used relationship adjustment measure, the Dyadic Adjustment Scale elaborated by Spanier (1976), includes four dimensions: satisfaction, consensus (level of agreement on different issues), cohesion (time spent in joint activities) and affectional expression (Bouchard, 2014; Goguen, 2006; Schoppe-Sullivan, 2003; Van Egeren, 2004). This questionnaire, and its short-form versions, are often referred to as a measure of relationship quality (Alves, Fonseca, et al., 2019; Ayers et al., 2007; Durkin et al., 2001), illustrating the interchangeable use of the terms *quality* and *adjustment* when referring to the couple relationship in the scientific literature.

Despite a notable variability in operationalizing a couple's relationship quality/adjustment, considerable similarities emerge between the different measurements. Therefore, these similarities motivated our decision to present the associated results in the present section as a unique category.

General Evolution of Relationship Quality/Adjustment across TTP

From the 3rd trimester of pregnancy to 13 months postpartum, couples’ relationship adjustment tends to decline (Bower et al., 2013). In a smaller timeline, Goldberg (2005) found that in lesbian couples, women (biological, non-biological and adoptive mothers) experienced decreased love for their partner from one month before the birth/adoption to 3 months after. During these same 4 months, conflicts also increased between partners. Similarly, Holmes et al. (2013) measured love and conflict levels in a heterosexual couple sample. In a more prolonged study timeline (from the 3rd trimester of pregnancy to 24 months postpartum), Holmes et al. (2013) found no significant changes in love over time. Using self-report and observational data, Cox et al. (1999) investigated the same timeline. Their results indicate high levels of self-reported relationship quality prenatally (3rd trimester), followed by a downward peak at 12 months and a minor increase reported during the child’s second year. In their study, couples were repeatedly invited (3rd trimester, 3 months, 12 months, and 24 months postpartum) to discuss their main current source of disagreement while communicating how they felt and trying to reach a resolution. These interactions were used to rate positive behaviors (e.g., communication skills, validation, and positive affect) and negative behaviors (e.g., withdrawal and negative affect). These positive

behaviors declined during the first year postpartum, and then modestly increased in the second year. Negative interactions modestly increased during the 1st year postpartum, and then decreased during the 2nd year. Likewise, despite finding some variations, with couples remaining stable, others improving, Durtschi (2011) found that, on average, self-reported relationship quality decreased across the 4 years surrounding a child's birth (measured 2 years before and right after the birth and 2 years postpartum). Canário and Figueiredo (2016) collected data from Portuguese couples at 6 timepoints, from early pregnancy to 30 months postpartum, on the positive (support, care, affection, closeness, joint interests) and the negative (irritability, arguments, criticisms) dimensions of the couple relationship. The relationship's positive and negative dimensions decreased from early pregnancy to 3 months postpartum. Then, from 3 to 30 months postpartum, the positive dimension of the relationship continued to decline while the negative dimension rose. Using a similar timeline, with measures during the pregnancy and at 3 and 36 months postpartum, Le et al. (2016) found partner effects, such that one parent's relationship quality is related to their partner's relationship quality at the next timepoint. Following parents longer in the postpartum period (1, 3 and 5 years postpartum), Carlson et al. (2011) found a high level of positive interactions at 1 year postpartum, which remained similar at 3 years postpartum, but with a slight decline at 5 years postpartum.

Gender differences

Seven of the 13 studies (54%) presented in this section reported gender differences in their results. In their study on the trajectories of positive and negative relationship dimensions across the TP, Canário and Figueiredo (2016) found that parents' gender had no main effect on the trajectories. Yet, they found that gender interacted with time from the pregnancy up to 3 months postpartum. Mothers experienced a decline in *positive* relationship dimensions of the relationship during this period, while fathers experienced a decrease in *negative* relationship dimensions. In a Canadian sample studied from the 3rd trimester of pregnancy to 6 and 12 months postpartum, mothers reported a decrease in relationship adjustment at each time point (Goguen, 2006). On the other hand, fathers initially reported no differences from pregnancy to 6 months postpartum, yet this was followed by a decrease in relationship adjustment from 6 to 12 months postpartum. These results align with Bower et al. (2013)'s study, in which parents experienced a

decline in relationship adjustment (yet labelled relationship satisfaction) from the 3rd trimester of pregnancy to 13 months postpartum, and this decline was greater for mothers. In their study among Swiss parents, Perren et al. (2005) collected self-reported measures of partners' communication, sensitivity and conflicts, as well as observed dialogue quality measures prenatally and at 12 months postpartum. They found that mothers and fathers experienced a decline in communication and sensitivity, yet only mothers reported increased conflicts during the 1st year postpartum. Based on observational coding of a semi-structured interview on parents' dialogue quality, mothers manifested no change in the dialogue quality while fathers increased their dialogue quality, which may suggest a desirability bias for observations. Contrasting with previously presented results, Holmes et al. (2013) reported that conflicts increased for fathers from the 3rd trimester of pregnancy to 24 months postpartum, while no significant change appeared for mothers. Durtschi (2011) found that mothers and fathers reported relationship quality deterioration from 2 years before to 2 years after birth, with this decline twice as steep for mothers. Observed warmth and hostility were also rated in couple discussions (at 2 years before birth, right after birth, and 2 years postpartum). The results illustrated that mothers' hostility was higher than their husbands' over the 4 years and increased with time, while fathers' hostility remained stable. Also, fathers' warmth level was lesser than their wives', and this warmth level decreased over time for both.

On their part, Durkin et al. (2001) investigated the experience of expectant parents in an exploratory study. Their exploratory factor analyses revealed that the psychosocial functioning of expecting couples is not a unified construct. Four dimensions contribute to parents' pregnancy experiences: psychological functioning, relationship functioning (i.e., a factor mainly composed of partners' dyadic adjustment and perceived care and control in the relationship), social support from friends and family, and childhood family relationship quality (family of origin). The authors reported that these factors were inter-correlated for women but not men. This suggests that, for men, childhood family relationships may not be linked to their psychological or relationship functioning, but may contribute to women's experiences during pregnancy. Turning specifically to the relationship functioning factor, for expecting mothers, the sense of being cared for by their partner, her satisfaction with the support provided by her partner and her assessment of the

relationship quality were important variables in relationship functioning during pregnancy. These results were mirrored in the expecting fathers' relationship functioning factor, but with the addition of feeling controlled by their partner as a deterrent. The authors suggest that the sense of being controlled by their partner is part of expecting fathers' relationship experiences during pregnancy, while it is not for expecting mothers.

Partner Agreement

Despite the above-mentioned gender differences, partners had similar experiences in relationship quality in some studies. In Canário and Figueiredo's study (2016), partners tended to report similar levels of positive (e.g., support, care, affection, closeness) and negative (e.g., irritability, criticisms) relationship dimensions. Similarly, Holmes et al. (2013) found that the initial love and conflict levels, and their rates of change from the 3rd trimester to 24 months postpartum were highly correlated in couples.

Defining Coparenting

As partners become parents, they are no longer solely a couple, as a burgeoning parental subsystem grows. Caring for a newborn complexifies their relationship, as they must collaborate in caring for and parenting their child. This new relationship dimension is defined as coparenting.

When assessing the coparenting relationship, the authors were interested in the parents' perceived level of support and undermining from each other (Le et al., 2016). Several have focused on observed coparental interactions in real-life activities (Christopher et al., 2015; Elliston et al., 2008; Schoppe-Sullivan, 2003). Different methods and coding strategies were used but often implied a triadic activity (i.e., both parents and their child) from which parents' behaviors were assessed. As for self-reported measures, behaviors of mutuality, competitivity and withdrawal (Gordon & Feldman, 2008; McHale et al., 2004) were mainly targeted, along with displays of warmth and verbal sparring (Van Egeren, 2004), or pleasure, displeasure, interactiveness and anger (Schoppe-Sullivan, 2003).

Coparenting Relationship Evolution across TTP

Van Egeren (2004)'s study followed married couples having their first child from the 3rd trimester of pregnancy to 6 months postpartum on 4 timepoints. For both mothers and fathers, coparenting trajectories did not change or fluctuate significantly over time. They were, in fact, high and stable. Nevertheless, mothers' and fathers' trajectories differed significantly, as fathers experienced higher coparenting quality than mothers. Within dyads, both parents' coparenting was moderately correlated, indicating that partners shared a similar coparenting relationship satisfaction.

Summary of Findings

A multitude of factors is associated with the way couples experience their TP. Within a family scope, these factors can be organized under individual-, couple- or child-driven influences. In the following section, we present these predictors chronologically. By following the time window investigated by the studies' authors, we can observe nuances in the developmental evolution of the TP.

Individual-Level Predictors

Family of Origin influences

The first identified predictors are rooted back in the parents' childhood. Parents' memories of their family of origin are tied to current couple relationships. A positive perception of their own parents' relationship was related to positive outcomes in their current relationship (Perren et al., 2005). Also, the memories kept from childhood are linked to their experience as parents during the TP. Remembering more acceptance from their mother was positively linked to parents' coparenting relationship a few months after the birth of their child (Schoppe-Sullivan, 2003).

Adult Attachment Orientations

Partners' attachment orientations are linked to relationship satisfaction. High avoidance attachment generally predicted lower satisfaction over the 2 first years of parenthood (Kohn et al., 2012).

Prenatal Expectations

As parents prepare to welcome a child, they have prenatal expectations about the future division of childcare, paid work or how they will work as a team to raise their child. In our review, these prenatal expectations were linked to relationship quality later on. Parents' prenatal expectation about their future coparenting relationship was positively linked to their actual coparenting relationship at 3.5 months postpartum (Schoppe-Sullivan, 2003). Likewise, negative representations of their future coparenting relationship were associated with less cooperation and warmth at around 3 months postpartum (McHale et al., 2004). In lesbian couples, mothers' prenatal expectations about childcare division predicted actual childcare division at 4 months (Goldberg & Perry-Jenkins, 2007). Attention was also raised to the consequences of parents' not materialized expectations. Parents who felt their expectations were less violated experienced more positive coparenting (Van Egeren, 2004).

Affectivity

Parents' psychological adjustment across the TP is not systematically linked with relationship outcomes. Experiencing prenatal negative emotionality was unrelated to changes in relationship adjustment during the 1st year postpartum (Bower et al., 2013). Similarly, experiencing birth post-traumatic stress symptoms did not predict deterioration in relationship quality (Ayers et al., 2007). Conversely, experiencing prenatal depressive symptoms was associated with a steeper decline in relationship quality during the 1st year postpartum (Cox et al., 1999). Likewise, increasing depressive symptoms during the first 2 years postpartum were linked to more conflict, as reported by mothers (Holmes et al., 2013).

Parental Role Experiences

Parental role experiences also influence relationships. For instance, experiencing parenting satisfaction was positively linked to relationship satisfaction for both parents at 4 months postpartum, but only for mothers at 12 months postpartum (Elek et al., 2003). Yet, perceiving infant care self-efficacy was not linked to relationship satisfaction (Elek et al., 2003). Unsurprisingly, getting more sleep over a week predicted more relationship satisfaction during this same period (Insana et al., 2011). Also, changes in parental role engagement between 1 and

5 years postpartum were positively linked to changes in relationship quality over this period (Carlson et al., 2011). Conversely, experiencing parenting stress adversely predicted long-term relationship quality (Berryhill et al., 2016; Durtschi et al., 2017).

Couple-Level Predictors

Relationship Descriptors

Relationship characteristics, such as relationship length or marital status, were infrequently investigated as predictors of relationship outcomes in our sample, limited to only two studies. Goguen (2006) highlighted that the link between relationship length and relationship adjustment was not linear but quadratic. Couples being together for 6-9 years experienced a steeper adjustment decline than couples in shorter and longer relationships (Goguen, 2006). Yet, these results were only verified in a brief window, i.e., between the 3rd trimester and 6 months postpartum. Next, Carlson et al. (2011) found that when American couples were married when the child was born, they experienced greater relationship quality up to 5 years following birth (Carlson et al., 2011). The conclusions we can draw on the influence of these relationship characteristics are thus very limited.

Planned Pregnancy

Having planned a pregnancy appears to be a more influential factor. Couples becoming parents with an unplanned pregnancy appear to experience exacerbated strains on their relationship (Cordova, 2000; Cox et al., 1999; Lawrence et al., 2008).

Couple Support and Coparenting

Expecting a child can be stressful, especially considering the cumulative changes parents must prepare for. Parents' ability to communicate their stress to their partner and the couples' ability to cope together with this common stressor is linked to their dyadic adjustment during pregnancy (Molgora et al., 2019). Couples' ability to jointly solve problems prevents steeper declines in relationship quality up to 2 years postpartum (Cox et al., 1999). In the same time frame, the level of support they get from their partner influences relationship satisfaction, particularly in anxiously attached mothers (Kohn et al., 2012). Notably, with the arrival of a child, partners become

coparents, and partner adjustment during pregnancy predicts their coparenting functioning following birth: the couples' ability to work as a team, their relationship adjustment, the quality of their interactions and their childcare division agreement are all linked to their coparenting alliance at 3-4 months postpartum (Cordova, 2000; McHale et al., 2004; Schoppe-Sullivan, 2003), up to 3 years postpartum (Le et al., 2016). The couple's relationship experience is linked to their later coparenting relationship: the coparenting quality in the 1st year postpartum predicts couple relationship quality 2-3 years postpartum (Durtschi et al., 2017; Le et al., 2016). The couple and coparental subsystems mutually influence one another. Van Egeren (2004) discovered that over 7-8 months across the TP, a linear change in relationship adjustment was negatively linked to a linear change in the coparenting relationship. Their results thus raise the hypothesis that an improvement in one subsystem may bring deterioration of the other, at least in the very first months postpartum. Nevertheless, more research is needed on the mutual influence between the couple and coparental trajectories with older babies.

Division of Labor & Childcare

Caring for a young child takes time and comes with compounding household chores, leaving less time for other activities, such as paid work. Unsurprisingly, a critical difference between parental and childless couples may reside in parents' satisfaction with managing the division of household and childcare tasks, as well as paid work. A single study investigated this avenue and found that mothers contributed more to housework and were less satisfied with labor division than childless women (Hortacsu, 1999). Our review also found that an unequal division of housework or childcare is not necessarily associated with decreasing relationship satisfaction (Fillo et al., 2015; Schober, 2009). With Fillo et al. (2015)'s results, an explanation can be drawn about this link. First, parents' attachment orientation seems to moderate this link. Contributing more to childcare is negatively linked to relationship satisfaction, but only for parents reporting higher attachment avoidance. These parents typically avoid relying on anyone other than themselves, and this mindset may exacerbate this link. Next, parents' sense of self-efficacy during childcare tasks also contributes. Higher childcare self-efficacy is linked to higher and more stable relationship satisfaction trajectories, while lower childcare self-efficacy predicted abating relationship satisfaction trajectories during the first 2 years postpartum. Finally, conflictual work and family

obligations were another risk factor. It was associated with declining relationship satisfaction, while low work-family conflict predicted higher and more stable relationship satisfaction trajectories. In line with this result, work-family conflict was found to moderate the negative link between avoidant attachment and relationship satisfaction, with high work-family conflict exacerbating relationship satisfaction declines (Kohn et al., 2012).

Number of Children

Despite the changes a child brings into their parent's life, the influence of the TP on couples' relationships did not appear so extensive in the 1st year postpartum when comparing parents to childless couples. One study identified a negative link between parenthood on relationship satisfaction (Lawrence et al., 2008), while others found no difference in the couples' relationship (Durtschi, 2011; Hortacsu, 1999), on communication quality (Connolly, 1999), or attachment orientation (Galdiolo & Roskam, 2017). There is also limited result convergence between primiparous and more experienced parents. Having more than one child seems negatively linked to relationship quality more than 1 year postpartum (Richmond, 2004), especially for fathers (Bower et al., 2013). While domains such as companionship activities and coparenting alliance appeared protective in second-time parents, couple intimacy and division of childcare satisfaction showed no differences between the groups (Richmond, 2004). Nevertheless, Canário and Figueiredo (2016) found that the declining positive relationship trajectory between 3 to 30 months postpartum was steeper for primiparous parents.

What is the Partner's Contribution?

It seems to go without saying that a partner's characteristics may influence the other couple member's experience. Using data collected from both partners and its dyadic analytic strategy allows for exploring couple dynamics and unveiling partner effects. In this review, we found several interesting partner effects.

Partner Effect of Affectivity on Relationships. At the end of the pregnancy, one parent's stress and aggressivity were negatively related to the other parent's relationship adjustment, but not their own (Bower et al., 2013). In the first 9 months postpartum, mothers who experienced more daily stress and fathers who experienced more anxiety each predicted steeper declines in

their partner's relationship satisfaction (Don & Mickelson, 2014). Also, when parents displayed hostility during pregnancy, a steeper decline was reported in their partners' relationship quality over the 2 years postpartum (Durtschi, 2011). Together, higher stress, anxiety, hostility, and aggression seem linked to the other parent's relationship adjustment and satisfaction. Conversely, less stress seems to protect the other partner's relationship quality and satisfaction. For instance, when both couple members reported low stress, one's low stress was a good predictor of the other partner's higher relationship quality (Durtschi et al., 2017). This result was null, however, when both couple members reported higher stress levels. Also, mothers' self-esteem was positively linked to their partners' relationship satisfaction (Don & Mickelson, 2014). At the same time, when fathers were observed expressing more warmth in their partner interactions, relationship quality decline was less steep for mothers (Durtschi, 2011).

Partner Effect of Couple Functioning on Relationships. One parent's perceived couple support reciprocity (i.e., similarity in dyadic coping) was linked to their partner reporting higher relationship adjustment a few months later, but not their own relationship adjustment (Alves, Fonseca et al., 2019). Also, one parent's relationship quality was related to their partner's relationship quality at three timepoints, from pregnancy to 3 years postpartum (Le et al., 2016). When looking at the evolution of a parent's love and conflict over 2 years postpartum, partners' violated parenthood expectations (e.g., underestimated the impact of becoming a parent) seemed to matter. Fathers whose expectations about parenthood did not materialize had partners whose love declined over time. Similarly, when mothers experienced violated parenthood expectations, their partners reported increased conflict levels over time (Holmes et al., 2013).

Child-Driven Effects

Beyond the changes associated with giving birth or adopting a child, more specific child characteristics have been shown to influence couple functioning.

Biological Link with the Child

The most primal characteristic might be the biological link between a parent and a child. The retrieved results are not homogenous. During a period very close to the TP (from pre-birth or

adoption to three months after), amongst lesbian couples, biological mothers reported decreasing active work on their relationship (i.e., relationship maintenance), while the opposite was found for non-biological mothers (Goldberg, 2005). It thus seems that being genetically unrelated to the child is linked to working harder on the relationship. Later in the TP (from 3.5 to 8 years postpartum), amongst heterosexual families who adopted or used medically assisted conception methods, it was found that mothers who were genetically unrelated to their child experienced more relationship quality than mothers with a genetic link. Amongst fathers, the genetic link was unrelated to relationship quality (Golombok et al., 2003). On the role of biology in shaping parental roles, two studies underlined that, amongst lesbian couples, most parents reported that biology did not shape their role as a parent (Goldberg, 2005; Goldberg & Perry-Jenkins, 2007). It is crucial to note that in these studies, parents invested themselves in an adoption or a medically assisted conception method. These involve an arduous planned pregnancy. Not only is it a shared project for these couples, but assisted conception and adoption are both a long and strenuous process with several cumulative challenges before transitioning into parenthood, suggesting an important investment from the parents in their family life.

Child Sex

Regarding the influence of infant sex, the results are more straightforward. In our review, results point toward an exacerbated TP phenomenon in parents of girls. In Cordova (2000)'s study, the positive link between parents' teamwork ability and relationship quality was amplified in parents of girls. Low coparental teamwork was related to lower relationship satisfaction, and high teamwork was related to higher relationship satisfaction. Also, in a sample of American families from rural areas, results suggest that having a girl may deleteriously influence relationship satisfaction and quality couple interactions (Cox et al., 1999).

Parent Gender & Child Sex. Further results point to a specific effect on fathers of girls. For fathers, having a girl was negatively associated with their couple relationship quality and coparenting quality (Elliston et al., 2008; Holmes et al., 2013). Nonetheless, these findings were not unanimous, as one study found no link between relationship satisfaction and infant sex (Elek et al., 2003).

Child Temperament

An infant's temperament also influences the parental relationship. A difficult temperament was associated with less coparenting quality in the first months postpartum (Gordon & Feldman, 2008; McHale et al., 2004). Also, 1-year-olds' more difficult temperament is associated with less relationship quality 4 years later (Berryhill et al., 2016).

Parent Gender & Child Temperament. Infant temperament appears to be linked to fathers' experiences. When the child is perceived as more difficult, fathers report poorer relationship satisfaction (Parade, 2010) and relationship quality, with higher conflict levels (Holmes et al., 2013). However, earlier in the transition (3 months postpartum), fathers who perceive their child as more difficult experience positive outcomes in couple functioning, with a stronger link between their ability to work as a team and their relationship quality (Cordova, 2000). In contrast, fathers report more successful coparenting experiences when their child has an easier temperament (over the first 6 months postpartum; Van Egeren, 2004). Interestingly, while fathers with a positive perception of mothers' competence showed better coparenting quality when children were easier, when their child was more difficult, it was mothers' positive perception of fathers' competence that was tied to higher coparenting quality (Gallegos et al., 2019).

Discussion

Grounded in a systems theory perspective, the main objective of this systematic review was to document the couple's dyadic functioning across the TP. To reach the most accurate picture of dyadic processes and avoid the bias in using a single-person report of couple constructs, we built this review on studies that had exclusively included couple samples. In presenting the retrieved results, we aimed to highlight the trajectories of the different couple dimensions under study, point out the associated predictors, and retrace child-driven effects. Collecting couple data among both partners is a meaningful specificity of this review. Noticeably, it can capture partner (and gender) differences in each member's TP experiences, and highlight potential partner effects, which we discuss below. Interestingly, our review showcases that partners often appear to agree on how they evaluate dimensions of their shared relationship, regarding relationship

satisfaction (Elek et al., 2003; Fillo et al., 2015; Insana et al., 2011; Kohn et al., 2012; Parade, 2010), as well as relationship quality/adjustment (Canário & Figueiredo, 2016; Holmes et al., 2013).

Gender and Parents' Experiences of TP

Some differences emerged in parents' experiences of their relationship adaptation, suggesting that mothers may be more affected than fathers, which aligns with previous work (Kluwer, 2010; Twenge et al., 2003). Mothers were found to experience steeper relationship satisfaction, adjustment declines, decreasing positive dimensions of the relationship and increasing conflict (Bower et al., 2013; Canário & Figueiredo, 2016; Durtschi, 2011; Parade, 2010; Perren et al., 2005). In comparison, fathers were found to experience decreasing negative dimensions of the relationship and increasing dialogue quality (Canário & Figueiredo, 2016; Perren et al., 2005). When reported, the effect sizes were consistent with Twenge et al.'s meta-analytic results (2003). That is, a small effect of parenthood on relationship satisfaction (Lawrence et al., 2008), with mothers experiencing significantly larger effects than fathers (Durtschi, 2011). In contrast, other studies evidenced diverging results, with fathers experiencing worse relationship outcomes than mothers (Don & Mickelson, 2014; Holmes et al., 2013), thus nuancing previous non-exclusively dyadic reviews (Kluwer, 2010; Twenge et al., 2003). Part of an explanation for these contrasting results may reside in the identified partner effects. Indeed, both Holmes et al. (2013) and Don & Mickelson (2014) used dyadic data analysis to identify partner effects associated with fathers reporting more conflict and steeper relationship satisfaction declines than mothers. These results illustrate the added value of dyadic samples and data analysis in enlightening intra-couple processes. Another possible explanation may be attributable to the evolution of contemporary families. In their meta-analysis, Twenge and colleagues (2003) documented how parenthood is related to marital satisfaction using samples of parents and nonparents with results spanning from 1974 to 2000. Likewise, Kluwer (2010)'s review documented the changes in couple relationships across the TP based on studies from the 80s to 2009. In contrast, the results retrieved in our review are based on data from more contemporary families, which may explain the changing results. Two decades ago, Twenge et al. (2003) identified a cohort effect, with more recent generations of parents experiencing greater dissatisfaction after the TP than earlier generations. The fact that mothers and contemporary birth cohort experience greater

dissatisfaction in their relationship was explained by their experienced role conflict (Kluwer, 2010; Twenge et al., 2003). Indeed, the family landscape diversified as gender roles evolved in the last few decades. Some families are progressing towards more egalitarian gender roles, which complexify family dynamics understanding (Oláh et al., 2021). We believe that our review adds to this ongoing question among scholars by investigating in today's families how gender roles may play a part in explaining couples' adaptation across the TP. Another cohort effect may be associated with the fact that parents, in more recent generations, may receive less help from their own parents. As they become parents later than previous generations, grandparents are thus older and may be less apt to provide help (Bigner & Gerhardt, 2014) than in earlier generations. New parents in today's family must manage the burden of both their job, household and childcare tasks with less help than their own parents had. This additional workload, compared to previous generation can create a higher level of difficulty for these couples' adaptation to the TP.

The literature based on single data report documenting the evolution of gender role attitudes across the TP has illustrated that parents tend to change towards more stereotyped, traditional family roles (Endendijk et al., 2018; Katz-Wise et al., 2010; Perales et al., 2018). In heterosexual couples, fathers were found to assume a provider role and have less involvement in housework, while mothers spent more time in childcare and housework and less time in paid work. This move to traditional roles tends to produce unequal workloads between heterosexual parents (Yavorsky et al., 2015). Results of our review support that the division of childcare and housework is a domain where gender differences are exacerbated, especially in heterosexual couples. Parents' gender role attitudes appeared to guide the division of labor in their home regarding childcare, housework and paid work (Schober, 2009). For instance, during pregnancy, mothers reported more concern with baby-specific and relationship issues; after birth, mothers reported doing more childcare than previously expected and an increased contribution to housework, less satisfaction with housework sharing, and a decreased time spent on paid work compared to fathers (Biehle & Mickelson, 2011; Gjerdingen & Center, 2005; Van Egeren, 2004). In contrast, fathers reported worries about job and money issues during pregnancy, and after birth, they reported doing less childcare than previously expected (Biehle & Mickelson, 2011; Van Egeren, 2004). Results among lesbian mothers pointed in a different direction: the division of labor did

not significantly change across TP and remained relatively equal between partners (Goldberg, 2005). However, having carried the child still makes a woman more likely to perform childcare (Goldberg, 2005; Goldberg & Perry-Jenkins, 2007). The changes mothers experienced in their bodies during the pregnancy, including hormonal changes and the ability to breastfeed, may contribute to explaining this difference. Among lesbian mothers, the choice of bearing the child may have been made accordingly to a preference to experience these body changes and the physical proximity to the child. Despite the identified gender differences regarding relationship adaptation and the division of housework and childcare, our review underlined that doing a larger share of childcare does not necessarily lead to less satisfaction with one's partner. In a British sample, Schober (2009) found that uneven housework division was only related to lower relationship satisfaction for fathers with partners adopting a more egalitarian attitude.

In their work, Kluwer (2010) identified the congruence between gender role attitudes and the division of labor as an essential variable in understanding couples' adaptation: less traditional (more egalitarian) gender role attitudes combined with the traditional division of labor are likely to cause more conflict. Specific results in the retrieved studies brought additional light to this question. Namely, the perception of fairness in the division of labor, the perception of self-efficacy in childcare tasks, work-family conflict, as well as partners' violated expectations about parenthood (including the division of labor and the coparenting relationship) appeared as crucial variables to consider. Our results are consistent with a recent study among German parents, which underlined the benefit to consider individuals' perception of fairness in the division of labor across TP (Hiekel & Ivanova, 2023). They found that gender role attitudes interacted with the perception of fairness in the division of labor in predicting relationship satisfaction. More specifically, an increasing perception of fairness across TP protected against relationship satisfaction declines, only for women with egalitarian gender role attitudes. Whereas the stability of perception of fairness across TP was negatively associated with relationship satisfaction of men holding traditional gender role attitudes. As this study included individual reports, thus the investigation of partner effects could not be measured. Men with traditional gender role attitudes may thus expect for fairness to decrease in order to maintain a higher relationship quality. One can imagine how this could lead to an increasing level of conflict and decreasing

relational satisfaction if these men are coupled with partners holding a more egalitarian point of view. The latter would be expecting for them to contribute equally to the household labor.

Some results retrieved in this review also point towards an influence of parents' gender role attitudes on coparenting relationships. An egalitarian role attitude was globally linked to better coparenting behaviors (Kuo et al., 2017; Schoppe-Sullivan, 2003). Opting for an equal division of tasks among parents may help them work as a team in their parental roles. It is possible to think that this may be favorable to parent-child relationships later on.

Also, regarding infant characteristics and parent gender, the results gathered in this review indicate that fathers seem more sensitive to the influence of specific child characteristics (temperament and sex) than mothers. Fathers of girls appeared more at risk of adverse outcomes. Interestingly, an Australian study relying on single parent reports found that parents of daughter, and especially fathers, are more likely to experience a shift in gender role attitudes towards less egalitarian attitudes (Perales et al., 2018). Adopting certain gender role attitudes may thus partly explain the documented link between child gender and couples' outcome documented in this review. This illustrates the growing relevance of also considering gender role attitudes of each partner in this contemporary era. This would improve the understanding of couples' adaptation as they become parents, and also better explain the link with child-driven effects on the couple functioning. It is all the more important as certain societies are evolving towards more equality between genders.

Review Strengths and Limitations

The TP is an adult life stage that has already received considerable attention, yet this review went beyond previous work. First, we adopted a systemic framework by considering mutual influences between the couple subsystem, the parental subsystem and the child, and the reciprocal influence between couple members. Following this idea, we exclusively collected TP studies relying on both couple members' data, which constitutes a significant strength of this review. Using both parents' data provides a more accurate picture of the couple's dynamic. By encompassing both partners' viewpoints, it identifies each partner's contributions to relationship outcomes while controlling for respective partners' contributions and examining the interaction

between their experiences. This improved estimation of each partner's contribution and their dyadic processes helps eliminate single-perspective data biases.

This review was conducted systematically, ensuring a rigorous process. A quality assessment tool provided methodological rigor estimates of the reviewed studies. This tool produces a general index reflecting the presence of key research elements in the studies, thus giving readers a sense of trust in the studies' conclusions. That said, despite being a helpful index, this quality assessment score is general and does not provide the possibility to infer what reported area was more or less rigorous.

Finally, we aimed to cover all aspects of dyadic functioning. Rather than answering a specific question, our review objective was exploratory. We collected a broad spectrum of research results. This approach logically ensued a great variety of research questions, studied variables, research designs and methodologies, allowing us to present a comprehensive research summary. It also enabled us to identify undocumented predictors in previous systematic reviews (e.g., adult attachment, division of labor, child temperament and gender; Twenge et al., 2003). Compared to previous work, we also covered the coparenting dimension of couples' relationships (Kluwer, 2010; Twenge, 2003). Yet, this broad range also represented a challenge in comparing studies and integrating cohesive results, as the included studies differed in many aspects. In turn, this may have limited a more in-depth comparison of the studies and prevented us from calculating the effect sizes of specific phenomena in a meta-analytic way.

Clinical Implications

The most fundamental implication of this review is its consideration of several family system facets in understanding the changes that couples experience when becoming parents, mainly on relationship satisfaction, relationship quality and coparenting. The results distinguish three main levels of influence, i.e., the individual, the couple and the child. A family level of influence was also identified, with family structure (e.g., the number of children) linked to couple adaptation. Each level includes relevant predictors of relationship outcomes for couples welcoming a child. Several may be potential intervention targets to prevent or limit the relationship difficulties in this life transition.

At the individual level, the parents' emotional state appears central. Based on this review, helping parents mitigate personal anger, stress, anxiety, and depressive symptoms would likely facilitate their relationship functioning. Different predictors associated with the parental role have also been identified. Interventions aiming at educating expecting heterosexual parents may help them anticipate the uneven division of childcare and prevent them from experiencing violated expectations about parenthood. This, in turn, could help them experience better relationship and coparenting quality. These intervention targets may also lessen parenting stress and foster more engagement in their parental role and their sense of efficacy in caring for their child.

At the couple level, partners' dyadic functioning seems to shape how couple relationships evolve across the TP. Reinforcing partners' ability to work as a team, jointly solve problems and cope together with TP stressors will likely benefit their relationship satisfaction and adjustment. In turn, better functioning in the couple subsystem is favorable for the parental subsystem and thus, to the coparenting relationship. Moreover, results have shown that despite the couple members' agreement on the state of their relationship, they do not navigate this transition similarly. The numerous gender differences in heterosexual couples highlight the necessity to consider societal expectations regarding mother and father roles and the degree of parental identification with these traditional roles.

Child characteristics also contribute to their parents' adaptation. For instance, knowing that a child's negative affectivity can be a risk factor to their parents' relationship, providing additional support to these parents may prevent negative influences on their dyadic functioning. Likewise, informing parents about child-sex influences on couple relationships may help lessen or mitigate this risk for both parents, especially fathers.

While it is relevant for health professionals working with future and new parents to be aware of the individual and dyadic predictors, and the associated intervention levers, it is just as crucial for the parents to access this information. A systematic review of the prenatal needs of primiparous parents in terms of preparation for parenthood revealed that these parents should have been better informed of the changes to come in their couple relationship and the adaptation strategies to adopt (Entsieh & Hallstrom, 2016). Indeed, programs for new parents often focus on the needs

of the infant and the basic care to be provided (Bigner & Gerhardt, 2014; Pinquart & Teubert, 2010). However, these programs seem to provide little information on all the changes and adjustments couples experience upon the arrival of a child. The meta-analysis by Pinquart and Teubert (2010) illustrates that only 17% of 133 interventions studied had couple adjustment as their main target. The authors also conclude that these interventions significantly positively affect couples' adjustment to TP. These findings suggest that it would be beneficial to further promote the knowledge of the determinants of couple adaptation. It can be promoted directly by health professionals involved with parents, but also through programs and guides accessible to parents. A recent review suggests that no parent education program can universally cover every parental need (Gilmer et al., 2016). It would therefore be beneficial for parents, depending on their needs and preferences, to have access to different modalities (e.g., classes, workshops, online videos, therapy sessions; in groups vs. individually).

Finally, several partner effects identified in this review underlined the necessity to consider the contribution of one's partner to the other partner's experience. Even when working with an individual parent, professionals must keep the other parent in mind and how their experience might play a role in the targeted parent's experience. For instance, partner stress, anxiety, aggressivity, and partners' violated expectations about parenthood can negatively influence the other parent's perception of their relationship functioning.

Literature Strengths and Limitations and Directions for Future Research

This review illustrated couple outcomes linked to the arrival of a baby and the diversity of processes occurring in the family around this transition. By doing so, some risk and protection factors can be highlighted. The review identified important methodological strengths in this literature. First, most studies (82%) used longitudinal research designs and included a data collection point before the child's birth (68%). Also, almost a third (28%) of the research body used observational measures. Globally, the quality assessments we carried out highlighted a serious scientific rigor, with only a fifth of the reports scoring below .75. Additionally, a certain proportion (36%) took advantage of the dyadic data collected by using dyadic data analysis methods. It is a robust methodology that enables the assessment of both partners' contributions

to an outcome simultaneously and by concurrently controlling for each partner's unique contribution. Together, it provides a less biased estimation of each partner's individual influence on an outcome. Also, documenting partner effects enhances understanding of the dyadic processes occurring between partners welcoming a child.

Despite the strengths outlined, gaps in the research reviewed must be underlined. First, substantial inconsistencies appeared in how relationship satisfaction, relationship quality and adjustment were defined and assessed. In some cases, the same measure was used interchangeably to assess relationship satisfaction and quality. Also, among the studies retrieved for this review, there was no clear consensus around what exactly defines the quality of a relationship and whether it is distinct from relationship adjustment. This lack of consensus highlights the need for a common vocabulary and operationalization of couples' processes (e.g., relationship satisfaction, relationship quality/adjustment). Researchers should strive to use a common vocabulary and pay special attention to its coherence with the actual, measured construct. A critical step may be to provide a detailed variable operationalization. While we began this construct clarifying process in our review, we invite scholars to complement our observations and further investigate this question.

Using multiple data collection points, including measures during or before the pregnancy, provides a more informed knowledge of couple functioning fluctuations across the TP. Also, the evolution of couples' adaptation from the TP to later development, as families mature, is currently lacking. For instance, despite using longitudinal designs, very few studies investigated over 5 years postpartum. Studying couples' TP adaptation in a longer-term, as the child evolves through childhood and parents mature, would allow documenting the evolution of couple relationships, from its early beginning to subsequent family life stages, and perhaps clarify determinants of best family trajectories.

The most crucial limit may be the remarkable lack of diversity in the populations studied. Indeed, family scientists have built considerable knowledge of White married heterosexual couples from Western countries, mainly in North America. Yet, this knowledge is not generalizable to all families regarding culture, ethnicity, socio-economic status, and identification with gender and

sexual minorities. Other realities than those of a majority are vastly underrepresented in the TP literature; minorities in Western countries and majorities in non-Western countries are not represented. We lack sufficient knowledge of the intricacies of minority families' functioning across the TP. This lack of knowledge is problematic as it can further promote inequalities for these minority populations. For instance, the interventions based on this knowledge may not be optimal for them. It appears mandatory for researchers to make a particular effort in recruiting participants from underrepresented, minority populations or non-Western countries. This diversity refers to participants' culture, ethnicity, and identification with the LGBTQ+ community. Recruitment strategies must better represent the realities of diverse families, not just the predominant population.

Although broad relationship facets were under study in this review, as predictors and outcomes, some avenues appear to have been overlooked. For instance, the use of coercive control in the relationship and intimate partner violence were not investigated in the sample of studies we collected. Yet, they harm family well-being, all the more during this transition period. Indeed, pregnancy often marks the onset or escalation of intimate partner violence (Stewart et al., 2013). Hostile behaviors, coercive control and intimate partner violence need attention from the research community studying the TP, as this period can be precarious for many couples. This family transition forces the couple subsystem into a new dual role of intimate partners and coparents. With this change, coparents need to negotiate parental roles, division of labor, and child-specific needs, while the couple subsystem becomes more peripheral. Additionally, a pervasive lack of sleep can have a taxing role on emotional regulation. This new reality is also susceptible to affecting couples' intimacy and sexuality (Serrano Drozdowskyj et al., 2019; Rosen et al., 2021), yet these dimensions did not emerge in our sampled studies. Future studies must further document new parents' adaptation regarding intimacy, sexuality and violence.

Moreover, many studies paid attention to gender differences, but only a few considered parents' attitudes towards gender-role. As the TP is typically associated with an evolution towards a more traditional gender role, and since parents' gender-role attitude influences the division of work between them and their satisfaction with this division, it appears necessary to investigate this direction further. Gender role attitude seems to influence parents' experience of the TP; this,

in turn, could be fundamental to understanding further why the TP is often more harmful to mothers' adjustment (in heterosexual couples). We believe it deserves to be featured more in the TP literature.

Finally, parents are often the primary caretakers of their children. However, they do not evolve separately from larger societal systems. Taking a step back and considering the family system from an ecological perspective, with government policies and community resources playing a role in accompanying individuals becoming parents. More precisely, these institutions provide important services, such as access to (mental) health care, parental leave and even subsidized daycare. These services significantly influence parents' daily lives and finances, thus warranting the investigation of their influence on parents' relationship functioning across the TP.

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*Studies included in the review.

Figure 1. Identification of records included in the review

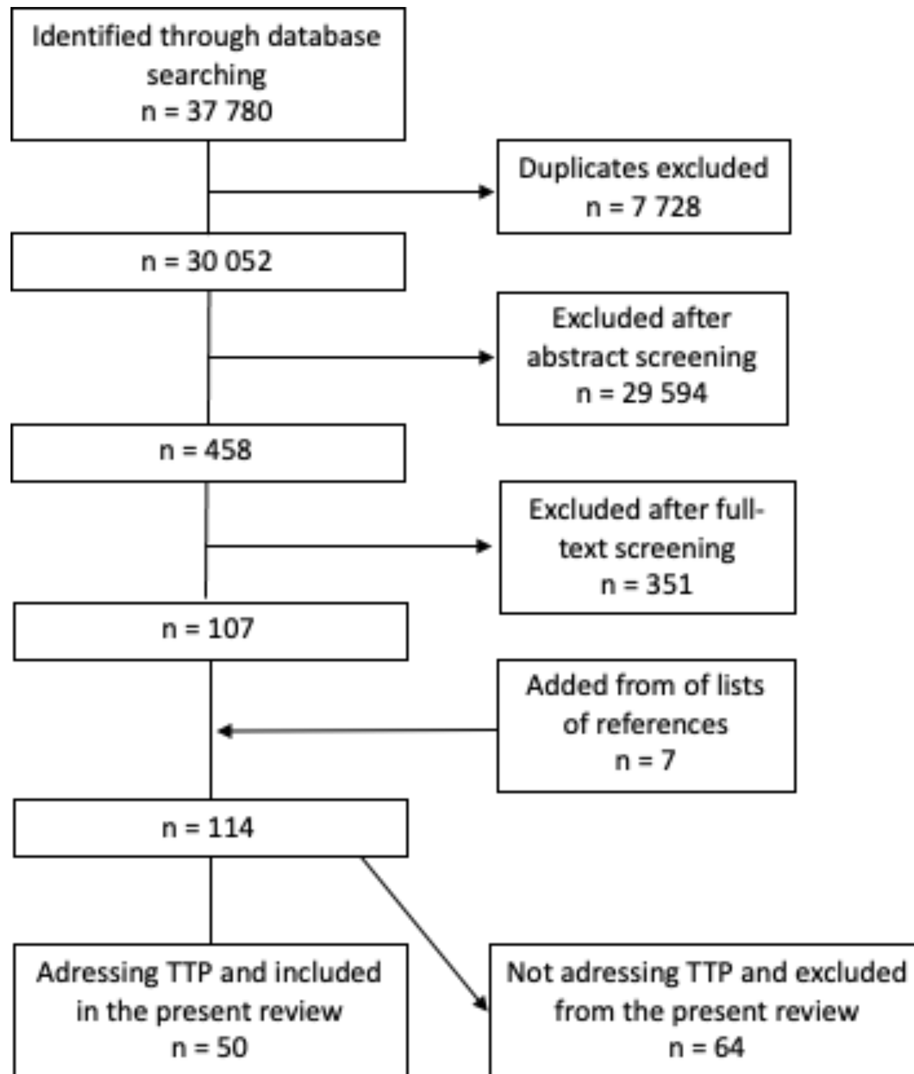

Table 1. Criteria used for quality assessment of the included study reports

For quantitative designs	For qualitative designs
Question sufficiently described	Question clearly described
Study design evident and justified	Study design evident and appropriate
Method of subject selection described and justified	Context of the study clearly described
Subject characteristics sufficiently described	Connection to a theoretical framework
Random allocation described, if possible*	Sampling strategy described and justified
Blinding of investigators reported, if possible*	Data collection methods clearly described and systematic
Blinding of subjects reported, if possible*	Data analysis clearly described and systematic
Variable(s) of interest and measures well defined	Use of verification procedure to establish credibility
Sample size detailed	Conclusions supported by the results
Statistical and data-analytic methods described	Reflexivity of the account
Estimate(s) of variance reported	
Control for confounding variable(s)	
Results sufficiently detailed	
Conclusions supported by the results	

Note. Criteria based on the QualSyst tool (Kmet et al., 2004)

*Criteria applicable to interventional studies

Table 2. Included Studies Information

Author(s) and year (type of publication)	Location	Study design	Data collection time	Participants					Couple dimension(s) studied	Type of measure	Quality assessment score (%)
				N (couple)	Age (M)	Type of relation	Racial or ethnic identity	Annual income			
Biehle & Mickelson, 2011[JA]	U.S. (Ohio)	Cross-sectional, quantitative	3rd trimester of pregnancy	104	29	Married or cohabiting, heterosexual, primiparous	93% White	____	Relationship satisfaction	SR	86
Bower et al., 2013[JA]	U.S. (Midwestern)	Longitudinal, quantitative	3rd trimester of pregnancy; 3 months; 13 months postpartum	99	30	Married (96%) or cohabiting (4%), heterosexual	80% European American, 6% African Americans, 6% Latinos, 5% Asian Americans	Median family income ranged from $51,000 to $60,000	Relationship satisfaction	SR	77
Chong & Mickelson, 2016[JA]	U.S. (Northeast Ohio)	Longitudinal, quantitative	1 month; 4 months; 9 months postpartum	92	29	Married or cohabiting, heterosexual, primiparous	88% White	72% of household earned $60,000 or more	Relationship satisfaction Couple interactions Division of labor	SR SR SR	82
Cox et al., 1999[JA]	U.S. (Southeastern)	Longitudinal, quantitative	Pregnancy; 3 months; 12 months; 24 months postpartum	136	28	Married, heterosexual, primiparous	Mostly European American, 3% African American	Average family income was $29,400	Relationship quality Problem solving abilities	SR O	91
Don & Mickelson, 2014[JA]	U.S.	Longitudinal, quantitative	3rd trimester of pregnancy; 9 months postpartum	103	29	Married or cohabiting, heterosexual, primiparous	88% White	72% of household earned $60,000 or more	Relationship satisfaction	SR	91
Elek et al., 2003[JA]	U.S.	Longitudinal, quantitative	4 months; 12 months postpartum	32	28	Married or cohabiting, heterosexual, primiparous	98% White	64% of household earned $30,000–$74,999	Relationship satisfaction	SR	68

Fillo et al., 2015[JA]	U.S. (Southeastern)	Longitudinal, quantitative	3rd trimester of pregnancy; 6 months; 12 months; 18 months; 24 months postpartum	192	28	Cohabiting couple, heterosexual, primiparous	82% White, 9% Asian, 9% Hispanic	46% of household earned $25,000 to $55,000	Relationship satisfaction Division on childcare	SR SR	86
Golombok et al., 2003[BC]	United Kingdom	Cross-sectional, quantitative	From 4 to 6 years postpartum	162	____	Married (96%), heterosexual	Mostly White	____	Relationship satisfaction	SR	73
Insana et al., 2011[JA]	U.S.	Longitudinal, quantitative	Every day a week (between 3-8 weeks postpartum)	21	28	Heterosexual, primiparous	92.86% White	Mean = $56,091	Relationship satisfaction	SR	86
Kohn et al., 2012[JA]	U.S. (Southern city)	Longitudinal, quantitative	3rd trimester of pregnancy; 6 months; 12 months; 18 months; 24 months postpartum	192	28	Married (95%), heterosexual, primiparous	82% White, 9% Asian, 9% Hispanic	46% of household earned $25,000 to $55,000	Relationship satisfaction Support from partner	SR SR	91
Lawrence et al., 2008[JA]	U.S.	Longitudinal, quantitative	Pregnancy; 12 months postpartum	156	27	Married, heterosexual, parents and nonparents	64% Caucasian, 16% Hispanic, 14% Asian American, 4% African American, 2% other	Median ranged from $11,000 to $20,000 for wives and $21,000 to $30,000 for husbands	Marital satisfaction	SR	91
Parade, 2010[D]	U.S. (Southeastern)	Longitudinal, quantitative	Pregnancy; 6 months; 16 months postpartum	52	30	Married, heterosexual, primiparous	88% White, 9% African American	Family income ranged from $20,000-$190,000 (Median = $75,000)	Marital satisfaction Aggressive conflict strategies	SR SR	91
Perren et al., 2005[JA]	Switzerland	Longitudinal, quantitative	Pregnancy; 12 months postpartum	62	32	Married (74%), primiparous	More than 82% were Swiss or grew up in Switzerland	____	Marital satisfaction Dialogue quality	SR O	92

Schober, 2009[D]	United Kingdom	Longitudinal, quantitative	4 data collection times 1 year apart, the first on the year before childbirth (panel survey)	549	32	Married (66%), heterosexual, primiparous and multiparous	____	____	Relationship satisfaction Division of labor	SR SR	82
Volling et al., 2015[JA]	U.S.	Longitudinal, quantitative	3rd trimester of pregnancy; 1 month; 4 months; 8 months; 12 months postpartum	229	____	Married, heterosexual, multiparous	86% European American, 14% other racial and ethnic groups	38% of household earned $60,000 to $99,999	Relationship satisfaction Division of childcare Couple interaction	SR SR O	82
Berryhill et al., 2016[JA]	U.S (large cities)	Longitudinal, quantitative	1 year; 3 years; 5 years postpartum	1778	____	Married (42%) or cohabiting, heterosexual, 52% primiparous	30% Black	52% of household earned $50,001 or more	Relationship quality	SR	95
Canário & Figueiredo, 2016[JA]	Portugal	Longitudinal, quantitative	1st; 2nd; 3rd trimester of pregnancy; birth; 3 months; 30 months postpartum	260	86% between 20 and 39	Heterosexual, 55% primiparous	91% Portuguese	____	Relationship quality	SR	82
Carlson et al., 2011[JA]	U.S.	Longitudinal, quantitative	1 year; 3 years; 5 years postpartum	1630	30	Married (73%) or cohabiting, heterosexual	42% White non-Hispanic, 21% Black non-Hispanic, 29% Hispanic, 10% other	____	Relationship quality	SR	95
Cordova, 2000[D]	U.S. (Denver)	Longitudinal, quantitative	3rd trimester of pregnancy; 3 months postpartum	43	30	Married (96%), heterosexual, primiparous	90% White, 6% Hispanic, 4% Asian	Median income ranged from $20,000 to $29,000 for women and $30,000 to $39,000 for men	Relationship quality Teamwork	SR & O SR	86

Durkin et al., 2001[JA]	Australia (Melbourne)	Cross-sectional*, quantitative	26 weeks of pregnancy	327	31	Heterosexual, primiparous	40% from Australia or New Zealand, 25% from European background, 10% from Asian background, 25% from other ethnic backgrounds	____	Relationship quality	SR	75
Durtschi, 2011[D]	U.S.	Longitudinal, quantitative	2 years before birth; right after the birth; 2 years postpartum	367	24	Married, heterosexual	100% of European descent	____	Relationship quality Couple interactions	SR O	83
Durtschi et al., 2017[JA]	U.S.	Longitudinal, quantitative	48h; 1 year; 3 years postpartum	848	_____	Married (66%), heterosexual, primiparous	28% Black	48% of mothers earned less than $50,001	Relationship quality Coparenting	SR SR	95
Figueiredo et al., 2018[JA]	Portugal	Longitudinal, quantitative	1st; 2nd; 3rd trimester of pregnancy; birth; 3 months; 30 months postpartum	129	86% between 20 and 39	Heterosexual, 55% primiparous	91% Portuguese	____	Relationship quality	SR	86
Goldberg, 2005[D]	U.S.	Longitudinal, mixed methods	1-2 months before adoption/ 3rd trimester of pregnancy; 3 months after adoption/ postpartum	34	36	Cohabiting, lesbian, primiparous	84% White non-Jewish, 13% White Jewish, < 1% Korean American	Mean family income was $96,970	Relationship quality Division of labor	SR SR	68
Holmes et al., 2013[JA]	U.S. (Southwestern city)	Longitudinal, quantitative	3rd trimester of pregnancy; 8 months; 24 months postpartum	125	30	Married, heterosexual, primiparous	85% White non-Hispanic, 8% of Hispanic origin	32% of family earned $30,001 to $45,000	Relationship quality	SR	91

Le et al., 2016[JA]	U.S.	Longitudinal, quantitative	Pregnancy; 6 months; 36 months postpartum	164	29	Married (82%), heterosexual, primiparous	91% European American	Median family income was $65,000	Relationship quality Coparenting	SR SR	86
McHale et al., 2004[JA]	U.S.	Longitudinal, quantitative	Pregnancy; 3 months postpartum	50	32	Married, heterosexual, primiparous	93% European American, 7% African American, Asian American, or Latino	Median family income ranged from $70,000 to $75,000	Relationship quality Coparenting	O & SR O	73
Richmond, 2004[D]	U.S. (Denver)	Cross-sectional, quantitative	3-6 months postpartum	126	32	Heterosexual, 51% primiparous	91% White, 3% Hispanic, 2% African American, <1% Asian, 4% Biracial	Median household income ranged from $75,000 to $89,999	Relationship quality Coparenting	SR SR	91
Alves, Fonseca, Canavarro & Pereira, 2019[JA]	Portugal (Coimbra)	Longitudinal, quantitative	Pregnancy; 6 weeks; 6-9 months postpartum	92	33	Married (71%), cohabitating (26%) or not living together (3%), heterosexual, 69% primiparous	____	____	Dyadic coping Dyadic adjustment	SR SR	82
Alves, Milek, Bodenmann, Fonseca, Canavarro & Pereira, 2019[JA]	Portugal (Coimbra)	Longitudinal, quantitative	2nd trimester of pregnancy; 6 weeks; 6 months postpartum	92	33	Married (71%), cohabitating (26%) or not living together (3%), heterosexual, 69% primiparous	____	____	Dyadic coping Dyadic adjustment	SR SR	86
Ayers et al., 2007[JA]	United Kingdom (London)	Cross-sectional, quantitative	9 weeks postpartum	64	32	Married (72%), heterosexual	66% White, 15% African or Afro-Caribbean, 8% Asian, 11% of mixed or other	____	Relationship adjustment	SR	91
Connolly, 1999[D]	U.S. (New York City, suburbs of Long Island and New Jersey)	Cross-sectional, quantitative	4-23 months postpartum	25	32	Married (80%), cohabiting (20%), heterosexual, 48% primiparous, 52% childless	____	____	Couple communication Couple functioning	O SR	86

Goguen, 2006[D]	Canada (Moncton)	Longitudinal, quantitative	3rd trimester of pregnancy; 6 months; 12 months postpartum	166	29	Heterosexual, primiparous	100% Canadian descent	Mean income was 35 590$ for women and 43 437$ for men	Dyadic adjustment	SR	86
Molgora et al., 2019[JA]	Italy	Cross-sectional, quantitative	32-37 weeks of pregnancy	78	34	Stable couple relationship, heterosexual, primiparous	____	____	Relationship adjustment Dyadic coping	SR SR	64
Galdiolo & Roskam, 2017[JA]	Belgium	Longitudinal, quantitative	Parents: 24 weeks of pregnancy; 6 months; 12 months postpartum; non parents: 2 waves 6 months apart	216	29	Heterosexual, 49% primiparous, 21% multiparous, 30% childless	____	____	Dyadic influence in attachment orientations	SR	77
Ahlborg & Strandmark, 2001[JA]	Sweden	Longitudinal, qualitative	6 months; 18 months postpartum	5	30	Heterosexual, primiparous	____	____	Changes in couples' intimate relationship	SR	60
Goldberg et al., 2014[JA]	U.S.	Cross-sectional, qualitative	3-4 months after adoption	42	38	Same-sex (71%) or heterosexual couple, primiparous	86% White	Mean family income was $107,220	Changes in couples' intimate relationship	SR	95
Gjerdingen & Center, 2005[JA]	U.S. (St. Paul, Minnesota)	Longitudinal, quantitative	Pregnancy; 6 months postpartum	128	30	Married (92%), heterosexual, primiparous	93% White	____	Division of labor	SR	68
Goldberg & Perry-Jenkins, 2007[JA]	U.S.	Longitudinal, mixed methods	3rd trimester of pregnancy; 4 months postpartum	29	36	Cohabiting, lesbian, primiparous	85% White non-Jewish, 12% White Jewish, 3% Korean American	Mean family income was $100,600	Division of labor Parental roles	SR SR	91
Hortacsu, 1999[JA]	Turkey (Ankara)	Longitudinal, quantitative	6 months; 14 months post wedding	128	27	Married (Western-style marriage), heterosexual, 36% primiparous, 15% expectant, 49% childless	____	____	Division of labor, Couple conflict Feelings for spouse	SR SR SR	73

Bouchard, 2014[JA]	Canada	Longitudinal, quantitative	Pregnancy; 6 months postpartum	151	30	Married (51%) or cohabiting, heterosexual, primiparous	Mostly White	Individual median income ranged from CAD$40,000 to CAD$50,000	Coparenting Relationship adjustment	SR SR	86
Christopher et al., 2015[JA]	U.S. (large southwestern city)	Longitudinal, quantitative	3rd trimester of pregnancy; 8 months; 24 months postpartum	96	31	Married, heterosexual, primiparous	85% White, 9% Hispanic, 3% African American	52% of household earned more than $45,001	Coparenting behaviors Relationship quality (satisfaction and conflict)	O SR	92
Elliston et al., 2008[JA]	U.S. (Northeastern city)	Longitudinal, quantitative	3rd trimester pregnancy; 3 months postpartum	115	33	Married, heterosexual, primiparous	88% White, 12% African, Hispanic, Asian descent, or of mixed race	Median family income ranged from $70,000 to $75,000	Coparenting Relationship distress Perceived respect as a parent by coparenting partner	O &SR O & SR SR	64
Gallegos et al., 2019[JA]	U.S. (large Southwestern city)	Longitudinal, quantitative	3rd trimester of pregnancy; 6 weeks; 8 months; 24 months postpartum	125	30	Heterosexual, primiparous	84% European American, 8% Hispanic, 2% African American, and 6% biracial or other	Median family income ranged from $30,000 to $44,999	Coparenting quality Perception of partner's parenting	O O	95
Gordon & Feldman, 2008[JA]	Israel	Cross-sectional, quantitative	5 months postpartum	94	29	Married, heterosexual, primiparous	____	____	Coparenting Relationship satisfaction	O SR	73
Kuo et al., 2017[JA]	U.S.	Longitudinal, quantitative	3rd trimester of pregnancy; 1 month; 4 months; 8 months; 12 months postpartum	241	____	Married, heterosexual, multiparous	86% European American, 14% of other racial and ethnic groups	71% of household earned $60,000 or more	Coparenting Relationship satisfaction	SR SR	91

Schoppe-Sullivan, 2003[D]	U.S. (East Central Illinois)	Longitudinal, quantitative	3rd trimester of pregnancy; 3.5 months postpartum	39	29	Married (92%), heterosexual, primiparous	80% White, 13% African American, 6% Hispanic, 1% Asian	Mean family income ranged from $41,000 to $50,000	Coparenting quality Division of labor Dyadic adjustment	O & SR SR SR	82
Szabo et al., 2012[JA]	Netherlands	Longitudinal, quantitative	3rd trimester of pregnancy; 1 month; 1 year postpartum	88	33	Married (78%), heterosexual, multiparous	96% Dutch	____	Coparenting	O & SR	86
Van Egeren, 2004[JA]	U.S.	Longitudinal, quantitative	3rd trimester of pregnancy; 1 month; 3 months; 6 months postpartum	101	30	Married, heterosexual, primiparous	10% Ethnic minorities	54% of household earned $30,000 to $69,999	Coparenting Relationship adjustment Couple interactions Division of childcare	O & SR SR O SR	82
Lindblom et al., 2014[JA]	Finland	Longitudinal, quantitative	2nd trimester of pregnancy; 2 months; 12 months postpartum	702	34	Married or cohabiting, heterosexual, 53% primiparous	100 % White	____	Autonomy and intimacy (family system)	SR	95

Note. JA = peer-reviewed scientific journal article; D = dissertation; BC = book chapter; SR = self-reported; O = observed.

*Cross-sectional data, from a larger longitudinal study

Table 3. Couple Functioning Dimensions and Their Measurement Tools

Couple dimension studied	Self-reported measures		Scale author(s) and year
Relationship satisfaction	7-item Relationship Assessment Scale		Hendrick, 1988
	10-item Dyadic Satisfaction Subscale of the Dyadic Adjustment Scale		Spanier, 1976
	32-item Dyadic Adjustement Scale		Spanier, 1976
	15-item Marital Adjustment Test		Locke & Wallace, 1959
	6-item Quality of Marriage Index		Norton, 1983
	Aspects of Married Life Questionnaire		Huston et al., 1986
	35-item Comprehensive Marital/Relationship Satisfaction Scale		Blum & Mehrabian, 1999
	30-item Partnership Questionnaire		Hahlweg, 1996
	11-item Marital Opinion Questionnaire		Huston & Vangelisti, 1991
	3-item Kansas Marital Satisfaction Scale		Schumm et al., 1986
	Single item adapted from the Kansas Marital Satisfaction Scale		Schumm et al., 1986
	28-item Golombok Rust Inventory of Marital State		Rust et al., 1988; Rust et al., 1990
	Composite measure	10-item Love Subscale, 5-item Ambivalence Subscale, 5-item Conflict Subscale from the Four-Factor Scale of Intimate Relationships	Braiker & Kelley, 1979
		6-item Intimacy subscale of the Personal Assessment of Intimacy in Relationships	Schaefer & Olson, 1981
		11-item Marital satisfaction scale	Huston, 1983
Relationship Quality	25-item Relationship Questionnaire		Braiker & Kelly, 1979
	5-item Conflict and 10-item Love Subscales of the Relationship Questionnaire		Braiker & Kelley, 1979
	9-item Love Subscale from the Relationship Questionnaire		Braiker & Kelley, 1979
	6 items from unlabelled scale on the frequency of partner behaviors (e.g., willingness to comprimise, expression of affection, insulting, listening)		The Fragile Families and Child Well-being Study
	7-item Dyadic Adjustment Scale Short Form		Sharpley & Rogers 1984
	32-item Dyadic Adjustement Scale		Spanier, 1976
	6-item Quality of Marriage Index		Norton, 1983

	Single item "How satisfied are you with your husband/wife/partner?"		British Household Panel Survey, 1991; Schober, 2009
	Composite measure	15-item Marital Adjustment Test	Locke & Wallace, 1959
		Marital Agendas Protocol	Notarius & Vanzetti, 1983
		Observational measure of couple interactions	Cordova, 2000
	Composite measure	15-item Short Marital Adjustment Test	Locke & Wallace, 1959
		6-item Quality of Marriage Index	Norton, 1983
		4-item Communication subscale from the Joint Activities for Couples Scale	Hartman, 2001
		32-item Communication Skills Test	Stanley et al., 2001
		9-item Self-Interest subscale and 11-item Avoidance subscale from the	Bowman, 1990
		18-item Companionship scale	Richmond, 2004
		13-item Intimate Safety Questionnaire	Cordova et al., 2001
		20-item Parenting Alliance Inventory	Abidin & Brunner, 1995
	Composite measure	15-item Marital Adjustment Test	Locke & Wallace, 1959
		Observational measure of couple interactions	McHale et al., 2004
Relationship adjustment	32-item Dyadic Adjustment Scale		Spanier, 1976
	32-item french version of the Dyadic Adjustement Scale		Baillargeon et al., 1986; Spanier, 1976
Couple functioning	25-item Intimate Relations Questionnaire		Braiker & Kelley, 1979
	Composite measure	32-item Dyadic Adjustment Scale	Spanier, 1976
		25-item Primary Communication Inventory	Locke et al., 1956
		Marital subscale of the Social Adjustment Scale	Weissman, 1999
Marital experiences	32-item Dyadic Adjustment Scale		Spanier, 1976
Marital alliance	Composite measure	33-item Teamwork Questionnaire	Cordova, 1998
		14-item Commitment Inventory	Stanley & Markman, 1992
		Perceived Commitment Inventory	Stanley & Markman, 1992
		Who Does What? Questionnaire	Cowan et al., 1978
		20-item Other Dyadic Perspective-Taking Scale	Long, 1990
		12-item Coparenting Questionnaire	Cordova, 1998
Marital communication	Revised version of the Communication Patterns Questionnaire		Heavey et al., 1996

Positive and negative couple interactions	12-item Relationship Questionnaire	Figueiredo et al., 2008
Marital love and conflict	10-item Love subscale and 5-item Conflict subscale of the Relationship Questionnaire	Braiker & Kelley, 1979
Marital conflict	5-item Conflict subscale of the Relationship Questionnaire	Braiker & Kelley, 1979
	Issues of conflict scale and Conflict resolution scale from unlabeled questionnaire	Hortacsu, 1997; Hortacsu & Oral, 1997
Care and control in the partner relationship	20-item Intimate Bonds Questionnaire	Wilhelm and Parker, 1988
Autonomy and intimacy in family relations	Subjective Family Picture Test	Mattejat & Scholz, 1994
Dyadic coping	41-item Dyadic Coping Questionnaire	Bodenman, 2000
	37-item portugese version of the Dyadic Coping Inventory	Bodenmann, 2008; Vedes et al., 2013
Common dyadic coping	5-item portuguese version of the Common dyadic coping subscale of the Dyadic Coping Inventory	Bodenmann, 2008; Vedes et al., 2013
Coparenting	35-item Coparenting Relationship Scale	Feinberg et al., 2012
Parenting alliance	20-item Parenting Alliance Inventory	Abidin & Brunner, 1995
	30-item Parenting Alliance Inventory	Abidin & Brunner, 1995
Coparenting quality	14-item Perceptions of Coparenting Partners Questionnaire	Stright & Bales, 2003
Coparenting experiences	31-item General Alliance subscale of the Family Experiences Questionnaire	Frank et al., 1988
Coparenting cooperation and conflict	5-item Cooperation subscale and 5-item Conflict subscale of the Coparenting Questionnaire	Margolin et al., 2001
Child-rearing disagreements	30-item Child-Rearing Disagreements scale	Posada et al., 1991
Projections about the parenting alliance	Prebirth modification of the 30-item Parenting Alliance Inventory	Abidin & Brunner, 1995; Schoppe-Sullivan, 2003
Division of labor	Who does what? Questionnaire	Atkinson & Huston, 1984
	Prebirth modification of the Who Does What? Questionnaire	Cowan & Cowan, 1990
	35-item modified version of the Who Does What scale	Cowan et al., 1978; Stewart, 1990
	Role Investments Penny-Sort Task	McBride & Rane, 1997
	Division of labor subscale from unlabeled questionnaire	Hortacsu, 1997; Hortacsu & Oral, 1997

	6 items on the contribution to housework and childcare	British Household Panel Survey, 1991; Schober, 2009
Housework sharing	Single-item on current sharing of household responsibilities	Bird et al., 1984; Gjerdingen & Center, 2005
Satisfaction with housework sharing	Single item on satisfaction with partner's contribution to household responsibilities	Bird et al., 1984; Gjerdingen & Center, 2005
Division of childcare	15-item Child Care Responsibility	Barnett & Baruch, 1987
	11 items from the Child Care Checklist	Ehrenberg et al., 2001
	13 validated items on relative time spent on childcare tasks	Fillo et al., 2015; Levy-Shiff et al., 1994; Levy-Shiff & Israelashvili, 1988
Expectations about division of childcare	20 items related to childcare from the 44-item prebirth version of the "Who Does What" questionnaire	Cowan & Cowan, 1988; McHale et al., 2004
	5-item scale on contribution to childcare tasks	Hackel & Ruble, 1992; Ruble et al., 1988; Van Egeren, 2004

Couple dimension studied	Observed measurement tools	Procedure author(s) and year
Couple interactions	Problem-solving discussions coded with the Interactional Dimensions Coding System	Julien et al., 1989
	Two problem-solving discussions coded with Cox et al. (1989) adaptation of the Beavers-Timberlawn rating system	McHale, 1995; McHale et al., 2000
	Semi-structured interview based on a procedure by McHale (1995) coded with the Interactional Dimensions Coding System	Julien et al., 1989
	10-minute typical couple discussion coded with the Interactional Dimensions Coding System	Kline et al., 2004
	After discussion of coparenting issues, partners completed the 24-item Who Does What instrument by Cowan & Cowan (1992), then were asked to share their responses and reach consensus; the later discussion was coded for withdrawal, positive and negative affects, defensiveness, consensus behaviors	Elliston et al., 2008
	Semistructured interview on parenthood coded for couple's dialogue quality	von Klitzing, 1996
Negativity about future family process	Prebirth Coparenting Interview (McHale et al., 2002; Pouquette et al., 2001) coded for negativity and worries about future family process	McHale et al., 2004
Coparenting behaviors	Family play interaction based on a procedure by McHale (1995) and coded for coparenting behaviors (e.g., cooperation, warmth, competition)	McHale, 1995
	Triadic family interaction coded with scales adapted from the Coparenting and Family Rating scales	McHale et al. 2000

	Triadic family interaction coded for coparenting behaviors (mutual, competitive and passive-neutral)	Gordon & Feldman, 2008
	Two family interaction tasks (Jree-play and clothes-change) coded for coparenting behaviors (e.g., support, undermining)	Cowan & Cowan, 1996
	Participation in Lausanne Trilogue Play (Fivaz–Depeursinge & Corboz–Warnery, 1999) coded with adaptation of McHale's system (1995)	McHale et al., 2004
Coparenting cooperation	Family interaction based on Lausanne Trilogue Play (Fivaz-Depeursinge & Corboz-Warnery, 1999) coded with adaptation of the Coparenting and Family Rating System	McHale, 1995; McHale et al., 2000
Coparenting disengagement	Participation in Lausanne Trilogue Play (Fivaz-Depeursinge & Corboz-Warnery, 1999) coded for evidence of disengagement	Elliston et al., 2008
Perception of partner's parenting	Couple discussion on partners strengths and weaknesses coded for parents' perceptions of each other's parenting	Gallegos et al., 2019

Note. The number of items is indicated when available. When measuring tools are unlabeled or designed for the specific study, author(s) and year of the study is indicated.

Article 2

Le tempérament difficile de l'enfant et la violence conjugale lors de la transition à la parentalité : Associations dyadiques avec le stress et la frustration de l'autonomie

Difficult Infant Temperament and Intimate Partner Violence During the Transition to Parenthood: Dyadic Associations with Stress and Autonomy Thwarting

Sophie Laniel[1], Julie C. Laurin[1], Alexandra Cournoyer[1], & Mireille Joussemet[1]

[1]Département de Psychologie, Université de Montréal

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Contribution des auteurs:

Sophie Laniel : recension de la littérature, conceptualisation de l'étude, collecte des données, analyses statistiques, rédaction de l'article

Julie C. Laurin : conceptualisation de l'étude, aide à l'interprétation des résultats, révision du manuscrit

Alexandra Cournoyer : collecte des données, aide aux analyses statistiques

Mireille Joussemet : révision du manuscrit

Abstract

Objective. The current study investigates the contribution of infant negative affectivity to dyadic processes tied to intimate partner violence (IPV) during the transition to parenthood (TP).

Background. The TP requires major adaptation from parents, which is typically linked to more stress and can be detrimental to couples' functioning. In turn, the use of IPV between parents is a significant risk factor for children's mental health and family well-being, which can be accentuated during this precarious period. As such, we hoped to investigate determinants of IPV in primiparous parents.

Methods. Using longitudinal data from a sample of 194 couples at 6 and 11 months postpartum, dyadic path analysis tested whether infant negative affectivity is connected to stress, which in turn would be linked to rank-order changes in primiparous parents' IPV perpetration between T1 and T2. A second path model explored whether the link between stress and rank-order changes in IPV could be mediated by autonomy thwarting.

Results. Both APIM models fit the data well. Infant negative affectivity was positively associated with both parents' stress, which was marginally linked to their own rank-order changes in IPV (actor effects), and significantly linked with their partner's (partner effect). Support was found for the mediation model as the perception of autonomy thwarting accounted for part of the link between stress and rank-order changes in IPV. Important differences appeared between childbearing mothers and their nonchildbearing parents in the mediation model.

Conclusion. Infant negative affectivity is thus linked to destructive conflict tactics used during the TP through its relation with stress and childbearing parents’ perception of autonomy thwarting.

Keywords: infants, negative affectivity, parent stress, intimate partner violence, dyadic analyses, autonomy thwarting

Difficult Infant Temperament and Intimate Partner Violence During the Transition to Parenthood: Dyadic Associations with Stress and Autonomy Thwarting

The transition to parenthood (TP) requires critical relational adjustments from couples. Past research has shown that, for most couples, this period is associated with decreased marital satisfaction and relationship functioning (e.g., Mitnick et al., 2009). Some have examined child characteristics (e.g., sex and temperament) as contributing to parents' relationship quality during the TP period (Berryhill et al., 2016). Results indicate that an infant's negative emotionality, a key marker of difficult temperament, predicts lower relationship quality (Berryhill et al., 2016). Naturally, with couples' adjustments come discord and conflicts. Yet, few studies have explored the link between infant temperament and couples' conflict, and particularly in the form of *intimate partner violence* (IPV), despite its detrimental impact on children's mental health and family well-being. Indeed, with all its couple and family adjustments, the TP can mark the beginning or intensification of IPV (Stewart et al., 2013). Sadly, IPV occurring during the TP is harmful to partners' physical and mental health, their parental experience, the parent-child attachment (Clément et al., 2019), and constitutes a fateful risk factor for children's development (van Eldik et al., 2020; Vu et al., 2016). While documenting violent behaviors during this pivotal period is crucial, understanding its family predictors is far more necessary. We thus hope to examine child-driven effects on parents' subsequent individual changes in IPV perpetration during the TP. Specifically, the present study examines the contribution of infant negative affectivity to dyadic processes tied to subsequent rank-order changes in IPV during the TP.

Child-Driven Effects

Considering the bidirectional influences found within families (e.g., Bowen, 2004; Minuchin, 1974), the necessity to consider child effects on couples' functioning has often been highlighted (Ambert, 2001; Yan & Ansari, 2016), but are still underexplored. A few researchers have attempted to document child-driven effects on parental conflict. For instance, Wymbs (2008) experimentally showed that school-aged children's disruptive behavior exacerbated interparental discord. Using diary reports, Schermerhorn and colleagues (2010) showed that school-aged

children's behaviors during interparental conflict influenced couples' conflict resolution. As reciprocal influences begin with childbirth, studying child-driven effects during the TP is essential. Among the couple functioning aspects studied in the TP context (e.g., marital satisfaction, dyadic adjustment), couples' conflict has received relatively less attention (Laniel et al., 2023). Considering the inter-influence between children and parents, understanding the links between infant temperament and couple conflict is fundamental, mainly because many parents report increased conflict engagement during this period (e.g., Holmes et al., 2013).

The Influence of Infant Negative Affectivity

Child temperament is a genetically based individual difference in reactivity and self-regulation (Gartstein & Rothbart, 2003). It determines the very first emotional and behavioral responses of children, and therefore is closely tied to parents' reactions towards them (Bates & Pettit, 2015). Toddlers' difficult temperament is associated with less positive parenting (Armour et al., 2018; Paulussen-Hoogeboom, 2007), which may be explained by its influence on parent stress (Andreadakis et al., 2020). Indeed, infant negative affectivity, characterized by negative mood, irritability and inability to be soothed (Rothbart et al., 1994), is typically associated with more parent stress (Andreadakis et al., 2020; McQuillan & Bates, 2017; Solmeyer & Feinberg, 2011). Conversely, a more adaptive temperament, akin to self-regulatory capacity, is negatively related to stress among parents of infants (i.e., adaptability and regularity; Moe et al., 2018) and toddlers (Andreadakis et al., 2020). We, therefore, hypothesized that (H1) infant negative affectivity is likely to be positively associated with parents’ perceived stress.

The Role of Stress

In a review of the influence of stress on couples, Randall and Bodenmann (2009) highlight the complex connections between stress and couple functioning, which depend on stress intensity, origin (i.e., internal vs. external) and duration. Stress consumes personal resources and spills into the couple’s relationship. Across the TP, changes in relationship quality are determined by the addition of multiple stress factors (Don & Mickelson, 2014; Trillingsgaard et al., 2014), including infant negative reactivity (Doss & Rhoades, 2017). Higher stress levels tend to strain couple relationships (Timmons et al., 2017) and negatively influence the couple's ability to deal with

conflict (Crockenberg & Leerkes, 2003). Stress predicts the use of destructive conflict tactics, like intimate partner violence (IPV), rather than problem-solving or more positive couple discord skills (Randall & Bodenmann, 2009). Experiencing high levels of stress is a risk factor for perpetrating IPV (Capaldi et al., 2012; Tolan et al., 2006), especially during the perinatal period (Bisson & Lévesque, 2017; James et al., 2013). IPV refers to any act of violence toward one's partner, whether physical, sexual or psychological (World Health Organization [WHO], 2010). Scholars have defined different manifestations of IPV, including coercive control or intimate terrorism (i.e., dynamic control and power exerted from one partner on the other, typically gendered), violent resistance (i.e., violence perpetrated by a victim to resist or defend themselves) and situational couple violence (i.e., violence perpetrated by one or both partners in a conflictual couple dynamic (Johnson, 2008; Stark, 2013). Understanding the precursors of IPV use is essential as it is associated with important mental health risks for children (Cummings & Davies, 2002; van Eldik et al., 2020) and gaining knowledge on its risk factors could help improve preventive interventions. We expect (H2) that parent stress will likely be positively linked to subsequent rank-order changes in IPV perpetration.

Dyadic Associations within Couple Relationships

The study of dyadic couple relationship processes during the TP has highlighted several partner effects (see Laniel et al., 2023 for a review), such that perceived stress within a couple may be better conceptualized as a dyadic phenomenon. There is evidence that participants' relationship quality reports are associated with both their own (actor effect) and their partner's stress experience (partner effect; Ledermann et al., 2010). Also, one parent's negative emotionality (including feeling stressed) was negatively linked to their partner's relationship adjustment (Bower et al., 2013), and mothers' stress was linked to fathers' decreasing relationship satisfaction (Don & Mickelson, 2014). Considering the dyadic influence of stress in couple processes, we expect that one's own stress (H2a) and their partner's stress (H2b) will likely be associated with parents' subsequent rank-order changes in IPV use during the TP.

Potential Dyadic Mechanisms Linking Stress to IPV

Research on the spillover of stress in the couple relationship indicates that individuals experiencing greater stress engage in more behaviors potentially harmful to their relationship, such as criticism and impatience (e.g., Bodenmann et al., 2010; Lewandowski et al., 2014). Also, research on dyadic coping, conceptualized by Bodenmann (2005) as the process that couples engage in when facing a stressor, has highlighted that partners' failure to adequately cope together use maladaptive dyadic coping strategies (e.g., Bodenmann et al., 2010; Ledermann et al., 2010), including deteriorated intimate communication, such as withdrawal, and as we argue, autonomy thwarting behaviors.

The Thwarting of Autonomy in Couple Processes

Autonomy thwarting behaviors include coercive, intimidating language, excessive control, and more insidious, guilt-inducing or manipulative actions such as providing conditional regard (Kanat-Maymon et al., 2016; Vansteenkiste & Ryan, 2013). Based on Self-Determination Theory (SDT; Deci & Ryan, 2000; Ryan & Deci, 2017), the need for autonomy refers to a sense of volition and one's ability to act authentically in coherence with one's values (Deci & Ryan, 2000). Social environments (e.g., family, friends, romantic partners) are critical determinants of this need fulfilment, as they can support or thwart it. Autonomy thwarting occurs when one perceives their partner as controlling them or putting pressure to behave in certain ways (Bartholomew et al., 2009). These types of behaviors can harm couples' relationships. Vanhee et al. (2016) have shown that the more partners perceive autonomy frustration when with their partner, the more both members report relationship dissatisfaction and the more male participants report using destructive conflict strategies (i.e., avoidance and withholding).

At first glance, the constructs of autonomy thwarting and intimate terrorism (aka., coercive control), defined in the IPV literature as a way to exert control (Johnson, 2008), may seem to overlap. While autonomy thwarting behaviors may be used in intimate terrorism, the opposite is untrue. Autonomy thwarting is distinct from coercive control. The latter implies a power dynamic in which one intentionally subordinates their partner by isolating them from sources of support, exploiting their resources for their gain, and depriving them of independence (Walby & Towers,

2018). It thus comprises a range of patterned behaviors, which are typically gendered (i.e., exerted from male partners on female partners; Stark, 2013). Conversely, autonomy thwarting behaviors are not necessarily embedded in a power dynamic or gendered.

Stress and Autonomy Thwarting

As stress is tied to a sense of lack of control over a situation (Dickerson & Kemeny, 2004), it might elicit controlling interpersonal behaviors. A parenting study has found support for this idea. Andreadakis et al. (2020) found that stress fully explained the relationship between toddlers' negative affectivity and less autonomy-supportive parenting. To our knowledge, this relation was not investigated within couple relationships. However, if one parent engages in more controlling behaviors due to experiencing more stress, we can expect each couple member to be affected by these behaviors.

In addition to its association with subsequent behavioral responses, stress might also modify one's perceptions. Neff and Karney (2004) provided evidence that experiencing stress is likely to be negatively related to spouses' marital perceptions. Studies among new parents have found consistent results. More precisely, experiencing more stress was associated with parents perceiving their partners as less humble (Nonterah et al., 2016), and as having harmful intentions towards them (i.e., hostile attribution; Song-Choi & Woodin, 2021). Consequently, we expect that one parent's stress is likely to be linked with their perception of their autonomy being thwarted by their partner (H3a). We also expect that if one parent experiences more stress, their partner would perceive more autonomy thwarting behaviors from them (H3b).

Dyadic Associations between Autonomy Thwarting and IPV

Dyadic data analysis using Actor-Partner Interdependent Models (APIM; Kenny et al., 2006) has highlighted some dyadic processes associated with conflicts. Results indicate that one's need fulfilment predicts one's own perpetration (actor effect) and partners' perpetration (partner effect) of IPV, as well as one's relationship satisfaction (actor effect) and their partners' relationship satisfaction (partner effect; Patrick et al., 2007; Petit et al., 2017). Turning to need frustration, others have highlighted the contribution of both actor and partner need frustration in relationship dissatisfaction and conflict frequency (Vanhee et al., 2016), as well as less dyadic

adjustment (Cournoyer et al., 2021). Autonomy need thwarting has been found to predict aggressive behaviors in children (Joussemet et al., 2008) and adult populations. For instance, in investigating coercive control behaviors, Gou et al. (2019) found a link between mothers engaging in coercive control behaviors during the TP and their own perpetration of IPV (actor effect) and fathers' IPV perpetration (partner effect). Vansteenkiste and Ryan (2013) highlight that individuals experiencing need frustration may engage in compensatory behaviors, such as rigid behavioral patterns, loss of self-control and oppositional defiance. It is therefore expected that (H3c) when a parent perceives their autonomy to be thwarted by their partner, they will subsequently experience rank-order increases in their own IPV perpetration (actor effect) during the TP. Specific links between perceiving autonomy thwarting and rank-order changes in IPV use remain underexplored, yet plausible. Individuals who exert control over their partner and thwart their autonomy (leading to their partner perceiving autonomy thwarting) might be more inclined to perpetrate violent behaviors later. Hence, we posit that (H3d) the more a parent perceives their own autonomy thwarted, the more their partner will also experience rank-order increases in IPV use (partner effect) during the TP.

Perception of Autonomy Thwarting as Mediating the Link Between Stress and IPV

Previous studies using the SDT framework have found autonomy thwarting to play a mediating role between pressuring environments and ill-functioning (organizational psychology; Bartholomew et al., 2014; Vander Elst et al., 2012). To our knowledge, the mediating role of autonomy thwarting in the relation between stress and ill-functioning has not yet been examined within couple relationships. The paths linking perceived autonomy thwarting to its possible precursors (one’s stress and their partner's stress) and relational outcomes (rank-order changes in IPV perpetration) have yet to be examined simultaneously. Considering the taxing role of stress on autonomy support (Andreadakis et al., 2020), on one’s behavioral response (Bodenmann et al., 2010), on partner perceptions (Song-Choi & Woodin, 2021), and the link between thwarted autonomy and aggressive behaviors (Gou et al., 2019; Joussemet et al., 2008; Vansteenkiste & Ryan, 2013), we expect that the link between one's own stress and subsequent rank-order changes in IPV perpetration (H2a) will be partly explained by perceiving thwarted autonomy (H3)

in couples undergoing the TP. Ultimately, we expect that for both partners, infant negative affectivity will be indirectly linked to rank-order changes in IPV use through stress and perceived thwarted autonomy.

Previous studies have relied solely on individual reports of couple functioning. This is problematic, especially when investigating IPV, for which self-reports can easily be biased with social desirability. Also, it favors the perception of only one member of the dyad as an accurate representation of one's couple functioning. Regrettably, this biased assessment often rests on gendered data, as male participants' responses are more difficult to collect. Using a dyadic framework of influence within families, the current study addresses these limitations by gathering data from both couple members. Dyadic data analysis allows a more informed assessment of couples' functioning while also comparing actor and partner effects. It can thus assess whether the links found between variables are the same for childbearing and nonchildbearing parents. Comparing their viewpoints in our sample is imperative, as the TP typically generates significant differences between partners regarding parental roles and tasks (Katz-Wise et al., 2010; Yavorsky et al., 2015). For instance, in both heterosexual and non-heterosexual couples, each partner reports less relationship quality (Doss et al., 2009; Goldberg et al., 2010), yet both parents experience the TP differently (Goldberg & Perry-Jenkins, 2007; Weinstein, 2001). Biological mothers remain the infants' primary caregivers and experience more stress (Epifanio et al., 2015; Levy-Shiff, 1999). It is thus relevant to assess whether our hypothesized links are experienced similarly or differently for childbearing and nonchildbearing parent.

The Present Study

The current study investigated specific paths linking infant negative affectivity and primiparous parents' perpetration of IPV during the TP, here defined as the first year postpartum (Bigner & Gerhardt, 2014; Bouchard, 2017). We tested two APIM path models, thus assessing the expected links simultaneously while also comparing their strengths between childbearing and nonchildbearing parents. First, based on previous research, two hypotheses were formulated. Infant negative affectivity (H1) is expected to be positively associated with parent stress. Parent stress (H2) is, in turn, expected to be directly associated with subsequent rank-order increases in

one's own IPV use (H2a) and the other partner's IPV use (H2b). To further investigate the determinants of couples' rank-order changes in IPV use, we tested a second path model to assess our third hypothesis. We postulate that one's perception of thwarted autonomy by their partner will mediate the link between one's stress and rank-order changes in IPV perpetration (H3). Specifically, one parent's stress is expected to be positively linked to their own perception of thwarted autonomy (actor effect, H3a), as well as their partner's perception of thwarted autonomy (partner effects, H3b); and we anticipate that the more a parent perceives such autonomy thwarting, the more they (actor effects, H3c) and their partner (partner effects, H3d) will subsequently experience rank-order changes in IPV perpetration.

Method

Participants

Upon receiving ethics approbation, 194 couples (*N* = 388 participants) were recruited from parent-baby classes, fliers posted in community settings, and social media advertisements. To be eligible, both members of a couple had to be primiparous and over 18 years, live together, have the ability to read French or English, and at least one parent had participated in a provincially subsidized parental leave (Quebec Parental Insurance Plan). Both parents completed an online survey when their firstborn was 6 months of age (T1; *M* = 5.94, *SD* = 0.90). Four dyads identified as lesbian couples. To differentiate members in each couple, we labelled *childbearing mother* when referring to the parent who gave birth to the child, and the other parent was identified as her *partner*. A majority (96.4%) of childbearing mothers were on parental leave at T1, while only 18.0% of their partners remained on parental leave. Childbearing mothers' ages ranged from 19 to 44 (*M* = 30.75, *SD* = 3.79), which corresponds to the mean age of maternity in Quebec (Statistics Institute of Québec, 2019). Among them, 5.7% did not have a high school degree, 17.7% had a high school degree or technical formation, and 73.2% had a university degree. Partners' ages ranged from 21 to 47 (*M* = 32.70, *SD* = 4.50), with 20.3% who did not have a high school degree, 23.6% had a high school degree or technical formation, and 56.0% had a university degree. On average, couples had been together for 7.12 years (*SD* = 4.23), and 27.3% were married, which can be expected in Quebec where common-law partnership is conventional (Statistics Institute of

Québec, 2019). The median family income was 75,000-100,000$ CAD, with 44.8% with a family income of 100,000$ CAD and higher, while 8.5% had a family income below 50,000$ CAD. As a reference, in 2021, 100,000$ CAD is equivalent to USD$79,800 (Bank of Canada, 2023). Most participants identified as White (92.0%), seven (1.8%) identified as Hispanic, four (1.0%) as Asian, four (1.0%) as mixed, two (0.5%) as Arabic, one (0.3%) as Black and one (0.3%) as Indigenous.

Participating dyads also completed the questionnaires 5 months later (T2: $M_{baby\ age}$ = 11.25 months, *SD* = 1.55). At T2, 90.6% of childbearing mothers and 92.1% of their partners had returned to work.

Procedure

Following a phone interview verifying eligibility, participants were emailed an electronic link to complete their consent form and online questionnaire (French or English) at 6 months postpartum. The second data collection point occurred 5 months later, following the end of their parental leave when most parents had returned to work, and the same measures were used. Data were collected between March 2018 and March 2020. As compensation, each couple was offered a chance to win a 1,500$ gift card after completing the survey, at each data collection point.

Measures

This study used both the original English questionnaires and its French-translated versions. Unless otherwise specified, the French versions were translated using the forward and backward translation method (Vallerand, 1989).

Sociodemographic Variables (T1)

Participants provided their own and their child's date of birth, ethnicity ("Please indicate your ethnic group", open-ended question) and education ("What level of education have you completed?", from *high school* to *doctorate*). Relationship duration, marital status ("Are you married?"), and family income were also collected.

Infant Negative Affectivity (T1)

A subscale of the *Infant Behavior Questionnaire-Revised* (IBQR-very short version; Putnam et al., 2014) was used to measure infants' negative affectivity. The Negative Affectivity subscale consists

of 12 items on a 7-point Likert scale, ranging from 1 (*Never*) to 7 (*Always*). It solicits information on infant behaviors frequency, e.i., startling at a sudden change in body position, crying if someone does not come, seeming angry when left in the crib and protesting when placed in a confined place. The very short IBQR has shown good convergent validity (Putnam et al., 2014). Higher scores reflect more negative affectivity. Cronbach's alphas at T1 were .81 for childbearing mothers and .77 for their partners (respectively .80 and .82 at T2). Both parents' scores ($r = .37$, $p < .001$) were averaged, providing a single, multi-informant score for each infant.

Perceived Stress (T1)

The *Perceived Stress Scale* (PSS; Cohen et al., 1983) measured participants' general stress levels. The instrument consists of 14 items on a 5-point scale, ranging from 0 (*Never*) to 4 (*Very often*). It provides a global score with good validity (Cohen et al., 1983). Higher scores indicate higher stress levels. Sample items include "In the last month, how often have you been upset because something happened unexpectedly" and "In the last month, how often have you dealt successfully with irritating life hassles?". Cronbach's alphas were .87 for childbearing mothers and .85 for their partners at T1 (and respectively .85 and .86 at T2).

Perceived Autonomy Thwarting from Partner (T1)

The English and French versions of the Autonomy Need Thwarting subscale of the *Interpersonal Behaviours Questionnaire* (IBQ; Rocchi et al., 2017) were collected. Based on SDT, it measures the extent to which participants perceive that their partners thwart their autonomy. The subscale has shown good validity (Rocchi et al., 2017) and counts 4 items. Sample items include "My partner imposes their opinion on me" and "My partner pressures me to adopt certain behaviors". Using a 1 (*Do not agree at all*) to 7 (*Completely agree*) scale, higher scores reflect perceiving more autonomy thwarting from one's partner. The Cronbach's alphas were .81 for childbearing mothers and .84 for their partners at T1 (and respectively .90 and .88 at T2).

Rank-Order Increases in Intimate Partner Violence (between T1 and T2)

The short version of the Revised Conflict Tactic Scale (CTS2S; Straus & Douglas, 2004; Straus et al., 1996) was used to measure the frequency of couples' violent conflict tactic perpetration. The CTS2S has shown good validity and reliability (Straus & Douglas, 2004; Straus et al., 1996). The

Psychological Aggression and the Physical Assault subscales, each counting 4 items, were collected in this study at T1 and T2. Participants reported on their usage frequency of different behaviors in the past 12 months, as well as their partners' frequency of using these behaviors against them, on an 8-point scale, ranging from 1 (*This has never happened*) to 8 (*More than 20 times in the past year*). Sample items include "I insulted or swore or shouted or yelled at my partner" and "My partner pushed, shoved or slapped me". To create the IPV perpetration score, the mean of one parent's reported use of violent behaviors and their partner's reports of them being a victim of violent behaviors was computed for each partner. This provides a multi-informant score for each IPV perpetration measure. The frequency of violent behavior use was determined using the category midpoints (Straus et al., 1996). As reported by both partners, childbearing mothers either perpetrated no violence (T1: 38.9%; T2: 40.5%), committed up to 4 acts of violence in the last year (T1: 37.2%; T2: 42.7%), or more than 15 (T1: 4.5%; T2: 10.1%). As reported by both partners, nonbearing parents either perpetrated no violence (T1: 45.6%; T2: 48.1%), committed up to 4 acts of violence in the last year (T1: 36.8%; T2: 37.4%), or more than 15 (T1: 4.1%; T2: 7.7%). Cronbach's alphas were .67 for childbearing mothers and .76 for their partners at T1, and respectively .61 and .74 at T2. Additional information on the sample's IPV perpetration severity and mutuality can be found in the Online Supplemental Material. As the frequency of violent behaviours was reported over the last 12 months at each timepoint, the T2 IPV measure overlaps with T1. To control for T1 and T2 reporting overlap, a residual measure was created. It was computed by saving the residuals from a linear regression with T1 violence scores (IPV_{T1}) predicting T2 (IPV_{T2}) violence scores. This autoregressive method reliably investigates if parents who report more stress at T1 also experience greater rank-order increases in their IPV use from T1 and T2. In other words, this violence variable estimates individual difference changes in violence perpetration between T1 and T2 (Orth, Clark, Donnellan & Robins, 2020).

Data Analysis Plan

T-tests and bivariate correlations were estimated using SPSS 26 to explore differences between both partners. Preliminary analyses also examined the associations of our relationship functioning variables and potential confounds, for inclusion in our model as control variables. Previous research has identified potential confounds, including children's developmental age and sex,

parent's age, gender and fatigue, as well as relationship length. The path analysis models were tested using AMOS 28 with APIM analysis (Kenny et al., 2006). APIM considers the interdependence of data within couples and measures actor and partner contributions to dependent variables. Dyad members were considered distinguishable based on who gave birth, not gender. Indeed, even in lesbian couples, being the biological mother constitutes a key difference in mothers' experiences during the TP (Goldberg & Perry-Jenkins, 2007).

An omnibus test was conducted to confirm if childbearing and nonchildbearing parents are empirically distinguishable (i.e., ISAT model; Kenny et al., 2006). Six types of equality constraints were applied to the model between dyad members: equal means and variances of the exogenous variables, equal intercepts of the endogenous variables, equal error variances, equal actor effects, and equal partner effects (Kenny & Ledermann, 2010). Determining sample size is not straightforward as it depends on many considerations (Kline, 2016; Wolf et al., 2013). Statistic scholars have considered sample-size-to-parameter ratios from 20:1 to 5:1 as minimal (Bentler & Chou, 1987; Kline, 2016). Considering the 13 parameters of our proposed model and 194 participating couples, our sample fulfills this latter rule of thumb with a ratio of almost 15:1. The indirect effects' 95% confidence intervals were estimated with a Monte-Carlo method bootstrap resampling procedure using 5000 bootstrap samples (MacKinnon et al., 2004). Finally, power analyses revealed excellent to acceptable statistical power (see Online Materials).

Results

Preliminary Analyses

Descriptive statistics and correlations are presented in Table 1. Paired t-tests were performed to compare parents. Childbearing mothers reported a higher perception of their child’s negative affectivity, $t(165) = 2.12$, $p = .035$, $\eta^2 = .027$, and higher stress levels, $t(183) = 4.66$, $p = .000$, $\eta^2 = .106$, than their partners. Childbearing mothers also reported less perceived autonomy thwarting than their partners, $t(177) = -9.15$, $p = .000$, $\eta^2 = .321$.

Missing data represented 9.1% of values. A Little's MCAR test revealed that data could be considered missing completely at random, $\chi^2(52) = 54.13$, $p = .393$. Participants with missing data

were significantly more educated, $t(373) = 2.22$, $p = .027$, $\eta^2 = .013$. Missing data were imputed with an expectation-maximization algorithm and multiple imputations. A total of $N = 100$ datasets were imputed and aggregated to conduct path analyses. This method was preferred to estimating missing data with Full information maximum likelihood (FIML) as in AMOS, the use of FIML does not allow a bootstrap resampling procedure, which is necessary to estimate the indirect effects.

The violence variable used in the path analysis models was computed with an autoregressive method. Firstly, limiting the number of variables entered in the path analysis model curbs the number of estimated parameters, thus improving statistical power. Importantly, it also eliminates a multicollinearity problem we encountered when including both IPV_{T1} and IPV_{T2} variables in our models. Indeed, potential multicollinearity and singularity problems were indicated by (1) IPV_{T1} and IPV_{T2} being highly correlated for each partner (see Table 1) and (2) the variance inflation factors being greater than 5 for IPV_{T1} when entered in the regression model (Rogerson, 2001). Despite representing rank-order changes in IPV perpetration between T1 and T2, the term 'IPV $\text{perpetration}_{T2\text{-}T1}$' will simplify the text in our results.

The assessment of potential covariates revealed that married childbearing mothers reported less stress ($r_{\text{childbearing mothers}} = -.17$, $p = .020$) than non-married ones. In addition, more autonomy thwarting was perceived from older (vs. younger) childbearing mothers ($r_{\text{childbearing mothers}} = .14$, $p = .046$) and from partners whose baby was a daughter (vs. a son; $r_{\text{nonchildbearing parents}} = -.20$, $p = .008$). Becker et al. (2016) recommend only including covariates associated with a change of more than .10 in the standardized coefficients. Analyses were thus run with and without covariates. As this criterion was not met, no covariates were included in the analyses. As recommended by Kenny et al. (2006), all continuous variables were entered as Z scores, and parameter estimates can be interpreted as standardized coefficients.

APIM Path Linking Infant Negative Affectivity to Parent Stress & IPV

Proposed Model Fit

The proposed model (see Figure 1), where negative affectivity temperament (T1) is treated as an exogenous variable, while parent stress (T1) and IPV perpetration$_{T2\text{-}T1}$ were treated as endogenous variables, yielded good fit indices (see Table 2).

Model 1a: Test of indistinguishability between parents

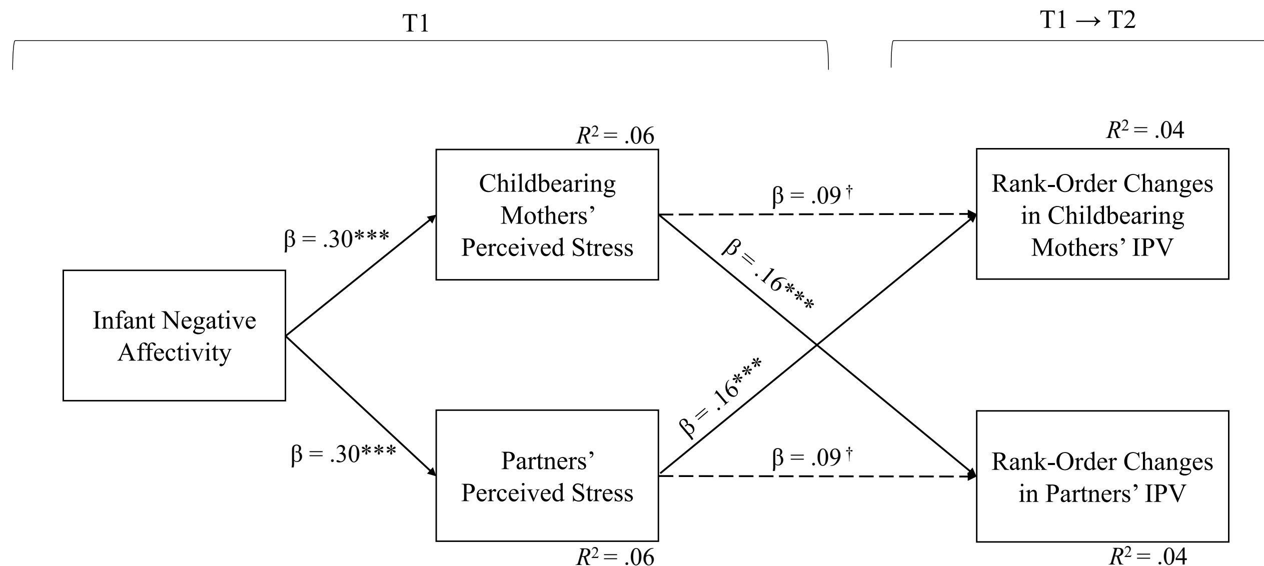
To test whether participating parents are empirically distinguishable in the model, the six types of equality constraints (I-SAT; Kenny et al., 2006; Kenny & Ledermann, 2010) were imposed on the model, and an omnibus test (i.e., chi-square difference, Kenny et al., 2006) was conducted. The I-SAT model yielded very poor fit indices, and the omnibus test was significant (see model 1a in Table 2). This result reveals that childbearing mothers and their partners are not interchangeable; they are empirically distinguishable.

Model 1b and 1c: Constraints on actor and partner effects

To investigate whether actor and partner effects differed between dyad members, two sets of constraints were applied. First, we tested a model where actor paths were constrained to be equal across parents (model 1b). Namely, the link between infant negative affectivity and stress, as the link between stress and IPV perpetration$_{T2\text{-}T1}$ were set to be equal between childbearing mothers and their partners. Then, we tested a second model where actor and partner paths were constrained to be equal across parents (model 1c). That is, in addition to the previous actor effects constraints, the links between the stress of one parent and IPV perpetration$_{T2\text{-}T1}$ of the other parent (i.e., partner effects) were also set to be equal. The fit indices of both models, presented in Table 2, indicate an acceptable fit to the data. The nonsignificant chi-square difference tests for both models, also presented in Table 2, indicate that constraining actor effects to be equal (model 1b), and constraining both actor and partner effects to be equal (model 1c), did not significantly worsen the fit. This illustrates that actor and partner effects do not differ significantly between childbearing mothers and their partners; they are similar in strength. For greater parsimony, model 1c was retained (see Figure 1). Since actor and partner effects are equal among

dyad members in the retained model, the direct and indirect associations are also equal for both members.

Figure 1. Path Analysis Model of the Associations Between Infant Negative Affectivity, and Both Parents' Perceived Stress and Rank-Order Changes in Perpetration of Intimate Partner Violence (IPV) with Actor and Partner Effects Equal Between Partners



Note. † *p* < .10. * *p* < .05. ** *p* < .01. *** *p* < .001. Endogenous variables' error disturbances and their intercorrelations among parents are not presented to simplify the figure. β represents the standardized coefficient and R^2 represents the explained variance.

Retained Model

Path analysis

The positive indirect path linking infant negative affectivity to parents' IPV perpetration$_{T2-T1}$ was significant, *β* = .07, 95%CI [*.03*, *.15*]. This result supports the idea that an infant's negative affectivity is indirectly linked to higher rank-order increases in IPV perpetration by both parents between T1 and T2. Specifically, our model suggests that infant negativity at 6 months postpartum is linked to more concomitant parent stress, supporting our first hypothesis. These associations had medium predictive weight, *β* = .36, *p* < .001 (Cohen, 1988; *β*: small .10, medium

.30, large .50). In turn, stress was marginally positively linked to IPV perpetration$_{T2-T1}$ (see actor effect), and significantly positively linked to partners' IPV perpetration$_{T2-T1}$ (see partner effect).

Actor effect

The actor effects were marginally significant. Each parent's perceived stress tended to be positively linked to subsequent rank-order increases in their own perpetration of IPV between T1 and T2, β = .09, p = .071, with a small predictive weight. These actor effect results bring partial support to our second hypothesis.

Partner effect

The partner link between one parent's stress and the other parent's IPV perpetration$_{T2-T1}$ was significant, β = .16, p < .001, with a small predictive weight. This partner effect result supports our second hypothesis, in that parents experiencing more stress at T1 is linked to having partners who experience subsequent increases in IPV perpetration between T1 and T2.

Effect sizes

Based on Cohen's recommendations (1988; R^2: small .01, medium .09, large .25), infant negative affectivity explained small amounts of variance in childbearing mothers' and their partners' stress (6%). The overall path model also explained small amounts of variance in subsequent rank-order increases in IPV perpetration between T1 and T2 (4%).

APIM Mediation Model Path Linking Parent Stress to IPV Through Autonomy Thwarting

Mediation Models Fit

This model yielded excellent fit indices (see Figure 2, Model 2, Table 2). As we previously proceeded, we successively tested three additional models: the I-SAT model, a model where actor paths were constrained to be equal across parents (Model 2b), and a model where actor and partner paths were constrained to be equal across parents (Model 2c). Models' fit indices and the results of the corresponding omnibus tests are presented in Table 2. These three additional models yielded poor fit indices. The significant I-SAT model's omnibus test further supported the

distinguishability of dyad members. Additionally, significant chi-square difference tests of both the model constraining only actor paths and the model constraining actor and partner paths indicated that, when adding perceived autonomy thwarting as a mediating variable, the actor and partner effects differ significantly between dyad members.

Lastly, an additional omnibus test was conducted, comparing the fit of the proposed model and the mediation model (i.e., Model 1 and Model 2; Table 2). It was nonsignificant, thus revealing that adding perceived autonomy thwarting behaviors as a mediating variable did not significantly worsen the fit, supporting our third hypothesis. Noteworthy, the indirect path linking infant negative affectivity to parents' IPV perpetration$_{T2\text{-}T1}$ was significant for childbearing mothers, β = .09, 95%CI [*.03*, *.16*], and for their partners, β = .07, 95%CI [*.01*, *.15*]. This result supports the idea that an infant's negative affectivity at 6 months postpartum is indirectly linked to rank-order increases in IPV perpetration by both parents between T1 and T2, and that perceived stress and autonomy thwarting play a role in this indirect link.

Mediation Through Perceived Autonomy Thwarting

Actor effect

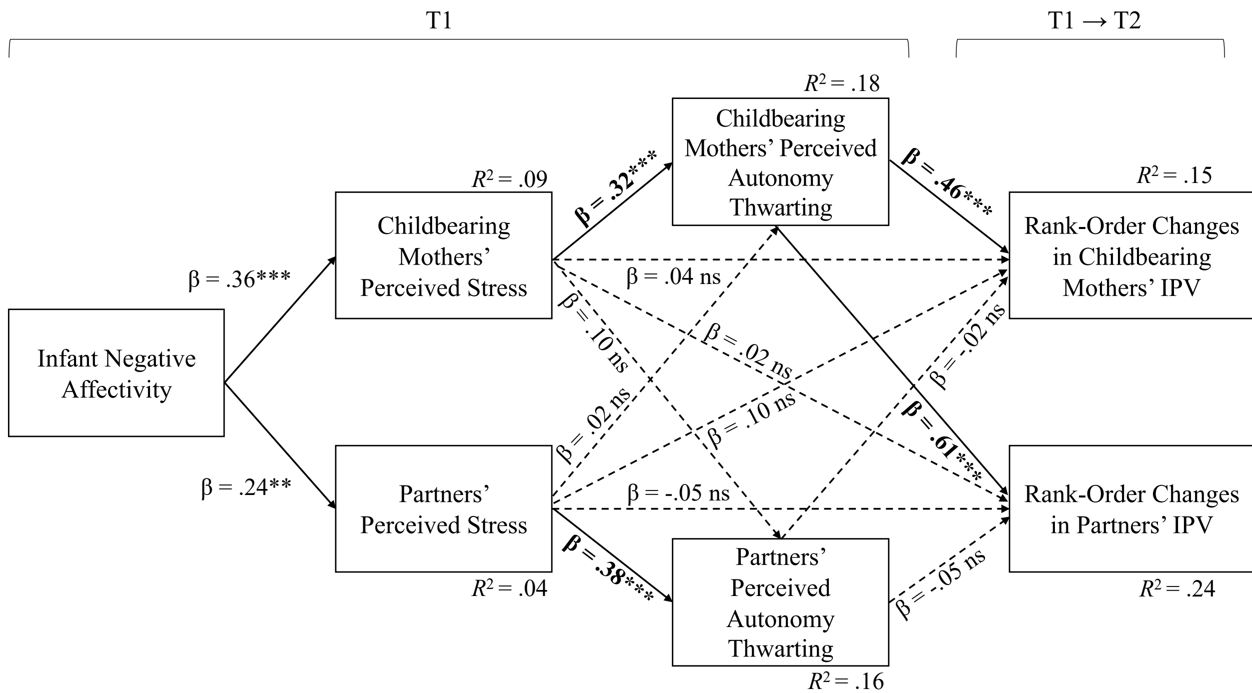
The direct actor links between parent stress and IPV perpetration$_{T2\text{-}T1}$ were nonsignificant, *ps* range = .534 - .636, but indirect paths were. Each parent's stress was positively linked to their perception of autonomy thwarting from their partner with a medium predictive weight, $\beta_{childbearing\ mothers}$ = .32 and $\beta_{nonchildbearing\ parents}$ = .38, $p < .001$. In turn, perceiving autonomy thwarting was positively linked to IPV perpetration$_{T2\text{-}T1}$ for childbearing mothers, β = .46, $p < .001$, but not nonchildbearing parents, β = -.05, p = .445. These results indicate that for all parents, the more they reported stress at T1, the more they perceived concomitant autonomy thwarting from their partner. In turn, perceiving more autonomy thwarting was associated with a subsequent rank-order increase in childbearing mothers' IPV perpetration, but not their partners'. These results support our third hypothesis for childbearing mothers, with only partial support in the case of nonchildbearing parents. The indirect path where perceived partner autonomy thwarting explains the link between parents' stress and their own IPV perpetration$_{T2\text{-}T1}$ was also significant for childbearing mothers, with a small predictive weight, β = .15, 95%CI [*.07*, *.23*], but not for

nonchildbearing parents, *β* = .03, 95%CI [-*.06*, *.12*], *p* = .460. In other words, childbearing mothers' perceived autonomy thwarting at T1 explains the link between childbearing mothers experiencing more stress at T1 and experiencing subsequent increases in IPV perpetration between T1 and T2. This result supports the possibility of a complete mediation through the perception of autonomy thwarting for childbearing mothers, but not for nonchildbearing parents.

Partner effect

When perceived autonomy thwarting was included, the partner links between one parent's stress and their partner's IPV perpetration$_{T2-T1}$ were no longer significant. The links between parents' stress and their partners' perception of autonomy thwarting were also nonsignificant. However, a direct, positive partner link was found between childbearing mothers' perceived autonomy thwarting and nonchildbearing parents' IPV perpetration$_{T2-T1}$, with a large predictive weight, *β* = .61, *p* < .001. That is, the more childbearing mothers perceive autonomy thwarting, the more nonchildbearing parents experience subsequent rank-order increases in IPV perpetration between T1 and T2. Regarding indirect links in the partner mediation model, a significant indirect link was found between childbearing mothers' stress and nonchildbearing parents' IPV perpetration$_{T2-T1}$ with a small predictive weight, *β* = .20, 95%CI [*.12*, *.30*]. In the context of a nonsignificant direct partner link between childbearing mothers' stress and their nonchildbearing parents' IPV perpetration$_{T2-T1}$, this significant indirect partner link suggests support for a full mediation. In other words, childbearing mothers' perceived autonomy thwarting at T1 may fully explain the link between childbearing mothers experiencing more stress at T1 and nonchildbearing parents experiencing subsequent increases in IPV perpetration between T1 and T2.

Figure 2. Path Analysis Model of the Associations Between Infant Negative Affectivity, and Both Parents' Perceived Stress, Autonomy Thwarting and Rank-Order Changes in Perpetration of Intimate Partner Violence (IPV)



Note. * p < .05. ** p < .01. *** p < .001. Endogenous variables' error disturbances and their intercorrelations among parents are not presented to simplify the figure. β represents the standardized coefficient and R^2 represents the explained variance.

Table 1. Descriptive Statistics and Correlations for Study Variables

Variables	*M*	*SD*	1	2	3	4	5	6	7	8	9	10	11	12	13	14
1. T1-Infant negative affectivity	3.11	0.78														
2. T2-Infant negative affectivity	3.26	0.89	.57***													
3. T1-Childbearing mothers' perceived stress	1.74	0.59	.27***	.36***												
4. T1-Partners' perceived stress	1.51	0.58	.16*	.23*	.28***											
5. T2-Childbearing mothers' perceived stress	1.57	0.62	.11	.30***	.74***	.20*										
6. T2-Partners' perceived stress	1.42	0.58	.03	.07	.21*	.68***	.22*									
7. T1-Childbearing mothers' perceived autonomy thwarting	1.68	0.93	.14	.16	.42***	.12	.35***	.27**								
8. T1-Partners' perceived autonomy thwarting	2.62	1.29	.06	-.12	.19**	.39***	.21*	.07	.23**							
9. T2-Childbearing mothers' perceived autonomy thwarting	1.75	1.08	.03	.04	.27**	.00	.31***	.20	.64***	.15						
10. T2-Partners' perceived autonomy thwarting	2.69	1.42	-.13	-.30**	.05	.13	.22	.19	.34***	.61***	.35**					
11. T1-Childbearing mothers' IPV	3.36	5.43	-.00	.05	.27***	.34***	.31***	.20*	.39***	.43***	.44***	.55***				
12. T1-Partners' IPV	2.66	4.77	-.03	.06	.24***	.33***	.26**	.23*	.40***	.41***	.37***	.47***	.90***			
13. T2-Childbearing mothers' IPV	3.32	5.70	.07	.04	.29***	.30***	.32***	.26**	.48***	.33***	.43***	.53***	.70***	.58***		
14. T2-Partners' IPV	2.47	4.76	.11	.09	.28***	.24**	.28**	.28**	.54***	.37***	.48***	.52***	.76***	.74***	.82***	

Note. *p < .05 **p < .01 ***p < .001; IPV: Intimate Partner Violence

Table 2. Summary of Fit Indices for the Models

Models		χ^2	*df*	*p*	CFI	TLI	RMSEA			Omnibus Tests	
							RMSEA	90% CI	*PCLOSE*	$\Delta\chi^2$	*p*
Model 1	Proposed model	4,11	2	,13	0,99	0,95	,07	[.00, .18]	,25	-	-
Model 1a	I-SAT model	30,05	9	,00	,90	,88	,11	[.07, .16]	,01	29,94	,00
Model 1b	Proposed model with actor effects equal	8,28	4	,08	0,98	0,95	,07	[.00 .15]	,23	4,17	,12
Model 1c	Proposed model with actor and partner effects equal	8,98	5	,11	0,98	0,96	,06	[.00 .13]	,30	4,87	,18
Model 2	Mediation model	4,81	4	,31	1,00	,99	,03	[.00, .12]	,53	-	-
Model 2a	I-SAT model	172,41	17	,00	,50	,39	,22	[.19, .25]	,00	167,60	,00
Model 2b	Mediation model with actor effects equal	20,48	8	,01	0,96	,90	,09	[.04, .14]	,08	15,67	,00
Model 2c	Mediation model with actor and partner effects equal	38,50	11	,00	,91	,83	,11	[.08, .15]	,00	33,69	,00
	Model 2 vs. Model 1									,70	,71

Note. To assert model fitness: Chi-square statistic needs to be nonsignificant; CFI & TLI: .90 for acceptable fit, >.95 for excellent fit (Hu & Bentler, 1999); RMSEA: .08 for acceptable fit, <.05: good fit & probability of close fit (PCLOSE) should be nonsignificant (Browne & Cudeck, 1993; Kline, 2016).

Discussion

In the context of bidirectional influences on family functioning, this study assesses whether babies' temperament could be linked to couple functioning. It suggests that infant negative affectivity is linked to more concurrent parent stress, which in turn spills into the couple's relationship quality and subsequent rank-order increases in IPV use. As our study links infant temperament to couples' functioning, our findings align with Family Systems Theory (e.g., Bowen, 2004; Minuchin, 1974), where family subsystems influence one another, and provide support for the spillover hypothesis.

Our study shows that infant negative affectivity is positively linked to parents' general stress, confirming our first hypothesis. This suggests that the more primiparous parents perceive their baby as less adaptable, more irritable and difficult to soothe, the more they report stress during the TP. Babies exhibiting more negative affectivity may be more arduous for primiparous parents, who thus report higher stress. This finding is consistent with previous literature linking difficult temperament to *parental* stress (e.g., toddlerhood, preschool and school-age; McQuillan & Bates, 2017; infancy; Solmeyer & Feinberg, 2011). The general stress measure used in our study can encompass a large spectrum of stress sources, as multiple stress factors arise through the TP, not only specific parenting stress.

The path of our main model explored whether parents' stress was directly linked to their own (actor effect) and the other parent's (partner effect) subsequent rank-order increases in IPV perpetration. For both parents, actor effects were marginal. This suggests that at 6 months postpartum, new parents who are experiencing relatively more stress tended to increase their own violence perpetration against their partner between 6 and 11 months postpartum. Conversely, when parents experienced greater stress relative to others, their partners experienced subsequent rank-order increases in IPV perpetration, compared to those who experienced less stress. Together, these actor and partner results bring mixed support to our second hypothesis. This suggests that when searching for determinants of rank-order changes in IPV of new parents, the partner's stress matters more than the perpetrator's, regardless of who carried the child. The positive link between stress and rank-order increases in IPV use between 6

and 11 months postpartum is consistent with the taxing influence stress exerts on couple functioning (Randall & Bodenmann, 2009).

In our sample, childbearing mothers reported significantly more stress than nonchildbearing parents. This result is consistent with the evidence that the parent who gives birth experiences more stress than their partner (Goldberg 2005). Childbearing mothers were mainly still on parental leave at T1, thus the primary caregiver. Caring for a 6-month-old is very demanding and may explain the higher stress levels in childbearing mothers. Nonetheless, the strength of the actor and partner effects was equivalent between them.

To further explore the dyadic links between stress and couples’ subsequent rank-order increases in IPV use, we tested a mediation model where perceived partner autonomy thwarting may partly explain the link between parent stress and rank-order increases in IPV perpetration. The results obtained favor this third hypothesis, but only for childbearing mothers.

First, for both childbearing and nonchildbearing parents, the actor paths between one parent's perceived stress and their perception of thwarted autonomy were significant, supporting the idea that feeling stressed is linked to feeling controlled in our sample. However, the partner links between perceived stress and perception of thwarted autonomy were nonsignificant, suggesting that even when a parent experiences higher levels of stress, their partner does not perceive more autonomy thwarting behaviors from them.

Second, contrary to the proposed model, the strength of actor and partner effects differed between childbearing and nonchildbearing parents in the mediation model. Indeed, childbearing mothers' perception of thwarted autonomy was positively associated with a rank-order increase in IPV perpetration between T1 and T2. That is, the more childbearing mothers feel their partner hampers their autonomy, the more they are inclined to perpetrate even more violence against their partner later on. Likewise, the more childbearing mothers feel their partner infringing on their autonomy, the more nonchildbearing parents are inclined to perpetrate more violence against childbearing mothers later on. In contrast, the actor and partner effects were nonsignificant for nonchildbearing parents. This suggests that childbearing mothers' perceiving high autonomy thwarting behaviors from their partners at T1 best predicted a rank-order increase

in both their own and nonchildbearing parents' IPV perpetration between T1 and T2. Importantly, when adding each parent's perception of thwarted autonomy as a mediating variable to explain the link between stress and IPV perpetration, the previously found actor and partner links between stress and IPV were no longer significant for either parent. These links were subsumed by adding the mediation variables to the model. In the absence of direct actor and partner links between stress and subsequent rank-order increases in IPV use, our results suggest that childbearing mother's perception of thwarted autonomy fully explained the link between their perceived stress and *both* parents' individual increases in IPV use between T1 and T2 (i.e., full mediation). As such, childbearing mothers' stress at 6 months postpartum appeared to influence both partners' IPV perpetration rank-order increases, through its positive link to their perception of thwarted autonomy by their partners. Considering the small number of lesbian couples in the sample, this difference between childbearing and nonchildbearing parents may be gendered.

The few previous studies on need thwarting (i.e., all three basic psychological needs of relatedness, competence and autonomy as defined in SDT; Ryan & Deci, 2017) have underlined its association with compromised relationship outcomes (Costa et al., 2015) and maladaptive responses to couple conflict (i.e., withdrawal, avoidance; Verhofstadt et al., 2020). However, when focusing on autonomy need thwarting specifically, Vanhee et al. (2016) did not find a significant link with couple conflict frequency or conflict topics. Our result discrepancy with this study might be due to sample differences. Vanhee et al. (2016) 's study relied on a more heterogeneous sample of couples regarding age, relationship length, family status and life cycles. In contrast, our sample was solely composed of primiparous couples in the TP. With the changes in family roles, added responsibilities, a sense of loss of freedom (Leahy Warren, 2005), and sleep deprivation (Medina et al., 2009), parents in the TP are at risk of experiencing distress. Another difference that may explain the different findings is the violent nature of the conflicts targeted in our study. Vanhee et al. (2016) measured conflict initiation and patterns (e.g., avoidance) which are not specifically violent. Experiences of autonomy thwarting might be more closely associated with aggressive behaviors than other maladaptive conflict strategies. Thwarted autonomy may elicit negative emotions (e.g., resentment and anger) and occasionally materialize in violent acts or words directed against their partner. The literature supports this idea. Among university

students, Assor et al. (2004) found that perceiving conditional regard from parents (i.e., autonomy and relatedness need thwarting) was associated with greater resentment towards them. To our knowledge, this link between autonomy thwarting and anger has not yet been assessed in couple relationships. Yet, Verhofstadt et al. (2020) have highlighted the possible mediational role of anger in the link between autonomy frustration and couple conflict. Further research is needed to confirm this mechanism, particularly regarding violence perpetration.

Our mediation model illustrated a crucial difference between childbearing mothers and nonchildbearing parents, i.e., the more childbearing mothers perceived their autonomy thwarted by their partner, the more they perpetrated and endured IPV over time. Reciprocal links were not found for nonbearing parents; the results were not mirrored. This difference may be attributable to gender, as only four of the 194 nonchildbearing parents were women. Gender effects evidenced by Vanhee et al. (2016) were not in line with our results, however. They found that men with higher levels of autonomy frustration were associated with less constructive and more destructive conflict strategies, but not women. In a cross-sectional study, Petit et al. (2017) assessed partner effects linking need satisfaction (i.e., fulfillment of all three basic psychological needs) to IPV perpetration. They found that women's need fulfillment was linked to their own IPV perpetration, independently of their partner's need fulfillment. Interestingly, their results suggest that higher men's IPV perpetration was not only dependent on their own need fulfillment, but women's need fulfillment was more important when predicting men's IPV perpetration. These results are consistent with our findings, suggesting that women's perception of their psychological needs satisfaction/thwarting particularly matters for both their perpetration and their being victims of IPV.

The mediation findings shed light on a potential mechanism by which infant negative affectivity may contribute to parents' individual changes in IPV during the TP, and add to the dyadic understanding of stress spillover in the couple relationship. Our results suggest that each parent's general stress spills into their relationship with a positive link to perceiving autonomy thwarting behaviors. For childbearing mothers, perceiving more autonomy thwarting behaviors from their partner appeared to be associated with increased violence perpetration against one's partner and being a victim of violence from one's partner. The indirect link between infant negative affectivity

temperament, parents' perceived stress, autonomy thwarting and higher rank-order increases in IPV perpetration is complementary to previous findings. It is in line with previous work exploring the influence of toddler temperament on autonomy-supportive behaviors (parenting; Andreadakis et al., 2020; Armour et al., 2018) by extending these findings 1) to an earlier developmental age, i.e., infants of 6 months of age, 2) to a different autonomy related behavior, i.e., perception of thwarted autonomy, 3) to another family subsystem, i.e., couples, and 4) by adding IPV perpetration as a potential consequence of child-driven stress spillover.

Study Limits & Strengths

This study's design presents some limitations. Firstly, based on a correlational design, our results do not provide causal inferences, unlike experimental studies. Future studies could verify whether reducing stress can limit primiparous couples' IPV use. They could also experimentally manipulate autonomy need thwarting by teaching non-controlling communication to parents and testing whether it reduces perceived autonomy thwarting and IPV. Another limitation may reside in our study's reliance on self-reported measures. Participants' reports may be biased by their perception of their child and couple interactions. Yet, self-reporting through an anonymous online survey may ease reports of violence, as less social desirability is involved than in observed measures. Future research may use observational data, which provides a more valid assessment of couple interactions. For instance, an observed measure of autonomy thwarting behaviors would help better understand what pertains to couples' perceptions vs actual partner behaviors, and thus clarify the target of intervention. A third limit pertains to the sparse sociodemographic diversity of our sample (primarily middle-class, educated, White couples), which hampers our result's generalizability. As these characteristics are linked to better stress management, investigating the associations between infant temperament, parent stress, and couple functioning in a higher-risk sample may be necessary. Also, parents participating in this study had access to subsidized, extended parental leave, which includes exclusive partner leaves and shareable weeks between parents. Many studies support the idea that extended parental leaves and exclusive partner leaves are linked to better gender equality in family chores and responsibilities, as well as more couple support and fewer couple conflict (e.g., Almqvist & Duvander, 2014). Our data were thus collected in a more favorable TP context. As such, the

associations may be stronger for families who do not benefit from these advantages, as they will likely face more strains and difficulties, as well as experience more stress. Additionally, a small number of non-heterosexual couples participated in the study. These couples are not sufficiently represented in the current TP literature (Laniel et al., 2023), leaving their realities relatively unknown. Future research needs to target non-heterosexual couples specifically. For instance, a larger group of lesbian mothers would have allowed for measuring gender differences among nonchildbearing parents in the present study. Finally, the 2 data collection timepoints occurred in a relatively close period, between 6 and 11 months postpartum, and thus our results may not generalize to a broader period.

Despite the aforementioned limitations, important strengths can be highlighted. First, while numerous previous studies rely solely on mothers' reports, this study included both parents and dyadic data analysis. While the former provides a less biased representation of couple functioning, the latter acknowledges the interdependence of family relations. Second, while the vast majority of couple studies solely rely on heterosexual couples, our sample also included non-heterosexual couples, thus contributing to drawing a more representative portrait of the TP. Third, our self-reported questionnaires provided participants with the opportunity to report on a comprehensive, global estimation of their dyadic interactions across a full range of situations. Finally, a prospective design provides a more robust assessment of the temporal sequence of the variables under study.

Implications

As a family developmental milestone, the TP is challenging for most parents. Several facets of this new parental role can bring additional responsibilities, financial strain, work-family conflicts, and relationship issues. Each of these can be perceived as constraints and contribute to experienced hardship. Knowing that having a more difficult child to soothe is associated with more stress and more IPV is paramount as it represents a prospective prevention target for new parents. The present study contributes to the growing difficult temperament spillover literature and adds to the more established stress spillover literature by exploring IPV use.

Overall, our study contributes to the literature on couples' psychological needs and relational outcomes by highlighting violence during the TP as a likely response to stress and childbearing parents' perception of autonomy thwarting. More specifically, this study adds to previous work linking one's stress to the perception of negative intentions from their partner (Song-Choi & Woodin, 2021). Also, childbearing mothers' perceptions of nonbearing parents' behaviors may be particularly relevant to consider, as childbearing mothers' perceived autonomy thwarting was linked to both parents' rank-order increases of IPV perpetration over time.

Regarding clinical implications, our results highlight potential prevention and intervention targets for primiparous couples at risk for or suffering from IPV and dealing with a poorly regulated infant. The most central is stress management, as this period is typically demanding, and both parents' stress can spill into their relationship and be linked to IPV perpetration. We believe that postpartum follow-up appointments with health practitioners may be an occasion to pay particular attention to childbearing mothers' stress and their perception of their partners' autonomy thwarting behaviors. Our study suggests that it predicts rank-order increases in perpetrating and being a victim of IPV.

We wish to underscore that the present study does not suggest, in any way, that children may be responsible for their parent's behaviors. Also, although our data suggest that childbearing mothers committed more violence behaviors than nonchildbearing parents (mainly men), we do not question the gendered nature of IPV, nor do we wish to minimize the complexity of this phenomenon (Caldwell et al., 2012; Hamby, 2009; Reed, 2008).

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Online Supporting Materials

Mutuality and Severity of IPV Perpetration

The CTS2S distinguishes violence severity committed by each partner, varying between *minor* (i.e., insulted, shouted, swore at partner, pushed or slapped partner) and *severe* acts of violence (i.e., punched, kicked, beat up, threatened to hit or destroyed something that belonged to their partner; Straus & Douglas, 2004; Straus et al., 1996). The mutuality (i.e., whether partners committed the same level of violence against each other) of violent acts can also be determined based on these levels of severity. In the present sample, a similar violence severity was reported by both partners in most couples (according to both partners' reports). In comparison, a minority of couples showed a divergence in the mutuality of their violent acts. The frequencies of violence perpetration according to the level of severity are presented in Table e1. The mutuality of the severity level within couples is also represented.

Post-Hoc Power Analyses

Post-hoc power analyses were conducted using G*Power software (Faul et al., 2007). For the proposed model, it revealed excellent statistical power for childbearing mothers' stress and their partners' (.92), and acceptable for IPV perpetration$_{T1\text{-}T2}$ (.70). For the mediation model, it suggested excellent (.99) and good (.80) power, respectively for childbearing mothers and their partners, and excellent statistical power for childbearing mothers' and their partners' perceived autonomy thwarting (> .99), as well as for childbearing mothers' and their partners' IPV perpetration$_{T1\text{-}T2}$ (> .99).

Table e1. Couples' Violence Perpetration Pattern

	Both partners committed		Partners' violence perpetration					
			no violence		at least one minor act of violence		at least one severe act of violence	
	T1	T2	T1	T2	T1	T2	T1	T2
Similar severity levels between partners	83.3%	83.2%						
no violence	35.6%	40.3%						
at least one minor act of violence	43.1%	35.1%						
at least one severe act of violence	4.6%	7.8%						
Divergence in severity levels between partners	16.7%	16.8%						
Childbearing mothers' violence perpetration								
no violence					2.9%	1.3%	-	-
at least one minor act of violence			9.2%	9.1%			0.6%	2.6%
at least one severe act of violence			-	1.3%	4.0%	2.6%		

Note.
These numbers represent the percentages of couples presenting these violence perpetration patterns in our sample. No other violence perpetration was present in our sample.

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Conclusion générale

Objectifs généraux de la thèse

La TP est une étape cruciale de la vie des familles. Cette thèse adopte une approche systémique afin d'étudier l'adaptation du couple à la période de la TP, et l'influence des caractéristiques de l'enfant sur le fonctionnement du couple parental au cours de cette période.

Dans un premier temps, une revue systématique des écrits (étude 1, article 1) examine cette question de façon macro : elle rassemble et intègre les connaissances existantes sur le fonctionnement du couple au moment de la TP. Une utilisation exclusive d'études incluant les deux membres du couple a été fondamentale dans ce travail afin de dresser un portrait précis des phénomènes dyadiques à l'œuvre lors de cette transition. Cette approche permet notamment de mettre en évidence les dynamiques de couple, les différences et les similarités entre les deux membres d'un couple. La contribution des effets de l'enfant aux processus dyadiques a également été mise en relief. L'objectif principal de cette revue est d'établir l'état des connaissances, afin notamment de mieux orienter la recherche à venir et les interventions auprès des nouveaux parents.

Dans un second temps, une étude empirique (étude 2, article 2) examine l'adaptation du couple à la TP de façon micro. L'objectif de cette seconde étude est d'investiguer les déterminants de la violence conjugale durant cette période. Fidèle à la perspective systémique, l'étude évalue la contribution du tempérament de l'enfant aux phénomènes dyadiques dommageables impliquant ses parents. Elle évalue principalement la relation entre l'affectivité négative de l'enfant et le niveau de stress vécu par les parents, puis la contribution de ce stress à la perpétration de violence conjugale entre les parents dans la première année de vie de l'enfant. En s'appuyant sur le cadre théorique développé par la TAD, l'article 2 examine également un mécanisme dyadique potentiel expliquant de quelle façon des parents rapportant davantage de stress sont plus susceptibles de poser des gestes violents envers leur partenaire.

Synthèse des résultats principaux

Un portrait global de l'adaptation des couples à la TP

La revue systématique de l'article 1 rassemble les résultats de 50 études effectuées au cours des deux dernières décennies. Ce corpus met en évidence plusieurs niveaux de diversité parmi ces études. D'abord sur le plan méthodologique, différents devis ont été utilisés. Une grande majorité ont employé des devis quantitatifs et très peu ont utilisé des devis qualitatif ou mixte. Une majorité des études s'appuient sur un devis longitudinal, plutôt que transversal. Les études pouvaient viser différents moments ou périodes de la TP : très peu se sont intéressées à la période de la grossesse, plus du quart se sont plutôt intéressées à la période post-partum, tandis que la majorité ont inclus des mesures effectuées lors de la grossesse et de la période postpartum. Des groupes de comparaisons ont aussi été utilisés, notamment pour comparer des couples de parent et des couples n'ayant pas d'enfants, des couples primipares et des couples multipares. Une étude a également comparé les couples selon la méthode de conception de l'enfant utilisée.

Quant aux variables à l'étude, les chercheurs ont porté leur attention à différentes sphères de l'adaptation conjugale à la TP. Au niveau du sous-système conjugal, la satisfaction conjugale ainsi que la qualité de la relation ont été les construits les plus étudiés au sein de ce corpus. Les chercheurs se sont également intéressés à l'ajustement dyadique, à la division du travail dans le foyer, à la qualité de la communication, aux changements dans la relation intime, au travail d'équipe au sein du couple, ainsi qu'aux changements dans les patrons d'attachement. Au niveau du sous-système parental, près d'un quart des études ont étudié la relation coparentale, et un beaucoup plus petit nombre ont examiné l'expérience des parents à travers plusieurs des construits susmentionnés.

Outre la description de la façon dont les domaines de fonctionnement du couple évoluent lorsque les couples deviennent parents, différents prédicteurs, soit les facteurs de risque ou de protection pour le fonctionnement conjugal, ont également été mis en lumière. Ces prédicteurs peuvent être distingués selon différents niveaux du système familial : parentaux d'une part (individuels et dyadiques), et relié à l'enfant d'autre part.

Prédicteurs individuels

Les premiers prédicteurs identifiés s'ancrent dans l'enfance des parents. L'attachement développé envers leurs propres figures parentales, ainsi que leurs souvenirs gardés de l'enfance sont liés à leurs expériences en tant que parents. Au plan de l'attachement, un niveau élevé d'attachement évitant prédirait une faible satisfaction conjugale lors des deux premières années postpartum (Kohn et al., 2012). Cette relation est modérée par certains facteurs contextuels : un haut niveau de conflit travail-famille exacerbe l'association entre un attachement évitant et le déclin de la satisfaction conjugale, alors que le niveau de soutien reçu du partenaire va atténuer le déclin, particulièrement chez les mères ayant un attachement anxieux. Quant aux souvenirs gardés de la famille d'origine, le fait d'avoir une perception positive de la relation parentale est associé à des conséquences positives sur sa propre relation (Perren et al., 2005). Aussi, le fait de se souvenir de davantage d'acceptation de la part de sa propre mère est positivement associé à la qualité de la relation coparentale mesurée à quelques mois postpartum (Schoppe-Sullivan, 2003).

En attendant la venue du bébé, les parents se construisent des attentes sur la façon dont ils s'organiseront à son arrivée. Ces attentes sont également liées à la qualité de leur relation durant la période postpartum. Plus particulièrement, les projections des parents quant à leur future relation coparentale, mesurée pendant la grossesse, sont positivement liées à la perception qu'ils ont de leur relation coparentale à quelques mois postpartum (Schoppe-Sullivan, 2003). Au contraire, avoir des représentations négatives de leur future relation coparentale est associée à de plus faibles niveaux de coopération et de chaleur à 3 mois postpartum (McHale et al., 2004). Au sein de couples lesbiens, Goldberg et Perry-Jenkins (2007) ont mis en évidence que les attentes prénatales au sujet de la future division des soins de l'enfant prédit la division réelle à 4 mois postpartum. Finalement, les parents percevant que leurs attentes ont le moins été contredites lors de l'arrivée du bébé ont fait l'expérience d'une relation coparentale plus positive (Van Egeren, 2004).

L'ajustement psychologique des parents lors de la TP n'est pas systématiquement lié à des conséquences sur leur relation conjugale. Présenter une humeur négative pendant la grossesse ne s'est pas avéré lié aux changements dans l'ajustement dyadique des parents au cours de la

première année postpartum (Bower et al., 2013). De la même façon, présenter des symptômes de stress post-traumatique à la suite de la naissance de l'enfant ne s'est pas avéré lié à la détérioration de la qualité de la relation (Ayers et al., 2007). Les symptômes dépressifs semblent toutefois avoir une influence : leur présence pendant la grossesse est associée à un déclin plus abrupte de la qualité de la relation pendant la première année postpartum (Cox et al., 1999). De plus, une augmentation des symptômes dépressifs pendant les deux premières années postpartum est associé à un niveau de conflit croissant chez les mères (Holmes et al., 2013). Par ailleurs, le sommeil aurait un effet protecteur sur la relation : dormir davantage sur une période d'une semaine est associé à un niveau de satisfaction conjugale plus élevé durant cette période (Insana et al., 2011).

L'expérience vécue dans le rôle de parent est liée à la relation conjugale : vivre de la satisfaction dans la parentalité apparait corrélé à la satisfaction conjugale (Elek et al., 2003). De plus, les changements dans l'engagements des parents dans leur rôle parental se sont avérés positivement reliés aux changements rapportés dans la qualité de la relation conjugale entre 1 et 5 ans postpartum (Carlson et al., 2011). Le stress parental aurait quant à lui une influence négative à long terme sur la qualité de la relation conjugale (Berryhill et al., 2016; Durtschi et al., 2017). Finalement, aucune relation significative n'est apparue entre le sentiment d'efficacité personnelle lors des soins apportés au nourrisson et la satisfaction conjugale (Elek et al., 2003).

Prédicteurs dyadiques

Les caractéristiques de la relation, soit la durée de la relation et l'état civil des partenaires, semblent exercer une influence sur la qualité de la relation. Goguen (2006) a mis en évidence que la relation entre la durée de la relation et l'ajustement des couples serait curvilinéaire : les couples unis depuis 6 à 9 ans vivraient de plus grand déclin dans leur ajustement conjugal que les couples ayant de plus courtes ou de plus longues relations. Carlson et al. (2011) ont quant à eux mis en évidence, dans un échantillon recruté aux États-Unis, que les couples étant mariés rapportent un plus grand niveau de qualité de leur relation jusqu'à 5 ans après la naissance. La planification de la grossesse apparait comme un facteur important : les couples devenant parents alors que la grossesse n'était pas planifiée éprouveraient des tensions exacerbées dans leur relation (Cordova, 2000; Cox et al., 1999; Lawrence et al., 2008). À travers cette période, qui peut s'avérer

stressante, la capacité des parents à communiquer leur stress à leur partenaire et à faire face ensemble à un stresseur commun est liée à leur ajustement dyadique pendant la grossesse (Molgora et al., 2019). De façon similaire, leurs habiletés à résoudre des problèmes de façon conjointe est liée à une baisse moins prononcée de la qualité de la relation jusqu'à deux ans postpartum (Cox et al., 1999).

Le fonctionnement du sous-système conjugal lors de la grossesse (incluant la capacité à travailler en équipe, l'ajustement dyadique, la qualité des interactions et leur accord sur la façon dont ils vont se diviser les soins de l'enfant) est lié au fonctionnement du sous-système coparental (le niveau d'alliance coparentale), à 3-4 mois postpartum (Cordova, 2000; McHale et al., 2004; Schoppe-Sullivan, 2003) mais également jusqu'à 3 ans postpartum (Le et al., 2016). La direction inverse a également été vérifiée : la qualité de la relation coparentale dans la première année de la transition est positivement liée à la qualité de la relation conjugale jusqu'à 2-3 ans postpartum (Durtschi et al., 2017; Le et al., 2016). Soulevant l'hypothèse un peu divergente qu'une amélioration dans un sous-système amène une détérioration dans l'autre, Van Egeren (2004) a mis en évidence qu'un changement linéaire au niveau de l'ajustement dyadique est négativement associé au changement linéaire dans la relation coparentale sur une période de 7-8 mois.

Prendre soin d'un jeune enfant implique une charge de travail supplémentaire, laissant moins de temps pour d'autres activités, notamment pour le travail rémunéré. Il a été mis en évidence qu'une division inégale du travail domestique, ou des tâches reliées aux soins de l'enfant, n'est pas nécessairement liée à une diminution de la satisfaction conjugale (Fillo et al., 2015; Schober, 2009). Une partie de l'explication semble se trouver dans le type d'attachement du parent : contribuer davantage aux soins de l'enfant s'avère lié à une diminution de la satisfaction conjugale seulement chez les parents rapportant davantage un attachement évitant, ces parents se gardent typiquement de dépendre des autres alors qu'ils pourraient en bénéficier (Fillo et al., 2015). Le sentiment d'efficacité des parents lorsqu'ils prennent soin de l'enfant contribue également : il est lié à un niveau plus élevé et des trajectoires plus stables de satisfaction conjugale, alors qu'un faible sentiment d'efficacité est lié à des trajectoires de satisfaction conjugale descendantes. Au contraire, faire l'expérience de conflit travail-famille constitue un facteur de risque pour la satisfaction conjugale (Fillo et al., 2015).

Malgré touts les changements assoicés à la TP, ses récepcussions sur la relation conjugale des parents ne sont pas apparues si importantes dans la première année de vie de l'enfant selon les études comparant des couples de parents avec des couples sans enfant. Parmi ces études, une seule a identifé une influence négative de la parentalité sur la relation conjugale (Lawrence et al., 2008), alors que les autres n'ont trouvé aucune différence entre les groupes quant à la relation conjugale (Durtschi, 2011; Hortacsu, 1999), de la qualité de la communication (Connolly, 1999) ou des orientations d'attachement (Galdiolo & Roskam, 2017). Étant donné que prendre soin d'un enfant prend notamment du temps et de l'énergie, une différence majeure entre les parents et les couples sans enfant réside dans la satisfaction des parents avec l'organisation de la division des tâches (domestique et soins de l'enfant), mais aussi du travail rémunéré. Une seule étude s'est intéressée à cette question et a mis en évidence que les mères contribuant davantage aux tâches domestiques étaient moins satisfaites de la division des tâches que les femmes sans enfants (Hortacsu, 1999). Les différences entre couples primipares et multipares apparaissent moins définies. Avoir plus d'un enfant est lié à une moindre qualité relationnelle à plus de 12 mois postpartum (Richmond, 2004), particulièrement chez les pères (Bower et al., 2013). Une autre étude met cependant en évidence que les trajectoires de déclins des dimensions positives de la relation entre 3 et 30 mois postpartum seraient plus abruptes chez les couples primipares (Canário & Figueiredo, 2016). L'alliance coparentale serait plus affectée chez les couples parents pour la deuxième fois que les couples primipares, alors qu'aucune différence entre les groupes n'apparait quant au niveau d'intimité des couples ou de la division des tâches de soin de l'enfant (Richmond, 2004).

Effets de l'enfant

La caractéristique la plus primaire associée à l'enfant est son lien biologique avec le parent, et les résultats portant sur son influence sur le fonctionnement du couple ne sont pas homogènes. Dans un échantillon de couples lesbiens, les mères biologiquement liées à leurs enfants ont rapporté des niveaux décroissant de travail sur leur relation, de la grossesse à 3 mois après la naissance, tandis que les mères non-biologiquement liées à leurs enfants rapportaient des niveaux croissants de travail sur leur relation conjugale durant cette même période (Goldberg, 2005). Ceci laisse croire que le fait de ne pas avoir de lien biologique avec l'enfant engendre un plus grand

investissement dans la relation. Un peu plus tard dans la période de la transition, et dans un échantillon de parents ayant adopté ou utilisé des méthodes de conception médicalement assistées, il a été mis en évidence que les mères n'ayant pas de lien biologique avec l'enfant rapportaient de plus hauts niveaux de qualité de leur relation que les mères ayant un lien biologique avec leur enfant. Aucune relation n'est apparue chez les pères (Golombok et al., 2003). Finalement, dans deux études ayant porté sur le rôle de la biologie dans l'expérience de mères lesbiennes, la majorité d'entre elles ont rapporté que le lien biologique n'a pas eu d'influence dans le rôle qu'elles ont adopté comme parent (Goldberg, 2005; Goldberg & Perry-Jenkins, 2007).

Les résultats quant à l'influence du sexe de l'enfant indiquent principalement qu'avoir un bébé assigné fille aurait une influence particulière sur la relation conjugale. Par exemple, les résultats de l'étude de Cordova (2000) indiquent que le fait d'avoir une fille amplifierait les relations à l'étude. Plus précisément, un faible niveau de travail en équipe (*teamwork*; i.e., la capacité à réaliser des tâches en coordination avec son partenaire, à se mettre d'accord sur leurs objectifs communs et se sentir soutenu par leur partenaire dans l'atteinte de ces objectifs) est lié à une plus faible satisfaction conjugale chez les couples ayant une fille par rapport à ceux ayant un garçon. En outre, un haut niveau de travail en équipe est associé à une plus grande satisfaction conjugale chez les parents de filles en comparaison des parents de garçons, pour qui ces effets sont moins forts. Selon l'étude de Cox et al. (1999), avoir une fille aurait une influence plus importante sur la satisfaction conjugale et la qualité des interactions. D'autres résultats soulignent un effet spécifique chez les pères des filles : pour eux, le fait d'avoir une fille plutôt qu'un garçon serait lié à une diminution plus grande de la qualité de la relation conjugale et coparentale (Elliston et al., 2008; Holmes et al., 2013). Toutefois cette tendance n'est pas unanime, certains résultats apparaissant nuls quant à l'influence du sexe de l'enfant sur la satisfaction conjugale (Elek et al., 2003).

Finalement, le tempérament de l'enfant aurait également une influence sur la relation à court et à long terme. Un tempérament difficile étant associé à une moindre qualité du coparentage dans les premiers mois postpartum (Gordon & Feldman, 2008; McHale et al., 2004), mais également à une moindre qualité de la relation conjugale 4 ans plus tard (Berryhill et al., 2016). Le tempérament du nourisson semble avoir une influence particulière chez les pères : un

tempérament plus difficile étant associé à un niveau plus faible de satisfaction conjugale (Parade, 2010) et de qualité de la relation (Holmes et al., 2013), alors qu'un tempérament plus facile est associé à un coparentage vécu comme plus réussi (Van Egeren, 2004).

Globalement, l'article 1 met clairement en évidence qu'un large éventail d'aspects du fonctionnement conjugal au moment de la TP a été étudié. Néanmoins, il apparait que parmi les résultats de recherche issus de données dyadiques, certains aspects, tel que la violence conjugale, n'y figurent pas. Il s'agit d'un manque important dans cette littérature scientifique, la violence conjugale constituant un facteur de risque majeur pour le bien-être individuel, conjugal et familial. D'autant plus qu'elle est susceptible d'apparaitre ou de s'intensifier à ce moment-là (Stewart et al., 2013). L'article 2 s'attèle ainsi à combler cette lacune. S'inscrivant toujours dans une approche systémique, il y est question de la contribution du tempérament de l'enfant aux processus dyadiques liant le stress parental à la violence conjugale.

Affectivité négative de l'enfant, stress des parents et violence conjugale

La seconde étude de cette thèse utilise les analyses acheminatoires afin de tester un modèle où le tempérament de l'enfant est lié au stress de chacun de ses parents, stress qui est en retour associé à la perpétration de violence conjugale. L'utilisation de la modélisation acteur-partenaire permet de mesurer à la fois la contribution du niveau de stress d'un parent (effet acteur) et la contribution du niveau de stress de son partenaire (effet partenaire) à la fréquence de gestes violents du parent. Une partie des hypothèses formulées ont pu être soutenues empiriquement, apportant notamment une preuve que l'affectivité négative du nourrisson est indirectement liée à l'augmentation ordonnée de la fréquence des gestes violents entre ses parents, notamment à travers sa contribution au niveau de stress vécu des parents. En effet, l'étude 2 a mis en évidence un lien indirect significatif entre l'affectivité négative du nourrisson à 6 mois postpartum et l'augmentation ordonnée de la perpétration de gestes de violence entre ses parents entre 6 et 11 mois postpartum, soutenant l'idée qu'un tempérament plus difficile chez le bébé pourrait indirectement exercer une influence sur la violence conjugale.

Affectivité négative de l'enfant et stress parental

Les résultats de l'étude 2 illustrent que l'affectivité négative du nourrisson est positivement reliée au niveau de stress vécu par ses deux parents. Ainsi, les parents d'un enfant de 6 mois plus irritable et difficile à consoler auront tendance à rapporter davantage de stress, ce type de tempérament étant potentiellement plus demandant pour les parents. Ce résultat est cohérent avec la littérature ayant précédemment étudié ce lien, tant auprès des nourrissons (Planalp & Goldsmith, 2020; Solmeyer & Feinberg, 2011) que de bambins et enfants d'âge préscolaire et scolaire (McQuillan & Bates, 2017). Ces précédentes études se sont intéressées au stress parental, soit au niveau de stress directement lié au rôle de parent. L'étude 2 inclut une mesure de stress générale, qui rassemble ainsi un éventail bien plus large de sources de stress auxquelles peuvent être confrontés les nouveaux parents. En effet, une mesure plus *générale* du stress, par rapport à une mesure plus spécifique telle stress parental, permettait de tenir compte de l'ensemble des facteurs de stress auquel sont soumis les parents lors de cette période, dans l'étude du lien entre stress et perpétration de gestes de violence.

Stress et violence conjugale

L'étude 2 met également clairement en évidence que plus le niveau de stress rapporté est élevé par chacun des membres du couple à 6 mois postpartum, plus ceux-ci *tendent à* augmenter leur propre perpétration de violence conjugale entre 6 et 11 mois après la naissance. Ce résultat marginal s'inscrit dans la littérature décrivant le débordement du stress dans les relations conjugales (e.g., Randall & Bodenmann, 2009). Des niveaux élevés de stress vécus par les partenaires exercent une tension sur leur relation (Timmons et al., 2017), notamment en accaparant les ressources/capacités d'adaptation, ce qui altère leurs habiletés à gérer les conflits et les rend plus à risque d'utiliser des stratégies destructives, telle que la violence. Ceci a été l'illustré dans cette étude 2, quoique seulement avec un lien marginal.

Les effets partenaires modélisés se sont également avérés significatifs et positifs. Ce résultat indique que plus le niveau de stress rapporté par un parent est élevé, plus il y a une augmentation de la fréquence des gestes violents posés par son partenaire entre 6 et 11 mois postpartum.

Ensemble, le stress semble donc avoir une incidence marginale sur les comportements violents du parent qui le vit, mais ce lien est plus important sur les comportements de son partenaire. Ainsi, le débordement du stress individuel vers la relation de couple semble surtout s'effectuer sur le plan inter-partenaire, quoiqu'il tende à s'effectuer sur le plan intra-individuel également.

Le rôle de la perception de frustration du besoin d'autonomie entre partenaires

La 3ème hypothèse examinée dans le cadre de l'article 2 vise à apporter une explication à la relation établie entre le stress d'un parent et la fréquence des gestes de violence qu'il commet et dont il est victime. Les résultats du second modèle acheminatoire appuient en partie cette hypothèse.

Ils indiquent que plus le niveau de stress est grand, plus le parent perçoit son autonomie brimé dans son couple. Ceci reflète des comportements de nature contrôlante (e.g., imposer son opinion, exercer de la pression pour que le parent agisse d'une certaine façon, limiter ses choix) qui sont susceptibles de miner le besoin d'autonomie du parent. Ce résultat indique que la perception qu'ont les parents de leurs partenaires est liée à leur propre niveau de stress. Cet effet délétère du stress sur les perceptions des partenaires illustre une façon dont il déborde de la sphère individuelle à la sphère relationnelle.

En outre, les résultats indiquent que la perception d'autonomie brimée par son partenaire médierait le lien entre le stress et l'augmentation ordonnée de la violence conjugale commise entre 6 et 11 mois postpartum, mais seulement chez les mères ayant porté l'enfant. Chez les parents n'ayant pas porté l'enfant, la perception d'autonomie brimée n'apparait pas liée l'augmentation ordonnée de gestes de violence commis. Ainsi, chez les mères ayant porté l'enfant, percevoir son autonomie frustrée par son partenaire rend le parent plus enclin à poser des gestes violents à son encontre, ce qui corrobore les résultats des études précédentes qui se sont appuyées sur la TAD pour documenter les effets nuisibles de la frustration des besoins psychologiques fondamentaux sur les relations conjugales (Costa et al., 2015), et plus particulièrement sur les réponses aux conflits (Vanhee, Lemmens, Stas, et al., 2016; Verhofstadt et al., 2020).

Mieux comprendre les mécanismes dyadiques : les effets partenaires

Il semble aller de soi que, dans le fonctionnement d'un couple, les partenaires s'inter-influencent. D'un point de vue méthodologique, l'utilisation de données recueillies auprès des deux membres du couple, en plus d'une stratégie d'analyse dyadique, permet d'investiguer et de révéler ces effets partenaires.

Les résultats de la revue (étude 1) soulignent plusieurs effets partenaires différents. Tout d'abord au plan de la santé mentale : à la fin de la grossesse lorsqu'un parent rapporte être stressé ou agressif, son partenaire rapporte un niveau plus faible d'ajustement dyadique, alors qu'aucun effet n'apparait sur son propre ajustement dyadique (Bower et al., 2013). Des niveaux plus élevés de stress chez les mères et d'anxiété chez les pères sont liés à un déclin plus abrupte de la satisfaction conjugale de leur partenaire dans les 9 premiers mois postpartum. De façon semblable, une meilleure estime de soi rapportée par les mères est associée à une meilleure satisfaction conjugale chez leurs partenaires (Don & Mickelson, 2014). L'étude de Durtschi et al. (2017) démontre quant à elle que le stress d'un parent est un bon prédicteur de la qualité relationnelle rapportée par l'autre parent lorsque le niveau de stress des deux partenaires est faible, tandis qu'il ne l'est pas lorsque le niveau de stress est plus élevé.

Par ailleurs, la réciprocité des comportements de soutien perçue par un parent est associée à de plus haut niveau d'ajustement dyadique chez son partenaire quelques mois plus tard, alors qu'elle n'a pas d'effet sur son propre ajustement (Alves et al., 2019). Les comportements des parents ont en effet une influence importante sur leurs partenaires. Démontrer de l'hostilité pendant la grossesse est lié à une diminution plus abrupte de la qualité relationnelle du partenaire au cours des deux premières années postpartum, et inversement, des pères témoignant davantage de chaleur dans leurs interactions ont des partenaires qui rapportent des déclin de qualité relationnelle moindre (Durtschi, 2011). S'intéressant aux liens entre les attentes des parents quant à la parentalité au moment de la grossesse et l'évolution de leur relation au cours des deux premières années postpartum, Holmes et al. (2013) ont identifié que les pères et les mères dont les attentes ne se sont pas matérialisées ont des partenaires qui rapportent respectivement des niveaux décroissants d'amour et croissants de conflits. À plus long terme, Le et al. (2016) ont mis en évidence que le niveau de qualité de la relation rapporté par un parent est lié à celui qui est

rapporté par son partenaire, et ce à 3 différents temps de mesure, de la grossesse jusqu'à 3 ans postpartum.

Des effets partenaires ont également été illustrés dans l'étude 2. Les analyses APIM ont permis mettre en évidence un lien partenaire au niveau de la médiation à l'étude : chez les mères ayant porté l'enfant, la perception d'autonomie brimé de son partenaire est non seulement associée à l'augmentation ordonnée de la fréquence de leurs propres agirs violents (effet acteur) entre 6 et 11 mois postpartum, mais également à ceux rapportés par leurs partenaires (effet partenaire). Ainsi, plus une mère ayant porté l'enfant percevrait son autonomie brimée par son partenaire, plus son partenaire rapporterait également une augmentation accrue des gestes violents commis durant cette période. Ce résultat pourrait s'expliquer par le fait qu'un parent qui a tendance à avoir des comportements contrôlants envers son partenaire, d'où une perception accrue de ces comportements rapportée par le partenaire, aurait également tendance à user d'un niveau de violence croissant envers ce partenaire au cours des 5 mois subséquents. À cet égard, les comportements contrôlants sont souvent les premiers signes de la violence qui peut se manifester dans une relation (Stewart et al., 2013). Ces effets partenaires font échos aux effets partenaires qui ont été mis en évidence dans une étude précédente qui a documenté le lien entre les besoins psychologiques fondamentaux et la violence conjugale, mais en s'intéressant à la satisfaction des besoins et plutôt à leur frustration (Petit et al., 2017). Les résultats de cette étude avaient également mis en lumière une différence entre les partenaires. Plus particulièrement, le niveau de satisfaction des besoins éprouvé par les femmes en présence de leurs partenaires semblait plus important dans la prédiction des comportements violents des hommes (effet partenaire) que le niveau de satisfaction des besoins rapporté par les partenaires masculins eux-mêmes. Étant donné que, dans l'étude 2, les parents n'ayant pas porté l'enfant sont majoritairement des hommes, les résultats de ces deux études apparaissent cohérents. Ensemble, ils suggèrent qu'il y existe quelque chose de particulier dans la perception que les femmes ont quant à leurs besoins psychologiques (soit d'une part, qu'elles perçoivent leurs trois besoins satisfaits en présence de leur partenaire; ou d'autre part, qu'elles perçoivent des comportements brimant leur autonomie de la part de leur partenaire) pour prédire la violence

commise par *les deux* membres du couple. Plus globalement, ces résultats contribuent à illustrer la nature dyadique des liens entre le stress à la perpétration de la violence conjugale.

Similarités et divergences dans l'expérience des parents

Afin de réaliser les analyses principales de l'article 2, conformément à la méthodologie APIM, l'interchangeabilité des parents au sein du modèle (ou au contraire, le fait qu'ils soient différenciables) a dû être établie dans un premier temps (Kenny et al., 2006). Cette notion réfère à la façon dont les dyades doivent être séparées dans les analyses dyadiques. Le test omnibus de distinguabilité a confirmé que les parents recrutés étaient bel et bien différenciables selon lequel des deux a porté l'enfant, et ne pouvaient donc être interchangés dans le modèle. Il est à noter que les parents ayant adopté leur enfant étaient également éligibles à l'étude. Toutefois, il s'est avéré qu'au sein de tous les couples ayant complété l'étude, un des membres avait toujours porté l'enfant. Ainsi, il apert qu'une différence existe entre l'expérience des parents ayant porté leurs enfants, et l'expérience de leurs partenaires. Néanmoins, il est intéressant de constater qu'en dépit de cette différence, les effets acteurs et partenaires étaient équivalents entre les membres des dyades dans le premier modèle étudiant les liens dyadiques entre le tempérament, le stress et la violence commise. Ceci signifie que la force des liens entre les variables mesurées est la même peu importe que le parent ait porté l'enfant ou non, et peu importe les différences qu'il existe entre eux. Quant aux différences entre les parents, les résultats du modèle de médiation suggèrent que lorsque la variable de perception d'autonomie brimée est introduite dans le modèle comme variable médiatrice entre le stress et la violence commise, les effets acteurs et partenaires n'étaient plus équivalents entre partenaires, tel que discuté ci-haut. En effet, la force des liens n'étaient plus équivalente entre les deux parents dans ce modèle; les effets indirects n'étaient que présent pour les mères biologiques. Par ailleurs, les analyses préliminaires de l'article 2 révèlent que les mères ayant porté l'enfant ont tendance à percevoir leurs nourrissons comme ayant un tempérament plus difficile en comparaison de ce que perçoivent les partenaires (différence marginale). Elles rapportent également vivre de plus hauts niveaux de stress que leurs partenaires. Au T1, lorsque les nourrissons étaient âgés de 6 mois, la grande majorité des mères ayant porté l'enfant étaient en congé parental (96.4%), contrairement à leurs partenaires (18.0%). La plupart d'entre elles passaient donc beaucoup plus de temps avec leur enfant que le deuxième

parent. Elles étaient donc plus exposées et plus à même de constater et de devoir gérer les éléments plus négatifs de l'affectivité de leur enfant. De plus, prendre soin d'un nourrisson peut être très demandant, d'autant plus si le deuxième parent est de retour au travail, ce qui peut constituer un facteur de stress et peut ainsi expliquer que les mères ayant porté l'enfant rapportent également davantage de stress. À cet effet, la revue systématique illustre que les mères ayant porté l'enfant endossent davantage les tâches associées aux soins de l'enfant, il repose ainsi une charge particulière sur elles (Lévesque et al., 2020).

La revue systématique fait également émerger des différences dans l'expérience des parents. Celles-ci suggèrent également que les mères pourraient être plus affectées que les pères, comme le suggèrent des études précédentes (Kluwer, 2010; Twenge et al., 2003). Les mères rapportent des déclins plus abruptes d'ajustement et de satisfaction conjugale lors de la première année postpartum (Bower et al., 2013; Parade, 2010), et jusqu'à deux ans postpartum (Durtschi, 2011). Elles rapportent une diminution des aspects positifs relationnels (3 premiers mois postpartum; Canário & Figueiredo, 2016), et une augmentation des conflits (1ère année postpartum; Perren et al., 2005). Des résultats convergents ont été notés, où les pères vivent des répercussions relationnels lors de la TP moins sévères que les mères. En effet, les pères rapportent une diminution des aspects négatifs relationnels (3 premiers mois postpartum; Canário & Figueiredo, 2016) et une augmentation de la qualité des dialogues (1ère année postpartum; Perren et al., 2005). Quoique cette amélioration de la relation rapporté chez les pères ne semble pas équivoque pour toutes les études. Certains auteurs ont mis en évidence que davantage de pères que de mères vivent des déclins plus abruptes (Don & Mickelson, 2014), et qu'ils rapportent un niveau croissant de conflits rapportés (2 premières années postpartum; Holmes et al., 2013).

La division des tâches domestiques et des soins de l'enfant sont des domaines où les différences de genre sont particulièrement exacerbées, particulièrement dans les couples hétérosexuels. Les mères rapportent davantage de préoccupations en lien avec le bébé et leur relation conjugale pendant la grossesse (Biehle & Mickelson, 2011) et effectuent davantage de tâches en lien avec les soins de l'enfant dans ses premiers mois de vie que ce à quoi elles s'attendaient avant la naissance (Van Egeren, 2004). Les mères rapportent également une augmentation de leur contribution aux tâches domestiques, moins de satisfaction avec le partage des tâches, et

parallèlement une diminution du temps de travail rémunéré comparé aux pères (Gjerdingen & Center, 2005). Les pères quant à eux, rapportent davantage de préoccupations en lien avec le travail et l'argent pendant la grossesse (Biehle & Mickelson, 2011) et effectuent moins de tâches liés à l'enfant que ce à quoi ils s'attendaient avant la naissance (Van Egeren, 2004). Les résultats recueillis auprès les couples lesbiens pointent dans une direction différente. La division des tâches n'a pas significativement changé à travers la transition et est demeurée relativement égale entre les partenaires (Goldberg, 2005). Les mères biologiques rapportent toutefois effectuer plus de tâches en lien avec les soins de l'enfant (Goldberg, 2005; Goldberg & Perry-Jenkins, 2007). Ces résultats sont cohérents avec les rôles de genre traditionnels : les mères adoptant typiquement un rôle de donneur de soin, plus maternant, tandis que les pères ont tendance à adopter un rôle de pourvoyeur. Les études incluant des mères lesbiennes indiquent que ces couples adoptent une division des rôles plus égalitaire. Dans tous les couples pourtant, le fait d'avoir porté l'enfant fait en sorte qu'une femme est plus susceptible de faire davantage de tâches associées aux soins de l'enfant. Les changements vécus dans leur corps, incluant la capacité à allaiter contribuent certainement à l'expliquer en partie.

Il a été souligné précédemment que le fait de prendre en charge une plus grande part des tâches n'est pas nécessairement lié à une diminution de la satisfaction envers le partenaire. D'autres construits peuvent aider à apporter un éclairage à cette question, incluant la perception d'équité des parents dans la division des tâches, le sentiment d'efficacité, les conflits travail-famille et l'identification aux rôles de genres. L'étude de Chong et Mickelson (2016) a révélé des différences genrées en lien avec le sentiment d'équité. Pour les mères, percevoir une division plus équitable des tâches associées à l'enfant est liée à leur satisfaction conjugale 8 mois plus tard. Ce lien est notamment expliqué par leur perception de soutien de leur partenaire et le fait d'avoir moins d'interactions négatives avec eux. Chez les pères toutefois ces liens n'apparaissent pas : leur satisfaction est mieux expliquée par des effets partenaires. Plus précisément, lorsque les mères perçoivent de l'équité, les pères rapportent davantage de satisfaction. Au contraire, lorsque les père perçoivent de l'équité, les mères rapportent moins de satisfaction. La perception paternelle de l'équité n'apparait donc pas significative ou aidante pour la satisfaction conjugale des mères, alors que les pères bénéficient de la perception d'équité des mères (Chong & Mickelson, 2016).

Dans leur étude, Fillo et al. (2015) soulignent qu'un faible sentiment d'efficacité dans les tâches associées aux soins de l'enfant, ainsi que les conflits travail-famille, sont des prédicteurs d'une satisfaction conjugale décroissante au cours des deux premières années postpartum. Il a également été mis en évidence que ces liens sont plus fort pour les pères qui rapportent contribuer davantage aux soins (Fillo et al., 2015). Ainsi, une plus grande contribution aux soins de l'enfant semble affecter l'expérience relationnelle des pères. Schober (2009) a démontré qu'une division inégale des tâches domestiques est associée à une diminution de la satisfaction conjugale seulement dans le cas des pères qui vivent avec un partenaire qui adopte une attitude plus égalitaire en terme de rôles de genres. De plus, les attitudes liées au rôles de genres se sont avérées fortement associées à la façon dont les parents divisent les tâches au sein de leur foyer, que ce soit en termes de soins à l'enfant, de travail domestique ou de travail rémunéré (Schober, 2009). Ainsi, les attitudes liées aux rôles de genres adoptées par les parents, qu'elles soient plus égalitaires ou plus traditionnelles, sont susceptible d'avoir une incidence importante sur le fonctionnement de leur couple et leur satisfaction quant à ce fonctionnement.

Contributions distinctives de la thèse

L'approche systémique

Une des contributions principales de cette thèse réside dans l'adoption d'une approche systémique dans l'étude de la transition à la parentalité. La façon dont le système familial, ainsi que les sous-systèmes qui le composent (e.g., le sous-système conjugal), s'adaptera à cette grande étape de son cycle de vie dépendra de chacun des individus qui le constitue. Afin de d'étudier adéquatement les mécanismes dyadiques, voire triadiques, à l'œuvre au cours de cette transition, il va donc de soi d'inclure chacun des membres impliqués. Suivant cette approche, cette thèse s'est notamment (1) fondée uniquement sur les données issues des deux membres du couple, et (2) a inclus les effets provenant de l'enfant sur le fonctionnement du couple.

En premier lieu, plusieurs éléments méthodologiques ont servi à adresser la nature dyadique des phénomènes qui font l'objet de cette thèse (i.e., fonctionnement du couple et violence conjugale). L'inclusion des données provenant des deux parents constitue l'élément principal. En

plus d'inclure les pères, qui typiquement dans les études de couples hétérosexuels sont beaucoup moins fréquemment inclus dans les données de recherche que les mères, elle permet de comparer et différencier l'expérience des deux parents. D'un point de vue plus statistique, elle permet également de contrôler l'influence d'un point de vue sur l'autre, menant à une meilleure estimation des effets de chacun des partenaires sur la variable commune (effet acteur). Comme l'ont mis en évidence les deux articles de cette thèse, l'expérience des parents d'un même couple comporte d'importantes différences, qu'il est alors important de pouvoir documenter. Avoir accès aux données des deux parents est également primordial pour effectuer des analyses dyadiques (e.g., APIM), et ainsi mettre en évidence la contribution des deux partenaires aux phénomènes de couple qui sont à l'étude, tel qu'il a été effectué dans une importante partie des études incluses dans la revue ainsi que dans l'article 2. De plus, dans l'article 2, la nature des variables mesurées reflètent également la dimension relationnelle/dyadique. Dans le cas du besoin d'autonomie brimé, les participants sont invités à rapporter ce qu'ils perçoivent de la part de leurs partenaires. Et dans le cas de la violence conjugale, les participants rapportent des comportements qu'ils ont envers leur partenaire et qu'ils reçoivent de leur partenaire. La mesure du stress, quant à elle, implique simplement que les participants rapportent leur niveau de stress, indépendamment de toute interaction avec leur partenaire. L'étude 2 documente ainsi des déterminants individuel (i.e., stress), dyadique (i.e., perception de comportements brimant le besoin par le partenaire) et issu de l'enfant (i.e., affectivité négative) sur une facette du fonctionnement dyadique du couple (i.e., violence conjugale).

En second lieu, les deux articles présentés dans cette thèse sont construits autour de l'étude de l'influence de l'enfant sur le couple parental. Ainsi, l'article 1 établit l'état des connaissances sur le fonctionnement du couple au moment de l'arrivée de l'enfant, en plus de souligner l'influence particulière de certaines caractéristiques de l'enfant (e.g., le tempérament et le genre). Puis, l'article 2 examine l'influence de l'affectivité négative de l'enfant sur les processus dyadiques délétères des parents. Ces deux articles s'inscrivent dans la période de la TP, qui se trouve être le premier lieu de l'influence de l'enfant sur le couple. L'ensemble de cette thèse vient donc apporter une réponse à une critique depuis longtemps formulée dans la littérature de la psychologie de la famille, soit qu'il existe un important déséquilibre entre les connaissances qui

existent sur l'influence des parents, voire du couple, sur l'enfant, par rapport aux connaissances beaucoup moins étoffées portant sur l'influence de l'enfant sur ses parents, et de surcroît sur le couple parental (voir notamment Ambert, 2001; Crouter & Booth, 2003; Pettit & Arsiwalla, 2008).

L'appui sur la TAD et le besoin d'autonomie

Les besoins psychologiques fondamentaux défini par la TAD (i.e., de compétence, d'affiliation et d'autonomie), et les réponses que peuvent trouver ces besoins au sein des relations intimes, sont des éléments clés pour réfléchir au bien-être des individus dans leurs couples. La TP est synonyme d'arrivée d'un petit individu dont les besoins deviennent alors la priorité de ses parents, plaçant les besoins des parents au second plan. Étudier la façon dont les parents vont traiter leurs besoins mutuels durant cette période charnière de la vie de famille permet ainsi de mieux comprendre leur adaptation dyadique à cette période. Si le soutien des besoins peut constituer un facteur de protection à leur adaptation, l'étude 2 illustre que pour les mères, les percevoir brimés constitue un facteur de risque. En outre, le besoin d'autonomie, soit de faire l'expérience de volition quant à ses propres comportements et se sentir à l'origine de ses actions apparait particulièrement pertinent à considérer la fois dans le contexte de la TP, ainsi que dans le contexte de comportements violents entre partenaires.

D'abord, la TP amène des bouleversements à différents niveaux de la vie d'une personne, mais notamment l'adaptation à un nouveau rôle de parent, la prise en charge de responsabilités qui l'accompagnent, une réorganisation travail-famille et les potentiels conflits qui l'accompagnent. Le sentiment d'autonomie a donc lieu d'évoluer à travers cette période. En effet, les éléments précédemment mentionnés peuvent être vécus comme des contraintes par l'individu, et donc être perçu comme particulièrement éprouvant pour le besoin d'autonomie de l'individu. À la fois, ces changements et nouveaux rôles peuvent être complètement endossés par l'individu et s'inscrire en congruence avec ses souhaits et valeurs, favorisant ainsi l'autonomie. Dans un contexte de TP en couple, la façon dont les partenaires vont répondre mutuellement à leurs besoins s'inscrira dans un continuum entre soutien et frustration, et sera déterminante pour leur adaptation dyadique à cette période.

D’autre part, le besoin d’autonomie apparait également pertinent pour contribuer à étudier les mécanismes de violence conjugale. En effet, lorsqu’un individu frustre le besoin d’autonomie de son ou sa partenaire, il manifeste des comportements qui exercent une forme de contrôle sur lui. Les analyses de l’étude 2 ont mis en évidence un effet partenaire, indiquant que lorsqu’un parent ayant porté l’enfant perçoit son besoin d’autonomie brimé par son partenaire, ce parent ainsi que son partenaire rapportent une augmentation des gestes de violence au cours des 5 mois suivants. Il a été souligné comme interprétation de ce résultat la possibilité que plus le parent n’ayant pas porté l’enfant (majoritairement des hommes) commettrait des comportements contrôlants, induisant chez sa partenaire la perception que son autonomie est brimée, plus il poserait des gestes de violence accrus à l’égard de sa partenaire au cours des 5 mois suivants. Le lien entre ces deux variables peut être conceptualisé de différentes façons. D’une part, brimer le besoin d’autonomie peut être défini comme une forme d’abus psychologique insidieux; alors que la mesure de violence conjugale utilisée reflète une violence verbale et physique. Ces deux variables peuvent ainsi être conçues comme deux mesures de violence différentes. D’autre part, la nature prospective des analyses peut aussi porter à interpréter une sorte de gradation/ escalade de la violence au fil du temps. Cette violence se manifesterait d’abord par des comportements contrôlants, plus couverts, et au fil du temps serait liée à une violence plus explicite, avec insultes, coups et bris d’objets.

Par ailleurs, dans le contexte systémique adopté dans cette thèse, la notion de besoins brimés entre partenaires représente une variable importante pour articuler le lien entre un facteur individuel et une variable dyadique. En effet, percevoir son besoin d’autonomie brimé par le partenaire, qui est l’œuvre d’une interaction entre un individu et un autre, permet de lier à la fois une variable précurseure individuelle (i.e., le stress) à une variable résultante dyadique (i.e., la violence). De plus, les analyses acheminatoires utilisées dans l’étude 2 permettent de tester ces deux liens simultanément dans un seul modèle.

Implications

D’abord d’un point de vue plus théorique, cette thèse bâtit des ponts entre plusieurs domaines de littérature en expansion. Tout d’abord de façon plus globale, les deux études qui composent

cette thèse contribuent à la littérature de la TP, mettant en lumière les phénomènes dyadiques qui y prennent place, de façon générale, et notamment les processus plus néfastes, empreints de violence et pouvant avoir de graves conséquences sur la famille. Ensuite, l'étude 2 contribue aux savoirs qui se développent autour de l'influence du tempérament difficile de l'enfant sur le parent, mais également sur le couple parental. Elle contribue également à la littérature plus établie du débordement du stress dans les relations conjugales, notamment en démontrant son lien avec l'augmentation individuelle de la violence conjugale commise. Finalement, elle ajoute aux résultats empiriques qui découlent de la TAD dans le contexte de relations intimes. Plus particulièrement quant aux conséquences de percevoir ses besoins psychologiques brimés sur les réponses destructives aux conflits rencontrés par les couples. L'utilisation de la notion de besoin d'autonomie brimé permet de faire le pont entre des facteurs individuels (i.e., stress) et des conséquences relationnelles (i.e., violence conjugale).

D'un point de vue clinique, les deux études présentées dans cette thèse ont mis en évidence des prédicteurs importants pour l'adaptation dyadique des couples au moment où ils deviennent parents. Ainsi, elles permettent l'identification de plusieurs leviers d'intervention, aux niveaux individuel et dyadique. D'abord au plan de la santé mentale des parents, des éléments tel que les symptômes dépressifs et le niveau de stress des parents constituent des facteurs de risque pour leur ajustement dyadique sur lesquels des interventions cliniques sont possibles. Outiller les parents quant à la gestion du stress, de l'identification des sources de stress sur lesquelles il est possible d'agir et les accompagner dans les changements nécessaires en ce sens auraient ainsi des bienfaits pour l'adaptation des parents à cette nouvelle transition. La qualité du sommeil est également un élément important à tenir en compte pour les intervenants. Bien que la TP soit reconnue pour être particulièrement ardue au plan du sommeil, certaines interventions ou accommodations pourraient permettre de maximiser la protection de ce sommeil. Par exemple, il a été démontré que des changements simples apportés à l'environnement de la chambre à coucher peuvent améliorer la qualité du sommeil des parents (Lee & Gay, 2011). Une éducation parentale sur les bienfaits à court et long-terme de l'entraînement au sommeil des bébés basée sur des données empiriques, et non simplement la culture populaire qui tend à culpabiliser de nombreux parents (Gradisar et al., 2016; Price et al., 2012). Finalement, toujours au niveau

individuel, la préparation au rôle de parent apparait comme un élément important. Des interventions visant à favoriser le niveau d'engagement dans ce rôle, ainsi que des interventions de types plus psychoéducatives qui permettraient notamment l'établissement d'attentes réalistes quant au rôle parental, pourraient en ce sens améliorer l'adaptation des parents.

Au niveau dyadique, différentes cibles d'intervention ont également été identifiées. Celles-ci sont principalement en lien avec la qualité des interactions et de la communication au sein du couple, notamment la communication autour des stresseurs et les habiletés de résolution de problèmes, tout comme la capacité à travailler en équipe avec son partenaire. Les résultats de l'étude 2 suggèrent que prévenir les comportements brimant le besoin d'autonomie des parents ayant porté l'enfant peut être un levier d'intervention dans la prévention de la violence conjugale. Ainsi, aider les nouveaux parents à reconnaitre leurs comportements brimants, à les éviter, et à soutenir l'autonomie de leur partenaire pourrait contribuer afin de minimiser le lien entre le stress et l'utilisation de violence au sein du couple.

Par ailleurs, sans constituer des leviers d'intervention directs, certains résultats de cette thèse soulignent la contribution de facteurs qu'il sera pertinent de considérer pour les cliniciens travaillant auprès des nouveaux parents. C'est le cas du type d'attachement que les parents ont développé au cours de leur enfance, des souvenirs qu'ils gardent de leur famille d'origine, du degré de planification de la grossesse, ainsi que du tempérament et du sexe de l'enfant (particulièrement dans le cas des pères) et des conflits travail-famille susceptibles d'émerger. Étant donné la nature systémique des phénomènes ayant lieu au sein de la famille, il sera certainement très porteur non pas qu'un seul mais que les deux parents d'un couple s'engagent et participent aux interventions. À ce titre, il sera d'autant plus important que les cliniciens fassent valoir la pertinence de leur implication auprès des parents plus susceptibles d'adopter une posture passive dans ce processus.

S'il est pertinent que les professionnels de la santé œuvrant auprès des futurs et nouveaux parents aient connaissance des prédicteurs individuels et dyadique et des leviers d'intervention associés, il l'est tout autant que les parents eux-mêmes aient accès à cette information. Une revue systématique portant sur les besoins prénataux des parents primipares en terme de préparation

à la parentalité a mis en évidence que ces parents aurait aimé être mieux informés en amont des changements à venir dans leur relation conjugale et des stratégies d'adaptation à mettre en place (Entsieh & Hallström, 2016). En effet, les programmes destinés aux nouveaux parents se centrent souvent sur les besoins et les soins de base du nourrisson (Bigner & Gerhardt, 2014). Au Québec, les guides pour parents, qu'ils soient offert par le milieu communautaire ou gouvernementaux, tel que *Naitre et grandir* offert par le milieu communautaire (Chagnon, 2023), *Mieux vivre avec notre enfant* (Doré & Le Hénaff, 2023), ainsi que les programmes de santé et services sociaux offert par le gouvernement (Gouvernement du Québec, 2023) incluent quelques lignes directrices et conseils pour promouvoir la satisfaction conjugale (Chagnon, 2023), la communication (Doré & Le Hénaff, 2023) et la coparentalité (Gouvernement du Québec, 2023). Toutefois, ces ressources informatives semblent fournir peu d'information sur l'ensemble des changements et ajustements attendus au niveau du couple lors de l'arrivée d'un enfant. La méta-analyse de Pinquart et Teubert (2010) illustre que sur 133 interventions étudiées, seules 17% ont pour cible principale l'ajustement du couple. Ils concluent par ailleurs que ces interventions ont des effets positifs sur l'ajustement des couples à cette période. Ces différents constats suggèrent qu'il serait bénéfique de promouvoir davantage les connaissances rassemblées ici quant aux facteurs favorisant une meilleure adaptation des couples. Ceci peut être promu directement par les professionnels de la santé et intervenants impliqués auprès des parents, mais également à travers les programmes et guides (notamment communautaires et gouvernementaux, mais également privés) accessibles aux parents. Une revue récente suggère qu'il n'y aurait pas de programme d'éducation parentale qui puisse répondre de façon universelle à tous les parents (Gilmer et al., 2016). Il serait ainsi porteur que les parents, selon leurs besoins et leurs préférences, aient accès à différentes modalités (e.g., services directs, cours, ateliers, capsules en ligne; en groupe vs en individuel).

Enfin, il apparait pertinent de souligner que toutes les interventions susmentionnées nécessitent que les parents aient accès à de tels services d'aide. Ainsi d'un point de vue plus politique et gouvernemental, garantir l'accès à un éventail de services (qu'ils soient psychosociaux, psychoéducatifs, psychologiques et/ou médicaux) devrait être indispensable. Il est directement lié au bien-être des familles en devenir et constitue une voie majeure pour prévenir les problèmes

de santé mentale des enfants découlant du fonctionnement de leur système familial, ou encore toutes les conséquences individuelles et sociétales associées à la violence conjugale.

Limites principales de la thèse

Bien que cette thèse comporte des forces notables, certaines limites sont à souligner. Une première limite est identifiée dans la revue systématique. L'objectif principal poursuivi à travers ce travail, soit de dresser un portrait général de l'adaptation des couples à la TP, est large et global. Toutefois, une conséquence logique de cet objectif exploratoire est d'avoir rassemblé un vaste corpus d'études. Les variables étudiées, devis de recherche et stratégies d'analyses y sont très variés. Cette variété est souhaitable pour établir un portrait exhaustif. Néanmoins, la disparité qu'elle génère nuit à certaines possibilités d'analyses. D'abord, elle constitue un défi pour la comparaison des études et l'intégration des résultats de façon cohérente. Ensuite, cette diversité prévient la combinaison de calculs de taille d'effet de certains phénomènes à l'étude de façon méta-analytique. En effet, ces tailles d'effets ne seraient pas comparables d'une étude à l'autre étant donné la diversité des variables indépendantes, ainsi que des devis de recherche.

Quant à la seconde étude, trois limites principales sont à noter. Tout d'abord, le devis de cette étude est corrélationnel, et non expérimental. Il est donc impossible d'inférer les liens causaux entre les variables, bien que le devis longitudinal permette de suggérer une certaine temporalité entre le tempérament de l'enfant, le stress et la perpétration de violence, ainsi qu'entre la perception de comportement brimant l'autonomie et la perpétration de violence. Ensuite, les données utilisées dans cette étude sont auto-rapportées par les participants. Elles dépendent donc de leur estimation subjective et sont soumises à leurs biais, notamment de désirabilité, contrairement à des données qui seraient observationnelles qui permettraient d'assurer une certaine objectivité. Inversement, les données auto-rapportées permettent aux participants de se prononcer de façon globale sur leurs interactions dyadiques, en se référant à tout un éventail de situations où ils interagissent avec leur partenaire, auxquelles les chercheurs n'auraient pas accès en laboratoire. De plus, l'anonymat des réponses assuré dans cette étude peut permettre de faciliter la divulgation de comportements qui sont réprimandés socialement, tel que les gestes de violence. Finalement, bien que cette étude comprenne deux temps de mesure à travers le

temps, la période couverte demeure relativement réduite (5 mois) et ne permet pas de constater l'évolution de l'adaptation des couples à plus long terme.

Une limite majeure réside dans l'échantillonnage des participants des études de cette thèse. La diversité tant raciale, qu'économique et sexuelle y est restreinte. En effet, comme en témoignent également les résultats de la revue, une importante majorité des participants sont blancs, Nord-Américains, hétérosexuels, issus de la classe-moyenne et possèdent un bon niveau d'éducation. Cette limite est particulièrement problématique car elle suppose que les connaissances existantes en psychologie de la famille ne s'appliquent qu'à cette partie de la population. Ainsi, les réalités des familles non-blanches, des familles aux statuts socio-économiques plus défavorisés, des familles LGBTQ+, et d'autant plus les familles qui s'inscrivent à l'intersection de ces diversités, demeurent plus méconnues. Cette méconnaissance, observée ici dans la littérature scientifique, a certainement des répercussions à d'autres niveaux, car c'est sur ce savoir scientifique que sont susceptibles de s'appuyer les différents acteurs de la société impliqués de près dans la vie des familles, soit notamment les milieux de soins, les institutions d'éducation ainsi que les décideurs politiques. Ainsi cette limite est préoccupante, car elle est encline à contribuer de promouvoir des inégalités auxquelles sont déjà confrontées ces familles sous-représentées. Malgré des efforts déployés en ce sens, l'article 2 n'échappe pas aux limites associées au manque de représentativité. En effet, la majorité des participants étaient blancs, en couple hétérosexuel, éduqués et issus de la classe moyenne. L'éducation ainsi qu'un statut-socioéconomique plus élevé sont associés à une meilleure gestion du stress (Brown, 1988; Maghout Juratli et al., 2010). Par ailleurs, un faible statut socio-économique constitue un facteur de risque de violence conjugale (Stewart et al., 2013). De plus, les participants de l'étude présentée dans l'article 2 ont bénéficié du régime d'assurance parentale québécois qui assure aux parents un congé de maternité de 18 semaines, un congé de paternité de 5 semaines ainsi qu'un congé partageable de 32 semaines (Régime québécois d'assurance parentale, 2022), ce qui permet un contexte de TP plus favorable. Il est donc probable que les associations entre variables mesurées dans cette étude soient différentes pour des familles connaissant moins de privilèges socio-économiques.

Réflexions pour la recherche à venir

Les résultats qui émergent de cette thèse permettent de dégager plusieurs avenues importantes pour la recherche dans les prochaines années. Tout d'abord, si cette thèse porte sur l'influence de l'enfant sur le couple parental au moment de la TP, il est constaté dans l'article 1 que bien que la majorité des chercheurs utilisent des devis longitudinaux, ceux-ci, incluant l'article 2, se limitent à la période de la TP. Il serait pertinent d'étendre la période étudiée afin de constater l'évolution des couples et des familles à plus long terme. Ceci permettrait de documenter les possibles conséquences à plus long terme pour les enfants et le couple à partir de certaines réalité ayant lieu au cours de la TP. En outre, il demeure important de poursuivre la documentation de cette influence enfant-couple à travers les autres étapes de la vie de l'enfant, soit à l'âge préscolaire, scolaire, ainsi qu'à l'adolescence et à l'âge adulte. De façon similaire, l'article 2 se penche sur l'influence du tempérament de l'enfant sur le fonctionnement du couple parental, et il demeure important d'étudier l'influence d'autres caractéristiques associées à l'enfant, telles que les difficultés et notamment les problématiques de santé mentale et de santé physique. Considérant la bidirectionnalité des influences qui s'exercent au sein du système familial, ces avenues visent toujours à compenser le débalancement qui perdure entre les connaissances existantes sur l'influence du sous-système parental sur l'enfant, par rapport aux connaissances existantes dans l'autre direction, celle de l'enfant sur le sous-système parental.

L'étude 2, ainsi que 36 des 50 études inclues dans la revue utilisent exclusivement des données auto-rapportées. Certaines variables (e.g.., différentes interactions conjugales) gagneraient à être documentées à l'aide de mesures observationnelles, qui pourraient fournir des données plus objectives.

Ensuite, un élément crucial pour la recherche future en psychologie familiale réside dans la troisième limite formulée dans la section précédente. En effet, le manque de diversité constaté quant aux caractéristiques des familles (i.e., diversité sexuelle, raciale, socio-économique) représente un problème considérant que les connaissances devraient refléter adéquatement le vécu de tous types de famille. Les modes de recrutement utilisés dans l'étude 2 (incluant des annonces sur les réseaux sociaux, la sollicitation des parents dans les parcs publiques et dans les cours parent-bébé) n'a pas permis de pallier cette lacune. La persistance de cette problématique dans les échantillons, ainsi que du manque de connaissances sur les familles LGBTQ+, sur les

familles ayant des statut socio-économiques faibles et sur les familles non-blanches et non-occidentales, souligne d'autant plus la nécessité pour les chercheurs en psychologie familiale de redoubler d'efforts en ce sens, et de faire de leurs objectifs principaux d'améliorer la diversité et la représentativité dans les études. Dans le cas contraire, nous participons à ce qu'un écart de connaissance se creuse entre différents types de famille, contribuant ainsi à accentuer les inégalités qui perdurent dans les familles non-normatives.

Une troisième importante avenue de recherche réside dans l'utilisation du cadre théorique de la TAD pour poursuivre l'investigation des mécanismes dyadiques liés à la violence conjugale. L'étude 2 de cette thèse a illustré le rôle que peut avoir la perception auto-rapportée par la mère ayant porté l'enfant des comportements brimant son besoin d'autonomie afin de prédire non seulement l'augmentation individuelle des gestes de violence qu'elle commet, mais également l'augmentation des gestes dont elle sera victime au cours des 5 mois suivants. Il sera pertinent de ré-évaluer ce lien en utilisant des mesures observationnelles des comportements brimants l'autonomie, notamment afin de valider si ces liens demeurent significatifs avec une mesure plus objective, ne dépendant pas de la perception des parents. Il sera également pertinent d'explorer davantage comment la (perception de) frustration des autres besoins psychologiques (i.e., affiliation et compétence) chez les couples primipares est liée aux gestes de violence pendant la TP. Certaines études ont d'ailleurs noté que la frustration du besoin d'affiliation pourrait avoir une influence particulière dans les phénomènes de conflits au sein du couple (Vanhee, Lemmens, Stas, et al., 2016; Vanhee, Lemmens, & Verhofstadt, 2016). Aussi, la TP étant une période où les parents s'approprient leur rôle de parents et développent leurs habilités en lien avec ce rôle, le besoin de compétence apparait être une variable importante à considérer. Dans une optique plus clinique, il sera très porteur de s'appuyer sur des devis expérimentaux pour évaluer si des interventions cliniques orientées vers le besoin d'autonomie (e.g., sensibiliser les partenaires à leur besoin d'autonomie, les guider dans l'adoption de nouveaux comportements permettant de soutenir entre eux ce besoin, ainsi que d'éviter les comportements qui pourraient le brimer) permettraient effectivement d'améliorer significativement le fonctionnement des couples primipares, et notamment de prévenir ou réduire l'utilisation de la violence.

La réflexion qui clôt cette thèse a trait aux inégalités entre les membres du couple qui typiquement se cristallisent au moment de la TP. Dans les couples hétérosexuels, les inégalités de genre sont associées aux rôles traditionnellement attribués à chacun des parents : les pères pourvoyeurs, et les mères prodiguant les soins et s'occupant du foyer. Il est à noter que ces inégalités ne sont pas nécessairement sources d'insatisfaction pour les parents (notamment les mères). Néanmoins, comprendre de quelles façons elles sont effectivement sources d'insatisfaction, de quelles façons elles peuvent nuire au bien-être des individus et des familles apparait très important, d'autant plus que l'adoption de rôles traditionnels constitue un facteur de risque de violence conjugale (Stewart et al., 2013). À cet effet, il pourra être pertinent pour les chercheurs de mesurer le niveau d'adéquation aux rôles de genre traditionnels des participants, afin de pouvoir en tenir compte dans l'interprétation de leurs résultats. Par ailleurs, nous notons également que certains facteurs contextuels très importants influençant le fonctionnement quotidien des parents après la naissance d'un enfant, tels que l'accès à un congé parental (pour les pères également), l'accès à un service de garde abordable, n'ont pas fait partie des prédicteurs du fonctionnement du couple répertoriés dans la revue systématique. Pourtant, ce type de possibilités permettent d'atténuer les inégalités dans la distribution des tâches ainsi que les inégalités économiques, notamment en permettant aux parents de poursuivre leur travail rémunéré, si c'est ce qu'ils souhaitent faire (Gault et al., 2014). Des résultats suggèrent également que l'accès au congé de maternité rémunéré est associé à des taux inférieurs de violence conjugale (Van Niel et al., 2020). De grandes inégalités persistent pourtant, ne serait-ce qu'au Canada, mais évidemment à travers le monde, quant à l'accès à ce type de mesures sociales (Gault et al., 2014; McKay et al., 2016). De plus, l'accès au congé de paternité et la durée de celui-ci constitue également un enjeux pour l'égalité entre les genres, notamment car ce type de congé donne l'opportunité aux pères de prendre davantage part aux soins de l'enfant et le légitimise au plan institutionnel (Rehel, 2014). Notons qu'au Québec, les mères sont plus nombreuses que les pères à recevoir des prestations du Régime québécois d'assurance parentale (Conseil de gestion de l'assurance parentale, 2020). Aussi, le RQAP prévoit également un congé qui peut être partagé entre les parents. Les données de 2018 indiquent que dans plus de 70% des cas, ce sont les mères qui prennent seules ce congé (Conseil de gestion de l'assurance parentale, 2020). Ces éléments

suggèrent qu'il peut tout de même exister un effet pervers à ce type de programme qui permet d'une certaine façon le maintien d'un déséquilibre dans la répartition du travail au sein des couples qui accueillent un enfant. Ainsi, il est du devoir de la recherche en psychologie de la famille (ainsi qu'en sociologie, en sciences politiques, etc.) de continuer à éclairer et articuler les facteurs d'égalité entre les genres au sein des familles. Parallèlement, il est du devoir des acteurs gouvernementaux et décideurs politiques de s'appuyer sur ces connaissances pour mettre en place les mesures nécessaires afin d'œuvrer dans le sens de la réduction des inégalités de genre, et pour le bien-être des familles.

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Annexes

Article 1

Assessing the quality of quantitative studies

Based on the QualSyst tool (HTA initiative #13), adapted with the STROBE Statement and the APA Style JARS.

Checklist

	Criteria	Met			
		Yes (2)	Partial (1)	No (0)	N/a
1	Question / objective sufficiently described?				—
2	Study design evident and justified?				—
3	Method of subject / comparison group selection described and justified?				
4	Subject (and comparison group, if applicable) characteristics sufficiently described?				—
5	If interventional and random allocation was possible, was it described?				
6	If interventional and blinding of investigators was possible, was it reported?				
7	If interventional and blinding of subjects was possible, was it reported?				
8	Variable(s) of interest and measures well defined?				
9	Sample size detailed?				
10	Statistical and data-analytic methods described?				
11	Estimate(s) of variance reported for the results relevant to the review?				
12	Controlled for confounding?				
13	Results reported in sufficient detail?				—
14	Conclusions supported by the results?				—

Calculation of quality assessment score

$$\text{Score} = \frac{(\text{number of “yes”} \times 2) + (\text{number of “partials”} \times 1)}{28 - (number\ of\ \text{N/A} \times 2)}$$

Scoring manual

1. Question / objective sufficiently described?

Yes: It is easily identified in the introductory section (or first paragraph of method section). Explains and specifies (where applicable, depending on the study design) all the following: purpose, subjects/target population, the specific association(s)/descriptive parameter(s) under investigation and prespecified hypotheses. A study purpose that only becomes apparent after studying other parts of the papers is not considered sufficiently described.

Partial: Vaguely/incompletely reported (e.g., "describe the effect of" or "examine the role of" or "assess the opinion on many issues" or "explore the general attitudes" etc.); or some information has to be gathered from other parts of the paper other than the introduction/background/objective section.

No: Question or objective and hypotheses are not reported, or it is incomprehensible.

N/A: Should not be checked for this question.

2. Study design evident to answer the study question?

(If the study question is not clearly described, infer from the conclusions).

Yes: Design is easily identified and the author states how the research design is related to the study question / objective / hypotheses. Key elements of the study design are presented early in the paper.

Partial: Design and /or study question not clearly identified, the link between design and study question is not explained but gross inappropriateness is not evident; or design is easily identified but only partially addresses the study question. Some key elements of the study design are missing.

No: Design cannot be identified; or design used does not answer study question (e.g., a comparison group is required to answer the study question, but none was used OR study question implies longitudinal design but design is cross-sectional).

N/A: Should not be checked for this question.

3. Method of subject selection (and comparison group selection, if applicable) is described? (Selection bias)

Yes: Clearly described. Selection strategy designed (i.e., consider sampling frame and strategy) to obtain an unbiased sample of the relevant target population (e.g., recruitment from more than one source, population-based random selection or partly-random selection) or justification from the authors for not doing so. Inclusion/exclusion criteria are described and defined (e.g., “cancer”: ICD code or equivalent should be provided). Description of the settings and locations where data was collected, agreements and payments made to participants and Institutional Review Board agreements or ethical standards met.

Partial: Selection methods (and inclusion/exclusion criteria, where applicable) are not completely described or unclear, but no obvious inappropriateness. Or selection strategy is not ideal (i.e., likely introduced bias) but did not likely seriously distort the results (e.g., telephone survey sampled from listed phone numbers only; hospital based case-control study identified all cases admitted during the study period, but recruited controls admitted during the day/evening only). Any study describing participants only as “volunteers” or “healthy volunteers”.

No: No information provided. Or obviously inappropriate selection procedures (e.g., inappropriate comparison group if intervention in women is compared to intervention in men). Or presence of selection bias which likely seriously distorted the results (e.g., obvious selection on “exposure” in a case-control study).

N/A: Descriptive case series/reports.

4. Subject (and comparison group, if applicable) characteristics sufficiently described?

Yes: Sufficient relevant demographic information (e.g., age, sex, ethnicity, socioeconomic status, diagnostic) clearly characterizing the participants is provided as well as important study-specific characteristics. Where applicable, reproducible criteria used to

describe/categorize the participants are clearly defined (e.g., families of children with internalizing symptoms, what measure and score defined “internalizing symptom”).

Partial: Poorly defined criteria (e.g., “externalizing symptoms”, “healthy volunteers”, “smoking”). Or incomplete relevant demographic information (e.g., information on likely confounders not reported).

No: No baseline / demographic information provided.

N/A: Should not be checked for this question.

5. If interventional and random allocation was possible, was it described? (Allocation bias)

Yes: True randomization done - requires a description of the method used (e.g., use of random numbers).

Partial: Randomization mentioned, but method is not (i.e., it may have been possible that randomization was not true).

No: Random allocation not mentioned although it would have been feasible and

appropriate (and was possibly done).

N/A: Observational analytic studies. Uncontrolled experimental studies. Surveys. Descriptive case series/reports. Decision analyses.

6. If interventional and blinding of investigators was possible, was it reported?

Yes: Blinding reported.

Partial: Blinding reported but it is not clear who was blinded.

No: Blinding would have been possible (and was possibly done) but is not reported.

N/A: Observational analytic studies (except for observational studies comparing two groups or more). Uncontrolled experimental studies. Surveys. Descriptive case series / reports. Decision analyses.

7. If interventional and blinding of subjects was possible, was it reported?

Yes: Blinding reported.

Partial: Blinding reported but it is not clear who was blinded.

No: Blinding would have been possible (and was possibly done) but is not reported.

N/A: Observational analytic studies. Uncontrolled experimental studies. Surveys. Descriptive case series/reports. Decision analyses.

8. Clear definition of the variables of interest and corresponding measures reported?

Yes: Each variable of interest is defined (or reference to complete definitions is provided). For each variable, source of data and details of method of assessment (measurement) are described with “objective” criteria (e.g., clear description of questionnaire, interview content, clinical scores, diagnostic criteria). If applicable, predictors and potential confounders are also defined. The validity of the measures is addressed.

Partial: Definition of measures leaves room for subjectivity, or not sure (i.e., not reported in detail, but probably acceptable). Or precise definition(s) are missing, but no evidence or problems in the paper that would lead one to assume major problems. Or instrument/mode of assessment(s) not reported.

No: Measures not defined, or are inconsistent throughout the paper. Or measures employ only ill-defined, subjective assessments, e.g., “anxiety” or “pain.” Or no description of questionnaire/interview content or response options.

N/A: Descriptive case series / reports.

9. Sample size detailed?

Yes: Intended sample size, and achieved sample size (if different) are reported, as well as an explanation for the determination of sample size (e.g., power analysis, or methods used to determine precision of parameter estimates).

Partial: Limited of unclear explanation for the determination of target sample size.

No: Sample size appears clearly insufficient and/or no information provided on the determination of adequate sample size.

N/A: Descriptive case series / reports.

10. Statistical and data-analytic methods described?

Yes: How quantitative variables were handled in the analysis is clearly explained. All statistical methods used are described, including those used to control for confounding. How missing data was handled is clearly described.

Partial: Statistical and analytic methods are not clearly reported and have to be guessed or description is incomplete.

No: Statistical and analytic methods not described and cannot be determined.

N/A: Descriptive case series / reports.

11. Estimate of variance (e.g., effect sizes, confidence intervals, standard errors) are reported for the main results (i.e., those directly addressing the study question, relevant to the review, upon which the conclusions are based)?

Yes: Variances estimate(s) is/are provided for each study question under investigation. Inferential statistics: results of inferential tests conducted with p-value (if null hypothesis statistical testing), effect sizes estimates, and if applicable confounder(s) estimate(s), with their precision (confidence intervals) as well as standard errors.

For complex data analysis (structural equation modeling analyses, hierarchical linear models, factor analyses and multivariate analyses) details of the model estimated are provided and the statistical software used to run the analyses is identified. For structural equation modeling: fit indices are presented (χ^2, p, RMSEA, CFI, TLI) as well as estimates for all estimated parameters.

Partial: Variance estimates not provided for each study question relevant to the review, or some indices are missing.

No: Major lack of information (i.e., compromising the confidence we can have in the conclusions).

N/A: Descriptive case series / reports. Descriptive surveys collecting information using open- ended questions.

12. Confounding factors identified and controlled for?

Yes: Confounding factors are mentioned, and control strategy is stated at the design or analysis stage (e.g., matching, subgroup analysis, multivariate models, etc).

Partial: Confounding factors are mentioned but no control strategy is reported, or no explanation provided for not controlling. Or confounding not considered, but not likely to have seriously distorted the results.

No: Confounding not considered, and may have seriously distorted the results

N/A: Cross-sectional surveys of a single group (i.e., surveys examining change over time or surveys comparing different groups should address the potential for confounding). Descriptive studies. Studies explicitly stating the analysis is strictly descriptive/exploratory in nature.

13. Results reported in sufficient detail?

Yes: Results include major outcomes and all mentioned secondary outcomes with reference to study objectives.

Partial: Quantitative results reported only for some outcomes. Or difficult to assess as study question/objective not fully described (and is not made clear in the methods section), but results seem appropriate.

No: Major lack of quantitative results to answer study objectives. Or results for some major or mentioned secondary outcomes are only qualitatively reported when quantitative reporting would have been possible (e.g., results include vague comments such as “more likely” without quantitative report of actual numbers).

N/A: Should not be checked for this question.

14. Conclusions supported by the results?

Yes: All the conclusions are supported by the data (even if analysis seamed inappropriate). Conclusions are based on all results relevant to the study question, negative as well as positive ones (e.g., they aren't based on the sole significant finding while ignoring the negative results). Part of the conclusions may expand beyond the results, if made in addition to rather than instead of those strictly supported by data, and if including indicators of their interpretative nature (e.g., "suggesting," "possibly"). Limitations of the study and its generalisability (external validity) are discussed.

Partial: Some of the major conclusions are supported by the data, some are not. Or speculative interpretations are not indicated as such. Or low (or unreported) response rates call into question the validity of generalizing the results to the target population of interest (i.e., the population defined by the sampling frame/strategy).

No: None or a very small minority of the major conclusions are supported by the data. Or negative findings clearly due to low power are reported as definitive evidence against the alternate hypothesis. Or conclusions are missing. Or extremely low response rates invalidate generalizing the results to the target population of interest (i.e., the population defined by the sampling frame/strategy).

N/A: Should not be checked for this question.

Assessing the quality of qualitative studies

Based on the QualSyst tool (HTA initiative #13), adapted with the APA Style JARS for Qualitative Design and the Checklist for Qualitative Research from the Joanna Briggs Institute Critical Appraisal tools.

Checklist

	Criteria	Met		
		Yes (2)	Partial (1)	No (0)
1	Question / objective clearly described?			
2	Study design evident and appropriate?			
3	Context for the study clear?			
4	Connection to a theoretical framework / wider body of knowledge?			
5	Sampling strategy described, relevant and justified?			
6	Data collection methods clearly described and systematic?			
7	Data analysis clearly described and systematic?			
8	Use of verification procedure(s) to establish credibility?			
9	Conclusions supported by the results?			
10	Reflexivity of the account?			

Calculation of summary score

$$\text{Score} = \frac{(\text{number of “yes”} \times 2) + (\text{number of “partials”} \times 1)}{20}$$

Scoring manual

1. Question/objective clearly described?

   Yes: Research question or objective is clear by the end of the research process (if not at the outset).

   Partial: Research question or objective is vaguely/incompletely reported.

   No: Question or objective is not reported, or it is incomprehensible.

2. Study design clearly described?

   Yes: Design (including cross-sectional/longitudinal; qualitative/quantitative) is easily identified and is congruent with the study question. How data was collected is clearly described.

   Partial: Design is not clearly identified, but gross inappropriateness is not evident, data collection is not clear or not mentioned; or design is easily identified but not congruent with the study question.

   No: Design cannot be identified; or design used is evidently not appropriate to the study question (e.g., a causal hypothesis is tested using qualitative methods).

3. Context for the study clear?

   Yes: The context/setting of the study is adequately described (e.g., the type of population, the problematic they are facing, any key issues or debate in the applicable literature that the study aims to enlighten) and permits the reader to relate the findings to other settings.

   Partial: The context/setting is partially described.

   No: The context/setting is not described.

4. Connection to a theoretical/philosophical framework?

   Yes: The theoretical framework/wider body of knowledge informing the study question and the methodological approach (i.e., paradigm) adopted by the authors are sufficiently described. The theoretical framework appears congruent with the research methodology.

   Partial: The theoretical framework/wider body of knowledge and the methodological approach are not well described or justified; link to the study methodology is not clear.

   No: Theoretical/philosophical framework not discussed.

5. Sampling strategy described and justified?

    Yes: The sampling strategy is clearly described (relevant inclusion and exclusion criteria are explicitly stated) and its appropriateness is discussed by the authors.

    Partial: The sampling strategy is not completely described or is not justified.

    No: Sampling strategy is not described.

6. Data collection methods clearly described and systematic?

    Yes: The data collection procedures are systematic, and clearly described, permitting an "audit trail" such that the procedures could be replicated.

    Partial: Data collection procedures are not clearly described; difficult to determine if systematic or replicable.

    No: Data collection procedures are not described.

7. Data analysis clearly described and systematic?

    Yes: Systematic analytic methods and their goals are clearly described, permitting an "audit trail" such that the procedures could be replicated. The iteration between the data and the theory is clear (it is apparent how early, simple classifications evolved into more sophisticated coding structures which then evolved into clearly defined concepts/explanations for the data). Sufficient data is provided to allow the reader to judge whether the interpretation offered is adequately supported by the data.

    Partial: Analytic methods are not fully described. Or the iterative link between data and theory is not clear.

    No: The analytic methods are not described. Or it is not apparent that a link to theory informs the analysis.

8. Use of verification procedure(s) to establish credibility?

    Yes: The author states one or more verification procedures (i.e., supplemental checks) that were used to help establish credibility/ trustworthiness of the study (e.g., prolonged engagement in the field, triangulation across multiple sources of information, peer review or debriefing, negative case analysis, member checks, external audits/inter-rater reliability, "batch" analysis).

    Partial: One or more verification procedures seem to have been used but are not clear or not stated as one.

No: Verification procedure(s) not evident or mentioned.

9. Conclusions supported by the results?

Yes: Sufficient original evidence supports the conclusions. A link to theory informs any claims of generalizability.

Partial: The conclusions are only partly supported by the data. Or claims of generalizability are not supported.

No: The conclusions are not supported by the data. Or conclusions are absent.

10. Reflexivity of the account?

Yes: The researcher explicitly assessed the likely impact of their own personal characteristics (such as age, sex and professional status) and the methods used on the data obtained (and/or on the participants).

Partial: Possible sources of bias on the data obtained were mentioned, but the likely impact of the influence or influences was not discussed.

No: There is no evidence of reflexivity in the study report.

Article 1: Supplemental Material

Description of Study Outcomes

In the following paragraphs, we presented the contribution of all the retrieved studies for this systematic review investigating couple adaptation during the transition to parenthood (TP). The 50 retrieved studies are organized according to research designs and investigated outcome variables. Starting with studies comparing parents and non-parent, we then turn more specifically to the couple relationship, namely relationship satisfaction and relationship quality and adjustment. For each of these, we present the different predictors of the relational outcomes starting from individual-level predictors (e.g., parent mental health) to couple-level predictors (e.g., marital status, relationship length) and then examine moderators and mediators of the highlighted links. We then turn to the outcomes related to the division of housework between parents. The influence of child characteristics (e.g., sex and temperament) and the role of pregnancy planning in relational outcomes are presented afterwards. Finally, the family structure is addressed, along with changes brought with the birth of a second child.

Q1. Are Parents' and Non-Parents' Couple Functioning Different?

In our sample, the studies compared parent to childless couples on relationship satisfaction, marital quality, attachment orientation, division of labor, and communication quality.

Relationship Satisfaction

Among a sample of childless newlywed couples married 6 months or less, those who initially reported more relationship satisfaction were more likely to have children within the first 5 years of marriage (Lawrence et al., 2008). Yet, they reported a steeper decline in relationship satisfaction from pregnancy to 12 months postpartum than non-parent couples during the same period (Lawrence et al., 2008).

Marital quality

Durtschi (2011) used growth curve analyses to compare married couples becoming parents to childless married couples and found that relationship trajectories (i.e., the rates of change and

stability) of marital quality over four years did not significantly differ between the two groups. Neither did the trajectories of warmth and hostility observed in partners' behaviors towards each other.

Similarly, amongst Turkish newlywed couples, followed from 6 to 14 months post-wedding, Hortacsu (1999) found no decline in positive affect towards their spouse in parents or non-parents.

Attachment Orientations

Galdiolo and Roskam (2017) used a dyadic analytic strategy to investigate the influence of the TP on attachment orientations (anxiety and avoidant dimensions). Primiparous and multiparous parents (ranging from one to four older siblings [*M* = 2.56, *SD* = 0.52]) were followed at 24 weeks of pregnancy, 6 months postpartum and 12 months postpartum), while data from childless couples were collected on 2 waves (6 months apart). Contradictory to expectation, results revealed that, on average, parents' adult attachment orientation remained stable following the child's birth: parents' and non-parents' trajectories were not different. When primiparous and multiparous parents did experience attachment changes, they followed the same trajectory as their partners, contrary to childless couples. A difference in avoidant orientation also appeared when comparing first-time and experienced parents, as multiparous parents exhibited less avoidant orientation after their last child's birth.

Division of labor

In a study following Turkish newlyweds from 6 to 14 months post-wedding, Hortacsu (1999) identified that in couples who had a child during this period, mothers contributed more to household chores and were less satisfied with the division of labor than childless women, despite no initial differences at the 1st timepoint. In decision-making processes, compared to childless couples, fathers assumed greater responsibility in *all* family matters, while mothers assumed more housekeeping. This result supports more gender stereotypes in family functioning following birth.

Communication Quality

Connolly (1999)'s study focused on comparing communication abilities in couples having a young child (*M* = 13 months old) and childless couples. In this study, after engaging in a positive and a negative topic discussion, participants were scored on how well they understood each other. Contrary to expectation, couples' communication ability was unrelated to having a child. The author raised concern over the possibility that this result may be due to the small sample size (*N* = 25 couples). Yet, when linking communication to couple adjustment, partners' agreement on what was said during their discussion was only linked to couple functioning for parents and not childless couples. Mothers tended to report good relationship adjustment when partners agreed on negative discussion topics. Likewise, when partners agreed on positive discussion topics, fathers reported good relationship adjustment.

Q2. What is Associated with an Easier TP?

In our study sample, authors have investigated I. relation satisfaction, II. relationship quality and adjustment, III. coparenting, and the IV. division of housework as the primary relational outcomes to answer this question. Within this extensive literature, we present their respective individual and dyadic predictors, as well as the moderating and mediating variables for each.

I. Exploring Predictors of Relationship Satisfaction

Individual-Level Variables

When examining individual-level predictors of relationship satisfaction across the TP, researchers mainly probed affective dimensions (e.g., worries, stress) and sleep quality.

Parental Worries. A cross-sectional study investigating couple worries during the 3rd trimester of pregnancy illustrates that mothers and fathers tend to worry about different things. Mothers report more baby-related and relationship worries, whereas fathers are more concerned about security issues (job and money). Interestingly, no partner effects were found, such that one parent's worries were unrelated to their partner's relationship satisfaction. Structural path models illustrated that for each parent, worries were associated with higher anxiety, which was

related to higher depressive symptoms, and in turn, was associated with less relationship satisfaction (Biehle & Mickelson, 2011).

Partner's Mental Health. Don and Mickelson (2014) explored the predictors of relationship satisfaction trajectories from the 3rd trimester of pregnancy to 9 months postpartum. Based on latent growth class-analysis, results revealed that mothers with partners presenting more anxiety and less depression reported a greater decline in relationship satisfaction. Similarly, fathers with partners who experienced more daily stress during the pregnancy tended to show greater relationship satisfaction declines after birth. Also, mothers' self-esteem positively predicted fathers' relationship satisfaction.

Attachment Orientation. Kohn et al. (2012) used dyadic growth curve multilevel modelling to examine the role of adult attachment on relationship satisfaction trajectories (6 weeks prebirth, 6, 12, 18 and 24 months postpartum). In general, high avoidance attachment predicted lower satisfaction. Also, fathers were less satisfied when their partners reported higher prenatal anxious attachment.

Perceived Rejection from Family of Origin. Parade (2010) investigated if remembering rejection from their own parents during childhood (reported prenatally) predicted relationship satisfaction change across TP (up to 16 months postpartum) in married primiparous couples. Their results were null.

Focusing on the Baby. In a qualitative study describing how first-time parents experience their intimate relationship, Ahlborg and Strandmark (2001) highlight that the general essence of this experience lies in the baby becoming the focus of attention, which brings positive feelings, but also less time and space for one another. Between the five interviewed couples, two categories of parents were identified. For some, the arrival of a baby became a focus of mutual concern and contributed to their relationship. For the others, the baby became the focus of attention at the father's expense. These fathers described feeling rejected emotionally, and this negatively influenced their relationship.

Sleep. Insana et al. (2011) examined how new parents' sleep can be related to relationship satisfaction. Both objective and self-reported sleep time measures predict relationship

satisfaction between 3-8 weeks postpartum. For both mothers and fathers, objective measures of sleep time (actigraph) throughout a week predicted relationship satisfaction. Also, the more sleep time parents reported in a personal digital assistant, the more they reported being satisfied in their relationship.

Parenting variables: Parenting Satisfaction and Care Self-Efficacy. Elek et al. (2003) measured relationship satisfaction, parenting satisfaction and infant care self-efficacy at 4 months and 12 months postpartum to examine the changes across this period. Mothers' parenting satisfaction was positively correlated with their reported relationship satisfaction at both 4 months and 12 months. For fathers, this association was only significant at 4 months postpartum. For both parents, infant care self-efficacy was unrelated to relationship satisfaction at both timepoints.

Couple-Level Variables

The dyadic-level predictors associated with parents' relationship satisfaction include couples' teamwork ability and their division of housework and childcare.

Teamwork. Cordova (2000) investigated the interactions between teamwork and relationship satisfaction across the TP. Teamwork was operationalized as the ability to realize tasks in coordination with one's partner, agree on the couple's tasks and goals, feel supported by one's partner, and believe in one's partner's contribution to couple-level goals. From the 3rd trimester of pregnancy to 3 months postpartum, no significant decline in teamwork was reported for either men or women; however, they did report a decline in relationship satisfaction. Couples who reported higher prenatal teamwork levels also reported higher prenatal and postpartum relationship satisfaction than those who reported lower prenatal teamwork. Teamwork was positively correlated (moderate to large) with relationship satisfaction at both timepoints. Nevertheless, the prenatal level of teamwork was not predictive of changes in relationship satisfaction across the TP.

Division of Labor. Chong and Mickelson (2016) used path analyses to examine how each parent's perceived fairness of household labor and childcare at 1 month postpartum were related to relationship satisfaction at 9 months. Partner effects emerged: the more fathers perceived the

division of childcare as fair at one month postpartum, the less mothers reported relationship satisfaction at 9 months. Interestingly, the opposite was found for fathers, such that the more mothers perceived fairness of household labor, the more fathers reported relationship satisfaction 8 months later. Regarding the division of childcare, Fillo et al. (2015) used dyadic growth curve modelling to investigate how it was related to relationship satisfaction across the first 2 years of the TP. Results indicate that participating in more childcare does not necessarily lead to lower relationship satisfaction. The variables moderating this relation are presented below. Schober (2009) evaluated the division of housework and relationship satisfaction (although labelling it relationship quality) among British couples up to 3 years postpartum. For mothers, contrary to what was expected, division of housework inequality between parents was unrelated to relationship satisfaction. Housework inequality was only related to lower satisfaction for men living with women who adopted a more egalitarian role attitude. Parents' gender role attitudes were strongly linked to the division of labor in their home (childcare, housework, paid work).

Moderators of Family Predictors Associated With Relationship Satisfaction. When aiming to predict relationship satisfaction, researchers have investigated the moderating role of infants' difficult temperament (i.e., negative affectivity), the social support received from the partner, family demands, work-family conflict, childcare self-efficacy, as well as adult attachment orientations.

Difficult Temperament on Parental Rejection. When examining the moderating role of infants' negative affectivity (measured at 6 months) on remembered parental rejection in predicting relationship satisfaction, Parade (2010) found that fathers who remembered parental rejection in their own childhood were less satisfied in their relationship when their infants were high on negative affectivity. This association was null for both parents of easier temperament infants (more emotionally regulated). As such, it seems that fathers' relationship satisfaction is particularly taxed during the TP when they remember parental rejection in their childhood and have a more difficult infant to care for.

Level of Support & Constraints on Adult Attachment. Also, Kohn et al. (2012) identified three moderators modifying the link between parents' adult attachment orientation to their partner and their relationship satisfaction trajectories over 2 years postpartum, i.e., social support, family demands and work-family conflict. They found that when parents perceived more prenatal partner social support, they were more satisfied in their relationship after birth. For fathers, this association was unrelated to anxious attachment. Among mothers, those who were more anxiously attached and perceived greater partner support reported being more satisfied. Yet, when partner support was perceived as low, lower relationship satisfaction was reported by all mothers, and highly anxiously attached mothers were less satisfied than the more secure ones. Regarding avoidant attachment, higher avoidance orientation predicted declines in satisfaction over time following birth for all parents. This decline was steeper when they experienced high work-family conflict and when family demands were perceived as high. Notedly, when family demands were perceived as low, highly avoidant parents were still less satisfied in their relationship in the two years following birth. Yet, the difference with secure parents was negligible.

Adult Attachment, Childcare Self-Efficacy & Work-Family Conflict on Division of Childcare. Fillo et al. (2015) also investigated the moderating roles of adult attachment orientations, childcare self-efficacy and work-family conflict on the division of childcare when predicting relationship satisfaction. They found that higher childcare contributions were only associated with lower relationship satisfaction for parents reporting higher avoidant attachment. Less avoidant parents showed higher and more stable relationship satisfaction trajectories, regardless of their contribution to childcare. Turning to parents' sense of efficacy while completing childcare tasks, Fillo et al. (2015) found that higher childcare self-efficacy was related to higher satisfaction and more stable relationship satisfaction trajectories, no matter the contribution to childcare. Yet, a lower sense of childcare self-efficacy predicted declines in relationship satisfaction, particularly for men reporting higher and women reporting lower contributions to childcare. The authors also tested the link with work-family conflict and found that higher work-family conflict is associated with declines in relationship satisfaction. Yet, this link was more robust for fathers

who reported a higher childcare contribution. Notedly, experiencing less work-family conflict was related to higher and more stable relationship trajectories, regardless of childcare contributions.

Potential Mediators Explaining Associations with Relationship Satisfaction. Researchers have investigated the mediating role of aggressive conflict strategies, perceived fairness in the division of labor and spousal emotional support as explanatory processes in predicting relationship satisfaction.

Parade (2010) investigated whether aggressive conflict strategies (6 months postpartum) could explain the link between remembered parental rejection and changes in relationship satisfaction trajectories, from pregnancy to 16 months postpartum. In this study, remembered parental rejection was unrelated to parents' aggressive conflict. As such, their results could not support this mediation.

Chong and Mickelson (2016) found that the negative link between mothers' perceived fairness in household labor and childcare (1 month postpartum) and mothers' relationship satisfaction 8 months later was partially explained by negative couple interactions occurring at 4 months postpartum. The mediation models fit their data well, both cross-sectionally and longitudinally. No such mediation was found in the case of fathers. Likewise, partners' emotional support also partially mediated this link, but exclusively for mothers and only cross-sectionally at 9 months postpartum (Chong & Mickelson, 2016).

II. Exploring Predictors of Relationship Quality and Adjustment

Individual-Level Variables

The investigated individual-level predictors of relationship quality included affective dimensions (e.g., negative emotionality, post-traumatic stress symptoms, depressive symptoms), parenting variables, and recollections of the family of origin relationship.

Mental Health. Holmes et al. (2013) and Cox et al. (1999) were interested in depressive symptoms. An increase in depressive symptoms from pregnancy to 24 months postpartum was related to increased conflict reports for mothers but not fathers (Holmes et al., 2013). Also, prenatal depressive symptoms were not associated with less prenatal relationship quality. Still,

they were associated with a steeper decline in relationship quality over the 1st year postpartum (Cox et al., 1999).

Ayers et al. (2007) were interested in the association between birth post-traumatic stress symptoms and couples' relationship quality at 9 weeks postpartum. They found that birth post-traumatic stress symptoms were not correlated with dyadic adjustment using cross-sectional data.

Turning to parents' negative emotionality, Bower et al. (2013) found a limited link with parents' relationship adjustment. Indeed, longitudinal results indicate that negative emotionality (i.e., feeling stressed, alienated and aggressive; 3rd trimester of pregnancy) was not related to changes in relationship adjustment over time (across 3rd trimester, 3.5 and 13 months postpartum). However, cross-sectional results revealed partner effects, such that prenatally the more expecting parents reported negative emotionality, the less their partners reported relationship adjustment. Conversely, there was no actor effect: one's negative emotionality was unrelated to their own reports of relationship adjustment.

Perception of Family of Origin Marriage. How parents remembered their own parents' relationship quality was linked to their relationship adjustment. Indeed, Perren et al. (2005) found that expecting Swiss parents (3rd trimester) who remembered their parents' relationship quality as more negative also reported a decline in their own relationship quality from pregnancy to 12 months postpartum. Likewise, expecting mothers remembering positive family-of-origin marital relationships was associated with no increase in couple conflict over time. These mothers also exhibited higher dialogue capacity (i.e., observed quality of cognitive and/or emotional interchange) than mothers reporting negative family-of-origin relationships. When expecting fathers remembered positive family-of-origin marital relationships, they reported higher and no decrease in relationship quality.

Parenting Variables. Examining parental stress, Durtschi et al. (2017) found that parental role stress reported at 1 year postpartum was negatively associated with future relationship quality 2 years later, but only for fathers and not for mothers. In a longer longitudinal window, Berryhill et al. (2016) found that parenting stress measured at 3 years postpartum was negatively

related to relationship quality at 5 years postpartum, for both parents. In a sample drawn from the same larger study, the Fragile Families and Children Wellbeing Study, Carlson et al. (2011) investigated the link between parental engagement and couple relationship quality (both self-reported biennially, from the child's 1st to 5th year). Results indicated that, for both parents, changes in relationship quality were positively related to changes in parental engagement. Using cross-lagged structural equation modelling, they assessed the directionality of this association. They found that it proceeded from relationship quality to parental engagement, and it became weaker over time for mothers, but not fathers.

In their study, Holmes et al. (2013) were interested in the influence of parents' expectations about parenthood on conflict and love, from pregnancy to 24 months postpartum. Fathers whose expectations about parenthood did not materialize reported less love over time, and so did their partners. Partner effects were also found for conflict, such that fathers who reported more conflict over 24 months postpartum had partners who reported more violated parenthood expectations.

Dyadic-Level Variables

At a dyadic level, variables such as couples' problem-solving abilities and communications abilities, as well as parenting variables (e.g., couples' experience as parents, coparenting), were investigated in relation to relationship quality, marital status and relationship length.

Problem-Solving Abilities. Cox et al. (1999) coded prenatal couples' problem-solving abilities during a discussion over their primary source of disagreement. They found that better prenatal problem-solving abilities were associated with higher prenatal relationship quality and less decline in their relationship quality trajectory across two years postpartum.

Marital Status. In a large and diversified sample of parents, Carlson et al. (2011) found that couples' relationship quality differed depending on marital status. Couples who were married at birth reported higher relationship quality at 1, 3 and 5 years postpartum compared to cohabiting couples. Also, cohabiting parents reported a steeper decline in relationship quality between the 3rd and 5th years.

Relationship Length. Goguen (2006) investigated whether relationship length could predict changes in relationship adjustment, from pregnancy to 12 months postpartum. Results illustrate that couples in a moderate relationship length (i.e., 6 to 9 years) experience the greatest decline in relationship adjustment, compared to shorter and longer relationships. Yet, this difference was only found between pregnancy and 6 months postpartum, and not between 6 and 12 months postpartum.

Parenting Variables. Supportive coparenting (1 year postpartum) positively predicted parents' relationship quality 2 years later (Durtschi et al., 2017). For mothers, partner effects were found, where mothers' perception of supportive coparenting was positively linked to fathers' relationship quality.

Others examined the influence of couples' parental experiences on their relationship quality trajectories using dyadic growth curve modelling (Canário & Figueiredo, 2016). Parental experiences interacted with time. From early pregnancy to 3 months postpartum, second-time parents reported a decrease in positive dimensions of relationship (i.e., a deteriorating relationship), while first-time parents reported a decrease in negative dimensions (i.e., an improving relationship). Yet, from 3 to 30 months postpartum, first-time parents reported a steeper decrease in positive dimensions (i.e., deteriorating more) than second-time parents, eventually ending around the same levels of positive dimensions.

Le et al. (2016) examined the longitudinal and dyadic link between coparenting and relationship quality (i.e., love commitment and belongingness; during pregnancy, 6 and 36 months postpartum. Coparenting predicted relationship quality for mothers only, as perceiving coparenting support and partner undermining at 6 months was linked to their relationship quality at 3 years. Also, the association between coparenting and relationship quality was stronger for mothers than fathers.

The Specific Role of Dyadic Coping. The TP is a stressful life event requiring partners' dyadic coping strategies. When a couple faces a common stressor, the members might engage in dyadic coping, i.e., joining their efforts to cope together with this stressor (Molgora et al., 2019). A couple's engagement in mutual coping varies between members, as one can be more involved

than their partner (Alves, Fonseca, et al., 2019). Three studies explored the role of dyadic coping during the TP.

In a cross-sectional study of expectant Italian parents (32-37 weeks pregnant), Molgora et al. (2019) investigated the links between dyadic coping and dyadic adjustment using actor-partner interdependence modelling (APIM). They found that the more a parent perceived their ability to communicate their stress to their partner, the more they reported dyadic adjustment. No partner effects were found, meaning that one's ability to communicate their stress was not associated with their partner's dyadic adjustment. Also, two other constructs related to dyadic coping were investigated, namely dyadic coping satisfaction and efficacy, with both showing actor and partner effects when linked to dyadic adjustment. As such, one's own dyadic coping satisfaction and dyadic coping efficacy were each positively associated with their own and their partner's reports of relationship adjustment.

Alves, Milek, et al. (2019) examined how *common dyadic coping* (i.e., the interdependent coping process with a shared stressor) can mediate the relations between attachment orientation (anxious and avoidant) and individual parental adjustment (parenting stress and confidence). The authors used self-reported data from a sample of Portuguese first-time and more experienced parents at 3 timepoints, from the 2nd trimester of pregnancy, 6 weeks and 6 months postpartum. Anxious attachment was unrelated. Conversely, higher levels of avoidant attachment during pregnancy predicted a decline in common dyadic coping from pregnancy to 6 weeks postpartum. In turn, lower common dyadic coping at 6 weeks postpartum predicted more parental confidence at 6 months postpartum for fathers only. To explain this surprising result, the authors raise the possibility that traditional gender roles might induce fathers to believe that engaging in common dyadic coping may reflect their incompetence in handling a stressful situation on their own. Regarding partner effects, attachment orientations of one parent were not linked to their partners' perception of dyadic coping. Yet, fathers' higher dyadic coping at 6 weeks postpartum predicted mothers' lower parenting stress, from 6 weeks to 6 months postpartum.

In a second study, Alves, Fonseca, et al. (2019) further examined dyadic coping, with a specific interest in intra-couple similarity in dyadic coping (i.e., the level of reciprocity in partner support

behaviors within couples) on parents' individual and dyadic adjustments. When investigating similarities in partners' reports, the authors took into account intra-couple similarity in shared cultural norms and environmental influences (i.e., stereotype effect). This stereotype effect appears important as it might inflate the influence between these variables of interest. The authors thus also calculated indexes adjusted for a stereotype, where most women and men tended to report a given level of dyadic coping. Their results suggest that both parents report engaging relatively equally in dyadic coping. The similarity remained stable following the birth of their child, although this similarity decreased when adjusted for this stereotype. A partner effect was found, in which the more a parent perceived similarity in dyadic coping at 6 weeks postpartum, the more adjusted their partner was at 6 months postpartum, despite being unrelated to their own adjustment (i.e., no actor effect). Also, the more similarity is reported in both partners' dyadic coping, the more they report dyadic adjustment at 6 months postpartum. Yet, this result was null when the similarity values were adjusted for the stereotype effect.

Moderators of Family Predictors of Relationship Quality. Three studies explored moderators influencing relationship quality, namely prenatal hostility and warmth, parental stress and coparenting quality, as well as anxiety and depression symptoms.

Prenatal Hostility & Warmth on Relationship Quality Trajectories. First, Durtschi (2011) identified that observed prenatal hostility and warmth were predictors of each parent's relationship quality trajectories. Interestingly, the wives' warmth and hostility were unrelated to their own relationship quality trajectories. However, how their husbands behaved towards them prenatally predicted wives' changes in marital quality across TP. When husbands expressed more prenatal warmth, their wives' relationship quality declined less steeply. Also, the more hostile husbands were observed prenatally, the steeper was their wives' relationship quality decline over time. This partner effect was also found for husbands. Yet, unlike the wives, husbands' relationship quality trajectories were predicted by both their own and their wives' behaviors. The more husbands exhibited prenatal warmth, the less their relationship quality declined (actor effect).

Parental Stress and Coparenting Quality on Relationship Quality. Using dyadic path analysis with a large and diversified sample of couples, Durtschi et al. (2017) tested interaction effects in the interconnectedness between parental stress, couples' relationship quality and coparenting across 3 years postpartum. They found that mothers perceiving their partner as high in coparenting reported higher relationship quality, regardless of stress levels. This suggests that a good coparenting relationship might be a protective factor for the couple. Mothers reported the highest level of relationship quality when both parents reported high levels of supportive coparenting from their partners and low levels of stress. Also, when both parents reported lower stress levels, their relationship quality was predicted by their partner's level of parental stress. However, when both parents reported higher stress levels, their relationship quality was less likely to be predicted by their partner's parental stress.

Anxiety and Depression Symptoms on Relationship Quality Trajectories. Using the same procedure, Figueiredo et al. (2018) further investigated the positive and negative dimensions of couple relationships across the TP. They examined the effect of anxiety and depression symptoms on parents' relationship quality trajectories, and found no support for this moderating effect. However, parents who reported deteriorated relationship quality (i.e., lower level of positive and higher level of negative interactions) in early pregnancy also reported more anxiety and depression symptoms.

III. Exploring Predictors of Coparenting

Individual-Level Variables

The individual-level predictors of coparenting quality that emerged from this review include the quality of parents' relationship within their family of origin, their ego resilience, their depressive symptoms, and parents' expectations, namely their expectations about the division of childcare and their future coparenting quality.

Perception of Relationship within Family of Origin. Schoppe-Sullivan's study (2003) showed that the quality of the grandparents' couple relationship during the parents' childhood (families of origin; reported during the 3rd trimester of pregnancy) was related to the parents' coparenting alliance with their partner at 3.5 months postpartum. Results were different for mothers and

fathers: fathers who reported more acceptance from their own mothers were observed to engage in fewer undermining exchanges during family interactions (actor effects), and mothers who reported more acceptance from their own mothers had partners who demonstrated more positive coparenting alliance (partner effects).

Affectivity. In Elliston et al. (2008) 's study, parents participated in a discussion on coparenting issues and a triadic activity. Investigating prenatal predictors of withdrawal from coparenting, fathers who reported higher ego resilience (i.e., reporting open-mindedness, perceptiveness, openness to viewpoints different from their own) during the pregnancy were less likely to withdraw from the coparenting discussion at 3 months postpartum. Fathers' withdrawal was also positively linked to higher depressive symptoms. None of these associations were verified for mothers.

Expectations about the Division of Childcare. In Van Egeren's study (2004), parents reported their expected (3rd trimester of pregnancy) and actual division of childcare following birth (1, 3, and 6 months postpartum). The author estimated parents' expectation violations, that is, how different the actual division of childcare was from what was expected prenatally. Results indicate that parents who felt their expectations less violated experienced more positive coparenting. Overall, mothers reported doing more childcare than expected, while fathers reported doing less. This discrepancy was linked to mothers reporting a less positive coparenting experience than fathers. These results were consistent with Schoppe-Sullivan (2003) 's study, for which greater partner agreement on planned division of childcare was associated with more supportive coparenting at 3.5 months postpartum. Conversely, greater partner disagreement on planned division of childcare was linked with more coparental undermining. Moreover, greater prenatal disagreement about fathers' role investments was also linked to higher coparental undermining. Likewise, fathers' nontraditional attitudes about a father's role were associated with mothers perceiving more coparenting alliance.

Expectations about Future Coparenting. Schoppe-Sullivan (2003) also found that parents' expected coparenting alliance during pregnancy was positively linked to their coparenting relationship at 3.5 months postpartum. These results are consistent with McHale et al. (2004)

study, in which parents' expected coparenting and future family functioning were investigated as predictors of observed coparenting relationship at 3 months postpartum. Negative expectancy of future coparenting was related to less coparenting cooperation and warmth, but not competitiveness between the parents.

Couple-Level Variables

In our sample, the dyadic-level predictors of coparenting relationship quality included the couple's interaction quality, relationship satisfaction and relationship quality. This subsection addresses how couple functioning can influence the parental subsystem.

Prenatal Couple Interactions. In Schoppe-Sullivan (2003), couples' positive engagement during a prenatal discussion task was linked to higher supportive coparenting at 3.5 months postpartum. Similarly, prenatal couple conflict was related to less coparenting support after birth.

Relationship Satisfaction. Using a cross-sectional design, Gordon and Feldman (2008) investigated the link between self-reported relationship satisfaction and coparenting mutuality (i.e. parents actively supporting each other's interactive efforts with the child). The latter was coded during a triadic interaction with the couples' 5-month-old infant. Results revealed that fathers' relationship satisfaction was positively linked to coparenting mutuality; this link was not mirrored for mothers.

Relationship Quality. The prenatally reported dyadic adjustment was positively related to parents' perceived coparenting alliance at 3.5 months postpartum (Schoppe-Sullivan, 2003) and coparenting experience up to 6 months postpartum (Van Egeren, 2004). Results from McHale et al. (2004) follow the same direction, as higher prenatal relationship quality predicted observed coparental cooperation and warmth at 3 months postpartum. Still, it was not predictive of the coparenting competitiveness dimension. Dyadic adjustment strongly predicted fathers' perception of coparenting quality, but only a marginal trend was found for mothers (Van Egeren, 2004). Their inclusion of an observational measure of couple interactions (targeting conflict, communication, support/validation and positive affect) brought further nuances. In the prenatal period, the more fathers were observed in positive couple interactions, the better both spouses perceived their coparenting experience (actor and partner effects). In contrast, the more mothers

were observed in negative prenatal couple interactions, the worse they perceived their coparenting experience (actor effect only). Surprisingly, a linear change in postpartum dyadic adjustment (assessed at 1 month, 3 months and 6 months) was negatively linked to a linear change in coparenting experience for both parents. Over the first 6 postpartum months, improvement in one subsystem (i.e., couple or coparental) was linked to the deterioration in the other. To explain this unanticipated result, the author posits that after birth, improving one subsystem might be done at the expense of the other (Van Egeren, 2004).

On a broader timeline, Christopher et al. (2015) tested how changes in relationship quality (i.e., satisfaction and conflict) across the TP (3rd trimester of pregnancy, 8 and 24 months postpartum) were related to coparenting observed at 24 months postpartum (triadic interaction task). Results revealed that changes in relationship satisfaction across the TP were unrelated to cooperative coparenting for both parents. Yet, steeper relationship satisfaction declines predicted more competitive coparenting for fathers and less supportive coparenting for mothers. Also, the more fathers reported increases in couple conflict across the TP, the less cooperative coparenting they displayed at 24 months postpartum. Likewise, Le et al. (2016), using path analysis with APIM models, found that prenatal relationship quality predicted more coparenting support and less undermining 3 years later for both parents.

Mediator Explaining Associated with Coparenting. In their study, Bouchard (2014) investigated whether the link between parents' insecure attachment and their coparenting alliance was mediated by relationship adjustment and changes in relationship adjustment (pregnancy to 6 months postpartum). While postpartum relationship adjustment mediated the negative link between parents' prenatal insecure attachment and their coparenting alliance at 6 months postpartum, its changes did not.

IV. Examining the Division of Housework

The arrival of a baby leads to additional household labor. The infant requires almost constant care, and this substantial time spent on childcare can influence the time spent on paid work. This reality does not materialize equally between partners, and parents may be more or less satisfied with how the workloads are divided. Three studies have investigated these questions.

Gjerdingen and Center (2005) examined new parents' work changes at 6 months postpartum and identified prenatal predictors (3rd trimester) of satisfaction with these changes. Their results suggest that parents experience less housework sharing and less satisfaction with housework sharing across TP. Mothers reported spending more time in childcare and contributing more to housework than fathers, while also reporting a larger decrease in paid work time compared to fathers. Mothers were also less satisfied with housework sharing than fathers. Mothers' satisfaction with housework was positively linked to the time spent on childcare and partner's satisfaction, and negatively related to involvement in housework. In contrast, fathers' satisfaction with housework was positively related to their quality of life and illness days (i.e., days of reduced productivity due to illness and time spent in bed).

In a sample of lesbian couples, Goldberg (2005) illustrates that the division of labor between biological vs nonbiological and adoptive mothers did not change across the TP; the division remained relatively equal between partners. The contribution to family work was influenced by time availability from paid work, and biological mothers tended to specialize in childcare. Next, in a sample of lesbian couples who procreated with artificial insemination, Goldberg and Perry-Jenkins (2007) investigated the division of childcare between parents. Mothers' prenatal expectation of division of childcare (3rd trimester) predicted the actual division of childcare at 4 months postpartum. Women who prenatally expected to contribute more were contributing more. The biological link to the child also seems key, as biological mothers performed more childcare than nonbiological mothers. Postpartum paid work hours were also related. The more paid work hours were reported, the less mothers contributed.

Moderator of Family Predictors of Coparenting. In Goldberg and Perry-Jenkins (2007)'s study, a biological link interaction revealed that biological mothers who reported working fewer hours were more likely to perform more childcare at four months postpartum.

Q3. How Does Pregnancy Planning Matter?

The results gathered in the scope of this review globally suggest that not having planned a pregnancy might exacerbate the strain of the TP on couples' adjustment.

Unplanned pregnancies have been linked to lower relationship quality and teamwork (Cordova, 2000), lower relationship satisfaction in both partners, and fewer positive couple interactions during a problem-solving discussion (Cox et al., 1999). Only husbands experienced less decline in relationship satisfaction when pregnancies were planned (Lawrence et al., 2008). Cox et al. (1999) also found that parents with more depressive symptoms and in the context of an unplanned pregnancy failed to show a pattern of relationship satisfaction recovery during the 2nd year postpartum.

Q4. What is the Contribution of Specific Child Characteristics?

Apart from the child's mere arrival in the family, specific child characteristics were also investigated as potential predictors of couples' adjustment to the TP. Infant sex, temperament and the child's biological link to their parents were found to influence their parents' relationships.

I. How Does Child Sex Matter?

In their study, Cox et al. (1999) found that having a baby girl was associated with a steeper decrease in relationship satisfaction and positive couple interactions over 24 months postpartum. Also, parents of daughters born from unplanned pregnancies appeared particularly more prone to negative interactions during the 1st year postpartum. Yet, another study found a positive relationship in that higher teamwork was only associated with higher relationship satisfaction in parents of girls (Cordova, 2000). Some have found calamitous outcomes specific to fathers of girls. Indeed, having a girl was associated with higher levels of conflict for fathers (Holmes et al., 2013). In Elliston et al. (2008) 's study, fathers who exhibited withdrawal during a coparenting discussion showed more disengagement and less warmth in a triadic activity at 3 months postpartum if they had a baby girl. This link was unverified for fathers of boys or mothers. In contrast, Elek et al. (2003) found no link between infant sex and parents' relationship satisfaction from 4 to 12 months postpartum, thus diverging from this body of research.

II. How is Child Temperament Contributing?

Influence on Relationship Quality

In a substantial sample of couples, Berryhill et al. (2016) used path analysis with APIM to investigate how 1-year-old infants' difficult temperament (i.e., negative emotionality) was related to parents' relationship quality 4 years later. They found that the more mothers and fathers perceived their infant as high on negative emotionality, the less they reported relationship quality 4 years later. No partner effect was found, suggesting that one parent's perception of negative emotionality was unrelated to the other partner's report of relationship quality.

Influence on Coparenting

Gallegos et al. (2019) examined how infants' temperament moderated the link between perceived partner's parenting competence (during a dyadic interaction; 8 months postpartum) and observed coparenting behaviors (i.e., support, warmth and child-centred coparenting) during a triadic family interaction at 24 months postpartum. Using APIM, they found infant reactivity moderated this relationship. Specifically, with highly reactive infants, mothers' more positive perception of their partners' competence predicted better dyadic coparenting quality. In contrast, fathers' positive perception of the mother's competence (marginally) predicted higher coparenting quality, but only with easier, less reactive infants. McHale et al. (2004) also found differential results regarding infants' negative reactivity. Mothers' prenatal pessimism about future family functioning was negatively linked to coparenting cohesion at 3 months postpartum, but only in families with more challenging infants (measured at 3 months old). In turn, Gordon and Feldman (2008) found a negative link between infants' unpredictable temperament and fathers' coparental mutuality (i.e., actively supporting the other parent's interaction efforts with the child) during a family activity at 5 months postpartum.

Parental Gender Differences

Our review supported more costly results for fathers of highly reactive infants. When fathers perceive their infant as highly reactive, those who recalled parental rejection in their childhood were less satisfied in their marriages at 6 months postpartum (Parade, 2010). Having a reactive infant was related to more conflict at 24 months postpartum, but only for fathers (Holmes et al.,

2013). Also, fathers who perceive an easier infant temperament experience more successful coparenting over the child's first 6 months (Van Egeren, 2004). Notably, the link between teamwork and relationship quality at 3 months postpartum was stronger when fathers perceived their child as more difficult (Cordova, 2000). Fathers thus appear more affected by highly reactive infants.

III. Does the Biological Link Contribute?

Parental roles

Goldberg (2005)'s qualitative analysis underscores that most women did not believe biology shaped their parental role; a finding replicated in Goldberg and Perry-Jenkins (2007). Yet, in this sample, biological mothers (40%) were likelier to feel that biology influenced their parental roles than nonbiological mothers (20%). Also, a sense of legal parenthood insecurities was associated with the absence of a biological link in nonbiological mothers (Goldberg, 2005). For biological mothers, doing more childcare tasks was significantly associated with feeling that biology makes a difference in their parental role. A trend was found among nonbiological mothers doing fewer childcare tasks. They tended to feel that biology did make a difference (Goldberg & Perry-Jenkins, 2007).

Relationship adjustment

In Goldberg (2005)'s study, relationship maintenance trajectories (i.e., active work on their relationship) differed based on the biological link with the child among lesbian couples. Relationship maintenance decreased from pre-birth to 3 months postpartum for biological mothers, while it increased for nonbiological mothers. In a study where biology could not play a role, the experience of adopting and parenting a child (babies, toddlers, school-aged and teenagers) brought adoptive heterosexual parents closer and improved their communication (Goldberg et al., 2014). Likewise, in a cross-sectional study, Golombok et al. (2003) recruited couples with diverse conception methods (i.e., adoption, conceived with in vitro fertilization, egg donation or donor insemination) at least 4 years past the perinatal period (up to 6 years old in the adopted group). Again, nonbiological mothers reported higher relationship quality than

mothers genetically related to their child. The genetic link was not related to their perceived relationship quality for fathers.

Q5. What is the Influence of Family Structure?

Six studies addressed questions related to family structure. First, Lindblom et al. (2014) examined the changes occurring during the TP at a family system level. Then, Bower et al. (2013) and Richmond (2004) compared first-time to second-time parents to investigate potential differences in relationship quality and coparenting. Finally, Szabo et al. (2012), Volling et al. (2015), and Kuo et al. (2017) examined how couples adapted as they welcomed their 2nd child.

Lindblom et al. (2014) conducted an exploratory study, including both first-time and more experienced parents, to examine the family system trajectories across 3 timepoints, from the 2nd trimester of pregnancy to 1 year postpartum. Each parent reported on intimacy and autonomy in each family subsystem (i.e., couple, mother-child, and father-child subsystems). Intimacy was operationalized as emotional closeness, interest and acceptance, while autonomy was operationalized as relational self-assurance agency and independence. Seven family system trajectories were identified. The most prevalent was the *cohesive* trajectory (35%), characterized by the highest levels of autonomy and intimacy. The second most prevalent was the *discrepant* trajectory (15%), defined by parents' contradictory perceptions of their family relations. Next, the *authoritarian* trajectory (14%) was characterized by a low level of intimacy which declined over time, and an average level of autonomy. Two *enmeshed* trajectories were identified, with both depicting the lowest and highest levels of autonomy and intimacy, respectively. One was specified as *declining* (6%), as the level of intimacy declined over time, and the second was *quadratic* (5%) as intimacy increased then declined with time. The *disengaged* (5%) trajectory corresponded to the lowest levels of intimacy and autonomy. Finally, the escalating crisis trajectory (4%) was less prevalent, defined by average levels of autonomy and intimacy from pregnancy to two months, dropping at 12 months to their lowest levels.

The authors also investigated predictors of these seven family system trajectories, using the cohesive trajectory as a reference group. It appeared that trajectory memberships were better predicted by interactions between different factors than by simple main effects. Among highly

educated couples, having experienced infertility was associated with the two *enmeshed* trajectories, while being a first-time parent was associated with the *authoritarian* family trajectory compared to more experienced parents. Having more than one child was associated with the *disengaged* and *authoritarian* trajectories among less-educated couples. Also, being less educated and in a shorter relationship length was related to the *escalating crisis* trajectory. In couples who did not report infertility experiences, longer relationship lengths were linked to *authoritarian* and *disengaged* trajectories, and less education was associated with the *enmeshed quadratic* trajectory.

I. Are First-Time and More Experienced (Multiparous) Parents Different?

Among the five studies presented, all included second-time parents and older siblings in toddlerhood (respective ages of 1st and 2nd born: 31 months old and newborn; Kuo et al., 2017; 34 and 18 months old; Richmond, 2004; 2 years old and 3rd trimester of pregnancy; Szabo et al., 2012; 31 months old and newborn; Volling et al., 2015). Age information was not available in Bower et al. (2013).

Comparing First-Time and Second-Time Parents

When comparing relationship adjustment of first-time and second-time parents, Bower et al. (2013) found that first-time fathers reported higher relationship adjustment than experienced fathers, but no significant differences for mothers. Richmond (2004) found that second-time parents with two toddlers (34 and 18 months old) reported lower relationship quality than first-time parents. They reported less engagement in companionship activities (e.g., taking a walk, going on dates, playing sports) and were less satisfied with the time spent in these activities. Second-time parents also reported lower parenting alliance and argued more about childcare than first-time parents. Of note, there were no difference between first- and second-time parents on intimacy, the frequency of partner communication and satisfaction with the division of childcare.

Changes in Second-Time Parents

Some were interested in the changes occurring in the couple (Volling et al., 2015) and parental subsystems (Kuo et al., 2017; Szabo et al., 2012), specifically exploring how coparenting evolves from the 1st to the 2nd child.

Relationship Quality. In a sample of married couples, Volling et al. (2015) identified patterns of couple relationship changes when welcoming their 2nd child. They collected data on positive (i.e., love and maintenance) and negative (i.e., ambivalence and conflict) relational aspects in 5 timepoints, from the 3rd trimester of the 2nd pregnancy to 12 months postpartum. Latent growth curve analysis identified 6 trajectories. The largest group (44.1%) was characterized by mothers and fathers reporting high prenatal levels of relationship positivity; mothers then experienced a slight decline of positivity while fathers experienced stability after the 2nd child's birth. The 2nd largest group (34.5%) was characterized by mothers experiencing increasing relationship negativity and fathers showing adaptation, i.e., a slight decline in relationship positivity followed by a return to initial levels by 4 months postpartum. The 3rd group (7.4%) showed a greater discrepancy between mothers and fathers than the previous two trajectories. Mothers experienced a decrease in negativity followed by an increase in negativity, while fathers experienced an increase in positivity over time. In the 4th group (6.9%), mothers reported a decline in positivity and an increase in negativity at 1 month postpartum, recovering at 4 months postpartum, while fathers experienced no change. The 5th group (5.2%) was characterized by a challenging transition with lower positivity and higher negativity than the other groups. Mothers and fathers in this group showed very discrepant perspectives on their relationships' positive and negative qualities. In the 6th group (1.7%), fathers showed a decline in positivity and an increase in negativity, while mothers experienced no significant change.

The results of this study indicated that parenting stress, childcare division and firstborns' age did not explain differences in relationship trajectories. Yet, the quality of the marital interactions and personal vulnerabilities, such as depressive symptoms, explained some differences. For instance, couples in the 1st and 2nd groups showed the lowest depressive symptoms, while couples in the 5th showed the highest. Couples in the 3rd and 5th groups used more destructive communication (e.g., blaming, threats). Couples in the 3rd group reported less positive and more negative

interactions than the 1st group. Also, couples in the 1st group reported more relationship satisfaction than all other groups.

Coparenting. Szabo et al. (2012) investigated the stability of the coparenting relationship between the arrival of the 1st and their 2nd child. While parents' self-reported coparenting indicated high stability from the 2nd pregnancy to 1 year postpartum, observed measures indicated low coparenting stability, with increased cooperation between parents across this period. As such, coparenting quality increased with the 2nd child's birth. Interestingly, observed cooperative coparenting with the firstborn during the 3rd trimester of the 2nd pregnancy was unrelated to observed coparenting with both children 1 year postpartum. Similarly, Kuo et al. (2017) examined changes in coparenting cooperation and conflict after the birth of a 2nd child. They used self-reported data across three-time points, from the 3rd trimester of pregnancy to 4 months postpartum. For both parents, results indicated that coparenting cooperation decreased and coparenting conflict increased from pregnancy to 4 months postpartum. In this study, fathers' relationship satisfaction was positively related to both their own perception of coparenting cooperation and the mothers' (actor & partner effects). Conversely, mothers' relationship satisfaction did not predict either parents' coparenting cooperation or coparenting conflict.

Child Temperament. Child temperament seemed to produce mitigated results on coparenting in our sample, primarily based on birth order and parental gender. For instance, while the second born's temperament did not influence father reports of coparenting stability, having a challenging 2nd child was associated with decreasing stability in mothers' observed coparenting over time (Szabo et al., 2012). In contrast, both parents reported less coparenting cooperation when their firstborns were more challenging, while the 2nd child's temperament was not predictive of the parents' cooperation (Kuo et al., 2017). Similar to Szabo et al. (2012)'s study, both children's temperaments were unrelated to fathers' coparenting conflict. Yet, mothers reported higher levels of coparenting conflict when either the 1st or the 2nd child was more challenging (Kuo et al., 2017).

Gender Roles. Parents' beliefs about traditional gender roles were unrelated to coparenting cooperation (Kuo et al., 2017). Still, partner effects were found, such that mothers

and fathers who reported more egalitarian gender role beliefs had partners who reported fewer coparenting conflicts.

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Article 2

Items utilisés dans l'étude 2

Affectivité négative de l'enfant

Consigne : Lorsque vous lisez chaque description de comportement du bébé ci-dessous, s'il-vous-plait, indiquez la fréquence à laquelle le bébé a eu ses comportements au cours de la SEMAINE PASSÉE (les sept derniers jours). Ces nombres indiquent la fréquence à laquelle vous avez observé ces comportements chez votre enfant lors de la semaine dernière : (1) jamais, (2) très rarement, (3) un peu moins que la moitié du temps, (4) à peu près la moitié du temps, (5) un peu plus que la moitié du temps, (6) presque toujours, (7) toujours, (X) ne s'applique pas.

La réponse « ne s'applique pas » (X) est utilisée quand vous n'avez pas vu votre bébé dans la situation décrite au cours de la semaine dernière. Par exemple, si la situation mentionne qu'il a dû attendre pour de la nourriture ou des breuvages et qu'il n'y a pas eu de moment où il a dû attendre, encercler la réponse X. La réponse « ne s'applique pas » est différente de la colonne « jamais » (1). « Jamais » est utilisé quand vous voyez votre bébé dans cette situation, mais qu'il n'a pas eu le comportement décrit durant la semaine passée. Par exemple, s'il a eu à attendre pour sa nourriture ou ses breuvages au moins une fois, mais qu'il n'a jamais pleuré fort pendant qu'il attendait, encercler la réponse (1).

- Lorsqu'il était fatigué, à quelle fréquence votre bébé a-t-il montré des signes de détresse?
- Quand introduit à un adulte inconnu, à quelle fréquence est-ce que le bébé s'est agrippé à l'un de ses parents?
- Quand il était temps d'aller au lit ou de faire une sieste et que votre bébé ne voulait pas aller se coucher, à quelle fréquence a-t-il pleurniché ou sangloté?
- Après avoir dormi, à quelle fréquence votre bébé a-t-il pleuré quand personne n'arrivait dans les minutes suivantes?
- À quelle fréquence votre bébé avait-il l'air en colère (en pleurs et agité) lorsque vous l'avez déposé dans son berceau?

- À quelle fréquence pendant la dernière semaine le bébé a-t-il sursauté suite à un changement soudain de position (par exemple: lorsque déplacé soudainement)?
- À la fin d'une journée excitante, à quelle fréquence est-ce que le bébé est devenu en larmes?
- Au cours de la dernière semaine, à quelle fréquence le bébé a-t-il protesté lorsque placé dans un espace restreint (siège ou parc pour bébé, siège d'auto, etc.)?
- Quand vous présentiez votre bébé à un adulte non familier, à quelle fréquence votre bébé refusait-il d'aller voir cette personne?
- Quand vous étiez occupé(e) avec une autre activité et que votre bébé n'était pas en mesure d'avoir votre attention, à quelle fréquence a-t-il pleuré?
- Quand le bébé voulait quelque chose, à quelle fréquence est-ce qu'il est devenu contrarié quand il ne pouvait pas obtenir ce qu'il voulait?
- En présence de plusieurs adultes inconnus, combien de fois est-ce que le bébé s'est agrippé à l'un de ses parents?

Stress perçu

Consigne : Les différents items de cette échelle vous questionnent sur vos sentiments et vos pensées du dernier mois. Dans chaque cas, il sera demandé d'indiquer à quelle fréquence vous vous êtes senti(e)s ou vous avez pensé d'une certaine manière. Même si certaines questions sont similaires, il y a des différences entre chacune d'elles et vous devriez les traiter comme des questions distinctes. La meilleure approche est de répondre à chaque question assez rapidement. Autrement dit, n'essayez pas de compter le nombre de fois où vous vous êtes senti(e)s d'une certaine manière, mais tentez plutôt d'indiquer ce qui vous semble une estimation raisonnable.

Choix de réponses : (0) jamais, (1) presque jamais, (2) parfois, (3) assez souvent, (4) souvent.

- Au cours du dernier mois, à quelle fréquence avez-vous été contrarié(e) par quelque chose qui est arrivée de manière inattendue?

- Avez-vous ressenti que vous étiez incapable de contrôler les éléments importants de votre vie?
- Vous êtes-vous senti(e) nerveux(se) et stressé(e)?
- Avez-vous abordé avec succès les tracas irritant de la vie?
- Au cours du dernier mois, à quelle fréquence avez-vous eu l'impression de faire face efficacement aux changements importants qui se passent dans votre vie ?
- Vous êtes-vous senti(e) confiant de votre capacité à gérer vos problèmes personnels?
- Au cours du dernier mois, à quelle fréquence avez-vous ressenti que les choses allaient à votre manière?
- Avez-vous constaté que vous étiez incapable de faire face à toutes les choses que vous aviez à faire?
- Avez-vous été capable de gérer les sources d'irritation dans votre vie?
- Vous êtes-vous senti(e) au-dessus de vos affaires?
- Avez-vous été en colère parce des choses hors de votre contrôle se sont produites?
- Au cours du dernier mois, à quelle fréquence vous êtes-vous retrouvé(e) à penser aux choses que vous devez accomplir ?
- Au cours du dernier mois, à quelle fréquence avez-vous été capable de contrôler la façon dont vous passez votre temps ?
- Avez-vous senti que les difficultés s'accumulaient à un point tel que vous vous sentiez incapable de les surmonter?

Frustration du besoin d'autonomie

Consigne : A l'aide de l'échelle ci-dessous, veuillez indiquer dans quelle mesure vous êtes d'accord avec les énoncés qui suivent sur la façon dont votre partenaire se comporte généralement avec vous.

Choix de réponses : (1) pas du tout d'accord, (2), (3), (4) modérément d'accord, (5), (6), (7) complètement d'accord.

Mon/ma partenaire…

- Fait pression pour que je fasse les choses à sa façon.
- M’impose ses opinions.
- Fait pression sur moi pour que j’adopte certains comportements.
- Limite mes choix.

Perpétration de violence conjugale

Consigne : Peu importe à quel point un couple s’entend bien, il y a des moments où les partenaires sont en désaccord, où ils sont irrités par l’autre, où ils s’attendent à des choses différentes de l’autre ou où ils ont des querelles ou des disputes parce qu’ils sont de mauvaise humeur, qu’ils sont fatigués ou pour toute autre raison. Les couples ont différentes façons d’essayer de régler leurs différends. Ce qui suit est une liste de choses qui peuvent arriver quand vous avez des différends. S’il-vous-plait, indiquez à quelle fréquence vous avez fait chacune de ces choses durant la dernière année, et combien de fois votre partenaire l’a fait durant la dernière année. Si vous ou votre partenaire n’avez pas fait l’une de ces choses dans la dernière année, mais que c’est arrivé dans le passé, inscrivez un (7) à cette question. Si cela n’est jamais arrivé, inscrivez un (8). Autres choix de réponses : (1) une fois dans la dernière année, (2) deux fois dans la dernière année, (3) trois à cinq fois dans la dernière année, (4) six à dix fois dans la dernière année, (5) 11 à 20 fois dans la dernière année, (6) plus de 20 fois dans la dernière année.

Agression physique

- J’ai poussé, bousculé ou giflé mon/ma partenaire.
- Mon/ma partenaire m’a poussé, bousculé ou giflé.
- J’ai frappé mon/ma partenaire, je lui donné un coup de pied ou je l’ai battu(e).
- Mon/ma partenaire m’a frappé(e), m’a donné un coup de pied ou m’a battu(e).

Agression psychologique

- J’ai insulté mon partenaire, juré, crié ou hurlé après lui/elle.
- Mon/ma partenaire m’a insulté(e), a juré, a crié ou hurlé après moi.

- J’ai détruit intentionnellement un objet qui appartenait à mon/ma partenaire ou je l’ai menacé(e) de le/la frapper.
- Mon/ma partenaire a détruit un objet qui m’appartenait ou a menacé de me frapper,