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The Transition To Parenthood

in New Zealand

And

A Developmental Conceptual Framework

For The Study Of Family Change

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in fulfilment of the requirements
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from the
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ABSTRACT

The research and reflection reported in this thesis was initially centred on parenthood as 'crisis' or 'transition'. A prospective longitudinal survey of a representative or 'normal' cohort of 241 primiparae in Hamilton, New Zealand, was carried out. Data were collected by means of four structured interviews (two antenatal and two post-partum) based on largely pre-coded questionnaires. The Hobbs Checklist (Hobbs, 1965; 1968) was used to measure 'crisis'. It was found that this New Zealand sample did not experience crisis at or around the birth of their first child.

The originally-planned data analysis was a multivariate search for statistical predictors of 'crisis', together with an examination of the short- and medium-term consequences of that 'crisis'. As a result of the finding of no crisis attention was refocussed on more conceptual, theoretical and epistemological issues.

A conceptual framework or 'model' for handling developmental changes in families was devised. This framework brings together a variety of concepts and ideas from 'the literature' together with some original concepts and ideas developed in the course of this project.

The conceptual framework is organised around four main dimensions of structure, interaction, transactions and norms. Attention is focussed on the transitions which families may be understood to make between family career categories, especially from 'couple' to 'childbearing' categories. Ideas of homeostasis, morphogenesis and conflict are integrated into the conceptual framework.

The original dataset was then used to investigate the conceptual framework, and areas for both further conceptualisation and further empirical investigation were identified.

Some issues remaining from the earlier substantive literature were further considered. In particular, the question of whether a 'crisis group' is better understood as the researcher's construct or a 'real' social grouping was considered. It was found to be the former.

It is concluded that theoretical orientations and approaches to conceptualisation, as well as a concern with practical issues (social problems, parent education, social work etc.), have strongly influenced research on parenthood in the past towards a focus on 'crisis'. It is argued that a more comprehensive conceptual framework for the study of developmental change in families is needed. A first draft of such a framework is offered, and the need for further conceptual, theoretical and empirical work is emphasised.

PREFACE

'I fully recognise my limitations in this ... and take full responsibility for the inadequacies in the treatment of this area which others with greater expertise are sure to find. In my opinion, however, one way to stimulate work in a field is to present it in its incomplete state so that others may see what needs to be done' (Rodgers, 1973: 55n).

I was a little surprised - at the time - at the way in which many of the respondents in this study described how they felt immediately after the birth of their first child. They did not, by and large, feel great joy, or satisfaction, or pleasure. They did not, mostly, feel a rush of love for the infant.

They mostly felt tired; they felt relieved that it was all over safely; they felt a sense of anticlimax. The satisfaction and the joy were to come later. Right now, they felt mostly quite flat, and wanted to catch up on their sleep.

I now know exactly how they felt.

It is customary to conceal from rude scrutiny the personal story which runs behind, beside and often within a piece of social research. Hopefully this convention is losing some of its power. It is still strong enough, however, to confine these few remarks to the Preface, where the supervisor's writ runs a little less powerfully.

This work is of uncertain conception, over-long gestation and difficult birth. Like any fond parent I have great hopes for its future development. To continue the analogy, others will undoubtedly have a hand in that development, for good or ill. It is for me a beginning, notwithstanding the time and effort and care that have already been invested in it.

David A Swain
Hamilton, New Zealand
8 March 1985

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It gives me considerable pleasure to be able to acknowledge some of the intellectual and personal debts I have incurred during the time I have been working on this thesis.

I well remember a long walk around Cambridge (England) with Jim Robb (Professor J H Robb, Professor of Sociology, Victoria University of Wellington) one autumn afternoon quite some years ago when I was contemplating the possibility of tackling a doctoral thesis. Over the years since then there have been several occasions when his advice and opinion have been valuable, and valued.

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I am especially grateful to Ms Heather Rigg who has at times throughout this research been a valued key informant and colleague, but who above all has been my friend through thick and thin. I have valued and appreciated her expert advice, practical assistance and sustaining faith in the value of research on new parents. From the earliest tentative approaches to Campbell-Johnstone Obstetric Unit to the completion of this thesis I owe a considerable debt to Heather Rigg. It is a pleasure to be able to acknowledge it.

I acknowledge the co-operation of the formal gatekeepers to research in the Waikato Hospital complex, the Research Ethics Committee, and the senior staff at Campbell-Johnstone, in making the recruitment of my sample possible.

I am most grateful to the Department of Social Welfare, to the Medical Research Council of New Zealand, and to the University of Waikato Department of Sociology, for direct and indirect funding of this research.

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The importance of interview timing meant that much was asked of the interviewers, and their recompense can hardly have been the miserly payments I was able to make for fieldwork. I hope that the completion of this thesis, and the earlier report that was made available to both respondents and interested health professionals, as well as their interest in the respondents, will have compensated the interviewing team for their considerable contribution to this project.

It is customary to express appreciation to the respondents in social research. I believe this should be more than a formality. I am deeply grateful to the 241 women who shared their experience of becoming a mother with me, and to their spouses and other family members for helping in various ways. I have tried to repay my debt to the respondents in several ways. A good deal of what was learned was returned directly to respondents in a 16-page report sent to each one. A variety of articles in places such as the Parents Centre Bulletin have shared our findings with other new parents, and those who support them. I have described my findings to conferences and study days of midwives, nurses and Plunket nurses. I have taken part in the design and delivery of education and support to new parents. In all of these ways I have sought to ensure that I repay, so far as this is possible, my debt to the respondents in the present research. It is no less true for being a commonplace, that without respondents social researchers would have little to do!

Successive staff at the University of Waikato Computer Centre have been of considerable assistance. I should especially like to mention Mr Mark Topping for his many patient and helpful responses to often-desperate inquiries; Ms Carole Keenan for frequent rush jobs; and Ms Lorraine Brown for cheerfully and efficiently tackling a variety of data entry tasks - often at unreasonably short notice!

Mr Alista Fow was a most helpful guide and assistant in the final production of a lovely-looking computerised bibliography based on the VISOR software developed at the University of Waikato Computer Centre. I forgive him for the liberties he took with my LOGIN.COM file.

Ms Heather Nelson proofread the penultimate and last drafts of this thesis, an enormous task carried out with great care and perception, for which I am most grateful. Ms Margaret Begg similarly proof-read and cross-checked the text references against the bibliography for the final version with equal care, for which I am also most grateful.

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I wish to record my appreciation for the consideration shown me by the University's Committee on Postgraduate Studies and Research, especially during a period of ill-health which made necessary the suspension of my D.Phil. registration. While always seeking to ensure that the thesis was completed the Committee showed me a great deal of kindness and consideration, especially in the personal contact with me of the late Professor Peter Freyberg, which I have appreciated.

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A thesis of this duration and magnitude has been more or less present in my life, and that of my family and my extended family network, for longer than I care to contemplate. I very much wish to record my appreciation of both practical and emotional support from Maggie Swain, Michael Swain and Rachel Swain - and also of their talent for ensuring that the thesis did not intrude more than necessary into our family's activities and interaction! Eileen Suttor, John Suttor and Fay Foreman have been true friends over the years, and especially supportive during these last interminable weeks and months.

In the course of research and reflection on parenthood I have come very much to appreciate my own parents, Dorothy Swain and Vic Swain. At the core of what I know about parenthood is my own experience of my parents, and my love and appreciation of them.

I dedicate this thesis to the memory of my father:

Victor Seymour Swain
1922-1984

David A Swain

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PART I

Chapter 1: Introduction

Chapter 2: The Literature

Chapter 3: Model of Developmental Change

Chapter 4: Concrete Illustrations of the Model

Chapter 5: Methodology and Research Design

1.0 CHAPTER 1: INTRODUCTION

1.1 The Transition To Parenthood

The conceptualisation and research described in this thesis began with a focus on parenthood. This is defined as the adult experience of becoming a mother or father, the process of bearing and rearing children. This is in contrast to the more extensively researched topic of childrearing, defined as the children's experience of adult care and socialisation practices (Swain, 1978b). More particularly, the focus of this substantive research was on parenthood as either a 'crisis' or a 'role transition', these being the terms in which parenthood is described in much of the literature (see Chapter 2 and Appendix A). Thus this thesis was initially, and still is in part, a study of a substantive topic - parenthood.

In order to study parenthood it was necessary to choose and use a suitable conceptual framework. The developmental conceptual framework, 'discovered' and elaborated especially since the 1960s, was chosen as the most appropriate for the purpose. This framework has as a major dimension the concept of family career categories, with the birth of the first child marking a widely accepted boundary or transition point between two of these family career categories. The literature on conceptual frameworks, and especially the developmental conceptual framework, is reviewed and discussed in Chapter 2.

The research was conducted on a 'normal' population using a prospective, longitudinal sample and structured interviews based on largely pre-coded questionnaires (see Chapter 5). The achieved sample size was 241 (with a 65.8% response rate). The methodology compares satisfactorily or better with the great bulk of the literature on 'parenthood as crisis' or 'the transition to parenthood' (see Chapter 2 and Appendix A).

The major empirical finding was that these 'normal' New Zealand parents did not experience parenthood as a crisis. They did experience some stresses, such as fatigue, and they did feel the necessity of making some adaptations, but their scores on the Hobbs Checklist [1] were inconsistent with a 'crisis' label, and they did not record experiences or assessments which could be called a 'crisis' (see Chapter 10).

It was thus not possible to pursue the latter parts of the research strategy originally envisaged, which was a multivariate search for 'predictors' of 'crisis', and a systematic assessment of the consequences of 'crisis', because there was no crisis.

[1] This is the major instrument used in measuring 'crisis' at the transition to parenthood (see Hobbs, 1965; 1968).

Much of the extant literature on parenthood is concerned with parenthood as crisis. The findings reported here, together with the overall picture from more recent studies in the literature, mean that issues centred on 'crisis' cannot be pursued as originally anticipated. There are, however, some specific issues within this general area which can usefully be raised, and explored using the dataset collected in this research. In particular, the question of whether a 'crisis group' is more usefully understood as a statistical construct or a 'real' social grouping is considered. It is shown that the former is more appropriate (see Chapter 10).

1.2 Epistemological And Theoretical Issues

As a consequence of the empirical finding of no 'crisis' attention was refocussed on more epistemological and theoretical issues. These issues have to do with clarifying how family sociologists choose their research topics, formulate their research questions, and interpret their research data. In particular, the shaping role of theoretical orientations and conceptual frameworks in the production of sociological knowledge about families (e.g. as represented in 'the literature' summarised in Chapter 2 and reviewed in Appendix A) is emphasised.

It is argued that the researchers' theoretical orientations and conceptual frameworks have shaped the choice of topic, formulation of questions and interpretation of data in the literature on parenthood as crisis or transition (see Chapter 2 and Appendix A). It is further argued that these narrow foci of interest have each excluded important areas of family process and change from consideration, although the literature as a whole offers a range and variety of perspectives.

In this thesis the transition to parenthood is placed in the context of developmental change in families. Working within the general developmental conceptual framework, a specific conceptual framework or model for handling developmental change in families is constructed. This framework brings together both original concepts and concepts from the literature (see Chapter 3). Concrete illustrations of the general framework, drawn from the substantive area of the transition to parenthood, are then presented (Chapter 4). These make the connections between the theoretical and/or conceptual, and the substantive, more explicit.

This framework is then put to use in the analysis of the data collected on the transition to parenthood of a normal New Zealand cohort (see Chapters 6-8 inclusive). Thus this thesis includes both conceptualisation and evaluation of the proposed conceptual framework using empirical data on a highly relevant substantive topic.

The conceptual framework for handling developmental change in families is then reconsidered in the light of the empirical data (Chapter 9). This chapter is an elaboration on the

conventional call for further research, in which ways are suggested for improving the conceptual framework initially proposed. Such improvements should then be followed by further empirical investigation, in a retroductive cycle.

1.3 The General And Special/Working Universes

The empirical research reported in this thesis was conducted in Hamilton, New Zealand. This section briefly outlines some features of the general universe [2] to which this research might be applied - New Zealand society, its population, its social and health services - and more particularly describes the special or working universe [3] within which the research was actually conducted - Hamilton and the Waikato region of which it is the major city.

New Zealand comprises a group of islands in the South Pacific, with the bulk of its population of 3,175,737 (1981 Census) in the North Island (2,322,989 - 73.1%). The major ethnic and cultural components of the population are:

- a) pakeha [4] - of European origin, predominantly British, amounting to 83.7% of the total population;
- b) Maori - the indigenous Polynesian people of Aotearoa (New Zealand), 12.1% ('Maori descent' irrespective of degree);

[2] The term 'general universe' is used by Sjoberg and Nett (1968: 130) to define the widest or most extensive 'abstract universe' of people or human societies to which social scientists assume - however tentatively - their findings will apply. Humankind is for the purposes of generalisation 'the ultimate category'.

[3] The terms 'special universe' or 'working universe' are used by Sjoberg and Nett (1968: 130) to define the particular population (community, organisation, group or whatever) from which social scientists draw the actual 'units of study', the actual sources of their data. For example, in a random sample survey the sampling frame would ideally correspond exactly to the special or working universe, while the respondents actually sampled would be the units of study. Generalisations would be made from the units of study to the special or working universe, and probably from the latter to the general universe.

[4] Pakeha is the Maori term for those of non-Maori origin. It is used as a synonym for 'white' or 'European'. Each of these divisions is a classification based on geographic origin, descent and common social, cultural and ethnic characteristics. N.B. Maori words used in this thesis (e.g. 'pakeha' are not underlined, as they are not foreign words, but one of the two main languages of Aotearoa/New Zealand.

- c) Pacific Island Polynesians - relatively recent migrants to New Zealand from several Pacific Island nations, some in close association with New Zealand, 2.9%; and
- d) a variety of people of other ethnic and cultural backgrounds, such as Chinese, Indian and various South-East Asian countries, 1.3%.

The population of New Zealand has grown sharply in the past, with natural increase and immigration both important factors in that growth. The total fertility rate is now below replacement level, and immigration is restricted. As a consequence the population has almost stopped growing, and is ageing.

The population of New Zealand is predominantly urban in residence and industrial (including service industries) in occupation. However pastoral and other agricultural production is a significant component of the country's exports, and many New Zealanders are only one generation removed from a more rural society - especially Maoris. A welfare state has been constructed in New Zealand over the last hundred years or so, with a comprehensive system of public health, social welfare and other provisions.

Medical supervision and treatment during pregnancy and childbirth, and for children, is free and comprehensive. Childbirth occurs almost entirely in hospital. Maternal and perinatal mortality rates are relatively low in comparison with most other OECD countries, although early childhood mortality is rather poorer.

The Waikato is a lush pastoral production region of the northern North Island now experiencing agricultural diversification and industrialisation (e.g in further processing of primary products). The population of the Hamilton Urban Area, the major and central city of the Waikato, was 97,907 at the 1981 Census, making Hamilton the fifth-largest [5] city in New Zealand.

The Waikato is a major centre of Maori population and tribal organisation. The ethnic composition of the population of Hamilton is 79.6% pakeha, 19.1% Maori and 1.3% other ethnic groups (Department of Statistics, 1981).

The Waikato Hospital is the base hospital for this region centred on Hamilton, and Campbell-Johnstone Obstetric Unit (C-J) was part of the Waikato Hospital at the time of the research reported in this thesis [6]. C-J was a general practitioner unit, at which routine deliveries were conducted by general practitioners, and obstetricians were available on referral from general practitioners and in cases of

[5] This ranking rather depends on the definitions used. The statistical areas used for Census purposes do not entirely correspond to the usual community concepts of cities etc.

emergency, including emergencies from outlying maternity hospitals in the region [7]. Of the major cities of New Zealand, it can be argued that Hamilton comes as close as any, and closer than some, to being typical of New Zealand society. This may be argued in terms of both sociodemographic data (e.g. age and sex structure, ethnic composition) and in terms of less specific lifestyle attributes. As it is not intended to generalise from the special or working universe of Hamilton to the general universe of New Zealand, let alone to either wider general universes of the English-speaking world or the smaller welfare democracies [8], this general representativeness of Hamilton is not pursued in any detail.

This brief section has been intended simply to outline in very general terms the general universe of New Zealand, and the special or working universe of Hamilton and the Waikato, as a background to the research reported here.

1.4 Organisation Of Chapters

Part I of this thesis comprises Chapters 1-5 inclusive. Chapter 1: Introduction briefly outlines the original substantive topic of interest, the theoretical orientation and conceptual framework chosen as the background, the major empirical finding, the subsequent refocussing on construction of a conceptual framework for handling developmental change in families, and the organisation of the thesis. Chapter 2: The Literature summarises a substantial review of 'the literature', covering the developmental conceptual framework, a summary of the overseas literature on parenthood (which is discussed in greater detail in Appendix A), and the New Zealand literature on families in general, and pregnancy and parenthood in particular. More extensive discussion of the overseas literature on parenthood, and the overview of the literature on social and psychological aspects of pregnancy, is to be found in Appendix A.

Chapter 3: Model of Developmental Change sets out the more abstract conceptual framework for handling developmental change (of various kinds) in families. This is illustrated

[6] C-J was subsequently absorbed into the Waikato Hospital as the Waikato Womens' Hospital.

[7] Care was taken in defining eligibility for recruitment as a respondent to exclude those who would routinely have delivered elsewhere, but were delivered at C-J because of obstetric complications or other unusual circumstances.

[8] It could well be argued that New Zealand is more like the Scandinavian societies, especially Finland, than the English-speaking societies of the United Kingdom, the United States of America, Canada and Australia, with which New Zealand has in the past been compared.

in a series of figures and discussed in a parallel set of text sections. This model, it is argued, is applicable to a wide variety of developmental changes which families experience. This is followed by Chapter 4: Concrete Illustrations of the Model which systematically illustrates the application of this general model or conceptual framework to one kind of developmental change to families. This is the transition to parenthood, the transition from the couple-only to the pre-school children categories of the family career.

Finally Chapter 5: Methodology and Research Design sets out the methodological considerations and design decisions in this research.

Part II includes three chapters in which the data are ordered and analysed in terms of the conceptual framework already presented. These are Chapter 6: Structure and Interaction, Chapter 7: Transactions and Chapter 8: Norms. In each of these chapters the relevant data are presented under a systematic set of subheadings derived from the theoretical literature. Antenatal and post-partum data are considered serially under each subheading, thus focussing attention on the transition of interest - that between the 'couple only' and 'pre-school children' family career categories.

The final chapter of Part II, Chapter 9: The Data and the Model, foreshadows and initiates the ongoing process of reformulation and refinement of the conceptual framework originally presented in Chapter 3. Some of the components of the model which are particularly in need of revision are indicated, and some of the ways in which revision might proceed are suggested.

Part III contains a single chapter. Chapter 10: Crisis deals with issues arising especially from the earlier literature on parenthood as crisis, relating these as appropriate to the more general theoretical and/or epistemological issues discussed in previous chapters. This chapter is most closely aligned in form and content with 'the literature' on this substantive topic.

Part IV also contains a single chapter, Chapter 11: Conclusions.

1.5 Simplifications And Complications

In this introduction the lengthy and complicated conception and gestation of this thesis has been simplified. It should also be made clear that this process of research and reflection has throughout involved an interaction and intermingling of the substantive, the methodological and the theoretical elements of the project. It can be useful to deal with these separately for the purposes of exegesis, but it should not be forgotten that in the practice of social research they are entwined.

2.0 CHAPTER 2: THE LITERATURE

2.1 Introduction

Chapter 2 and Appendix A together cover the following areas:

- a) the literature on the developmental conceptual framework which underlies the present research (in this chapter);
- b) the substantive overseas literature on some sociological and psychological aspects of pregnancy, childbirth and parenthood (in Appendix A [1]);
- c) a summary or overview of the preceding overseas literature (in this chapter);
- d) a review of the New Zealand family literature in general, and the material on pregnancy, childbirth and parenthood more particularly (in this chapter);
- e) a discussion of the critiques and reviews of the parenthood literature (in this chapter); and
- f) a discussion of the main themes in the literature (in this chapter).

References to 'the literature' are also made in some other chapters as appropriate:

- a) conceptual material which is more particularly relevant is included where appropriate in Chapter 3, which introduces a conceptual framework or 'model' of developmental change in families;
- b) as it is impossible to isolate the review of substantive material from methodological issues, some points raised in the present chapter are also germane to Chapter 5 Methodology and Research Design;
- c) some material from the literature on new/first parenthood is related to the empirical findings from the present research where they are presented in Chapter 10;
- d) finally, in a more global sense, the substantive literature reviewed in this chapter has contributed to the emergence of the strategy finally adopted in the present work.

[1] In Appendix A the substantive literature in this group of cognate topic areas is covered in greater detail; this is both to provide an overview of what is currently available as empirical data (the research portion of the present work), and to provide a source of more detailed substantiation of points made in the course of argument in other chapters, where reference may be made to Appendix A.

Thus, while more or less systematic summary overviews of selected aspects of 'the literature' on new/first parents and cognate topics is presented in this chapter, 'the literature' also has relevance in different ways for several other chapters (in which reference may also be made to the more detailed coverage of material in Appendix A).

More recent developments in the literature coming to hand since the fieldwork began are, as a deliberate choice, included where appropriate to data presentation and/or analysis, but are not necessarily included in this literature review chapter or Appendix A. These fairly closely reflect the substantive literature reviewed prior to design of the fieldwork. Once the fieldwork began it was not practicable to change the design of the empirical component of the present work, but this later literature could and should be taken into account where appropriate in the data presentation and analysis.

Neither hypotheses for empirical proof nor conclusions per se are drawn from this review of the substantive literature. The whole chapter and Appendix A serve, rather, as resources. These provide a background for, and aid reading of, the several other chapters which either draw upon or 'take off' from elements of the literature reviewed here. The review in this chapter underpins the more general statements about 'the literature' made in others.

2.2 The Theoretical Literature

2.2.1 Overview Of Family Sociology

Scholarly interest in families has been growing in recent decades, as evidenced by the increasing number of books and articles reporting or discussing research on families (Aldous and Hill, 1967; and supplements). Several writers have divided the period since about 1850 into various sets of eras or phases characterised by particular emphases or achievements in the family sociology literature of the time (Komarovsky and Waller, 1945; Christensen, 1964; Adams, 1971). Any such scheme is arbitrary, but of value to the extent of its 'expositional convenience and heuristic utility' (Christensen, 1964: 6).

The theoretical and substantive literature upon which the research reported here is based dates in particular from the 1950s and later, although it has roots which may be traced to research and writing of the 1930s and earlier. This thesis is concerned with developmental change in families as exemplified by the transition to parenthood. Its broader context is the field of family sociology in general, and the developmental conceptual framework in particular. These are discussed in this chapter. A brief account, based on the above criteria of 'expositional convenience and heuristic utility' (*ibid.*), of some phases in family sociology since the nineteenth century will thus serve to introduce the present research. This was not, of course, conceived and

brought to fruition in isolation, but rather in design and execution it was influenced by the concepts in use in the field, and by the typical methodologies of its time.

2.2.1.1 A Brief Historical Account

The purposes of this section are several:

- a) to give a brief synoptic account of the variety of conceptual frameworks which family sociologists and researchers have used;
- b) to introduce the notion that conceptual frameworks can influence the selection and interpretation of results;
- c) to emphasise that there is a choice of conceptual frameworks (and hence results); and
- d) to introduce the particular conceptual framework within which the present research is located, and which will be elaborated later (i.e. the developmental conceptual framework).

The latter themes recur later.

There is general agreement among writers of historical accounts of the emergence of family sociology (Komarovsky and Waller, 1945; Christensen, 1964; Adams, 1971) that the nineteenth and early twentieth century literature, sweeping and macroscopic in its coverage of time and space, had grave limitations of fieldwork and analysis:

'The methods of data collection were poor, resting upon historical and anecdotal records of doubtful validity built up from reports of travellers and missionaries with minimal training in ethnography. Methods of analysis were descriptive and impressionistic, producing few firm propositions that could be left unchallenged' (Hill, 1962: 425).

Any such characterisation of a phase is arbitrary and potentially misleading, and there were exceptions to this general comment such as the work of LePlay (1875), whose careful empirical research contrasts sharply with the bulk of the literature described by Hill (1962). In general, however, Hill's characterisation holds.

Komarovsky and Waller (1945 : 445-446) delineated the period 1915-1926 and characterised it as one of substantial changes in 'methods and materials', although 'the basic conceptual framework' [2] and the emphasis on culturally-defined social problems has persisted. Empirical verification and quantification became rather more widely accepted and used in studies published during and after the 1920s (Komarovsky and Waller, 1945: 445-6, and Christensen, 1964: 9).

The International Bibliography of Published Research in Marriage and Family Behaviour (Aldous and Hill, 1967; and supplements) indicates the growth, and to some degree the change in character, of publications in the next phase, identified as 1926-1950. Until the 1960s there was little explicit attention to the underlying 'conceptual frameworks' [3] in most of the empirical literature, and scant theory building (Rodgers, 1973; Burr, 1973). While most research had some empirical basis, methodological shortcomings which have strongly influenced the field (Hill, 1964) persisted. These shortcomings have severely limited the general applicability of findings. Although these limitations might be noted, they were often overlooked in the uses to which the research literature was put.

These theoretical and methodological deficiencies are apparent in the substantive literature on parenthood as crisis/transition which dates from the 1950s (for reviews see: Rossi, 1968; Jacoby, 1969). This literature is outlined in this chapter, and discussed in more detail in Appendix A.

Christensen (1964: 9-10) defined a phase from 1950 to the mid-1960s (his time of writing) as one of 'systematic theory-building' and Eshleman (1974: 20) characterised a similar period as one of

'summarization of findings and conceptual frameworks, of complaint about lack of comprehensive theory, and of substantial theorizing'

and felt that these characteristics could be used to label the period 'truly ... a decade of theory building'. However, Adams (1971: 6) suggested that Christensen's label was somewhat presumptuous, or at least premature, and other later writers on theory agree (Burr, 1973; Rodgers, 1973).

Following the description applied to the phase 1915-26 by Komarovsky and Waller (1945: 445-6), it could be suggested that the decade 1957-1966 saw extensive discovery and exposition of conceptual frameworks although methods and materials continued to be much as before. Hill, Katz and Simpson (1957) were working with the International Bibliography already mentioned (Aldous and

[2] The term 'conceptual framework' was used by Komarovsky and Waller (1945 : 445-446) in a rather general sense; it was later to be used to refer to more specific sets of concepts, assumptions etc. (see also footnote [3]).

[3] 'Conceptual frameworks' were initially defined (Hill and Hansen, 1960) as clusters of interrelated but not necessarily interdefined concepts; later treatments (Nye and Berardo, editors, 1966) expanded their content (e.g. they included the underlying assumptions and other features).

Hill, 1967; and supplements). They identified seven conceptual frameworks, defined here (see footnote [3] above) as clusters of interrelated but not necessarily interdefined concepts (Hill and Hansen, 1960), which were more or less implicit in the published research being organised in the Bibliography:

- a) symbolic interaction;
- b) structural-functional;
- c) institutional;
- d) situational;
- e) family-developmental;
- f) learning theory/maturation; and
- g) consumption/home economics.

Hill and Hansen (1960) refined the list of conceptual frameworks to include the first five in revised form, with 'learning theory/maturation' and 'consumption/home economics' incorporated into 'family-developmental'. This marks the beginning of a process of consolidation which was to continue (Christensen, editor, 1964).

Four chapters in the Handbook of Marriage and the Family edited by Christensen (1964) mark the beginning of a series of critiques and reviews of these conceptual frameworks. Hill and Rodgers (1964) and Stryker (1964) examined the developmental [4] and symbolic interaction frameworks respectively, and found them to be useful and conceptually autonomous [5]. Pitts (1964) came to similar conclusions about the structural-functional framework. However Sirjamaki (1964) and Stryker (1964) argued that the institutional and situational approaches respectively could be incorporated into the structural-functional.

Thus the various critiques in Christensen (1964) resulted in the acknowledgement that family scholars use three distinct (although not entirely separate) conceptual frameworks. These discussions, criticisms and elaborations of conceptual frameworks were indeed at several removes from the actual empirical research wherein the conceptual frameworks had been 'discovered', not to mention from the actual experiences of family life to which the research had been addressed. There

[4] The prefix 'family-' was dropped about this time.

[5] This 'autonomy' underlines the likelihood, further discussed later in the present work, that researchers using different conceptual frameworks are likely to draw different conclusions from their data, even if the data are in some sense essentially quite similar.

remained, however, an enhanced potential for these conceptual frameworks to be used explicitly in orienting research and shaping findings on the actual experience of family life.

Nye and Berardo (editors, 1966) extended the notion of conceptual frameworks to include:

- a) the essential concepts (discussed further below);
- b) the basic and underlying assumptions;
- c) the history of the framework;
- d) the substantive topics to which it has been addressed;
- e) the values implicit in it; and
- f) its 'impact' on research, theory, and social action.

Aldous (1978: Chapter 1) describes concepts as the abstraction of common elements from many particular occurrences that we perceive. Concepts are labels that we use (in sociology as in everyday life) to differentiate perceptions, give stability to existence, simplify complexity, facilitate thinking and communication, guide action. Concepts can be interrelated, so that the construct (of interrelated concepts) yields more understanding than the sum of the component concepts.

Concepts are also filters, focussing attention and indeed also selecting for attention or even censoring attention. They are useful for the purpose(s) for which they are devised. This is made clear in the discussion of family career categories (section 2.2.2.2 below), where they are described as being devised for the researcher's particular purposes. This means that concepts are more appropriately evaluated as 'useful' or 'not useful' rather than as 'right' or 'wrong'.

Aldous (1978: Chapter 1) describes three criteria for scientific concepts:

- a) clarity (which she relates to ease of operationalisation, cf. Burr, 1973: 6-8);
- b) scope (extent and variety of substantive applicability);
and
- c) systemic coherence (how many other concepts can be linked by interdefinition or embedding).

These criteria have been important considerations in the construction of the conceptual framework for developmental change in families presented later (Chapter 3).

Using their above notion of conceptual frameworks, Nye and Berardo (editors, 1966) identified eleven different conceptual frameworks implicit in the literature, reviving

some earlier ones and 'discovering' some new ones:

- a) symbolic interaction;
- b) structural-functional;
- c) institutional;
- d) situational;
- e) family-developmental;
- f) learning theory/maturation renamed social psychological;
- g) consumption/home economics renamed economic;
- h) anthropological;
- i) psychoanalytical;
- j) legal; and
- k) religious.

Subsequently the emphasis changed to investigation of the utility (as indicated by use) of various conceptual frameworks, rather than discovery and exposition. Klein et alia (1969) examined the actual use, by family scholars, of the various frameworks and found that the symbolic interaction and structural-functional ones were most frequently used, with the developmental next most frequently used, and the others not used to any great extent. Aldous (1970) argued that continuing focus on conceptual frameworks per se was not especially useful for the development of theory, and that strategies for theoretical development were now needed. She suggested that theories could be 'borrowed' from other substantive areas and applied to family sociology topics, and that 'seminal concepts' which stimulated new areas of inquiry should be sought.

However Broderick (1971) wrote what perhaps should have been the last word on conceptual frameworks when he argued that all those identified to date, and which had been used at all extensively, could be integrated into the developmental approach. A later section of this chapter deals with the developmental conceptual framework, and it will be seen that concepts and propositions from other major frameworks are to be found incorporated within it. It should perhaps be noted that Broderick (1971) also responded to the suggestion by Aldous (1970) that borrowed theory could be useful by suggesting that balance, games, exchange and general systems theories could be useful in family sociology.

The debate about whether various distinct conceptual frameworks should be combined, and especially any debate about which is in some ultimate sense 'the' one to use, becomes much less important when each is seen as a possible way of making sense of the social world of families and human

relations. In this view, each conceptual framework is to be used if it is useful. The developmental conceptual framework is useful in several ways:

- a) making more explicit the assumptions which underlie the collection and interpretation of data in the present research;
- b) sensitising the researcher to areas of the domain of inquiry which might otherwise be overlooked;
- c) aiding the formulation of specific inquiries;
- d) providing concepts or labels for the identification, communication and discussion of data; and
- e) ordering and analysis of the data collected.

The developmental conceptual framework is not the only one available. It has been constructed in a way which allows for the addition of further concepts, and the accommodation of rather different theoretical orientations. For example homeostasis, morphogenesis and conflict are all accommodated within the developmental conceptual framework for family change presented in this thesis (Chapter 3).

The work of Burr (1973), Rodgers (1973) and Aldous (1978) may be seen as responses to the goal of finding strategies for theoretical development. Burr (1973) initiated the task of theory construction (the reworking of extant propositions into more rigorous and extensive 'verbal theories') in several substantive areas of family sociology. Rodgers (1973) carried out in some detail the first of the tasks described by Broderick (1971), that of providing a comprehensive account of the developmental approach. He incorporated individual, interactional and transactional facets of families, operationalising these schemes, and meeting some of the longstanding criticisms of family sociology for failing to handle atypical situations and cross-cultural variations.

Aldous (1978) carried forward the work on the developmental framework largely initiated by Rodgers (1973). She presented the basic elements of the framework, and explored the systemic characteristics of families and especially the processes of change. She dealt with the creation, sustaining and modification of family roles, and integrated the family career (life cycle) concept into her treatment. She related the levels of analysis to the concept of developmental tasks, and after applying these ideas to several substantive areas she concluded with the almost routinised call for further research. These ideas and concerns provide some of the content of the model or conceptual framework of developmental change in families described in Chapter 3, illustrated in Chapter 4 and used as the organising framework for the presentation of data in Chapters 6-8.

2.2.1.2 Inadequacies Reviewed

This section is an introductory overview; further attention will be given to some of these issues in the review of the substantive literature on new/first parenthood as crisis/transition below (sections 2.3.2, 2.3.3, 2.3.5.2 and Appendix A).

The inadequacies of much work in family sociology can fairly readily be illustrated. For example, Goode (1964: Chapter 8) has listed a large number of propositions on social class and family behaviour current in the field, but for most of which there was little convincing evidence. More generally, Davis (1949: Chapter 15) pointed out some while ago that while family sociology encompasses issues of central importance for the wider discipline, it has nevertheless been relatively neglected by sociologists more concerned with stratification, bureaucracy and other issues often handled at macrosocial levels. This section is focused especially on the theoretical and methodological inadequacies of much research in family sociology to date. There are other matters brief mention of which can be made here. These might also be termed 'issues' - if one acknowledges that there is debate about them; or 'problems' - if one evaluates them as a source of difficulty.

Family sociologists from Kingsley Davis (1949: Chapter 15) to Wesley R Burr (Burr et alia, editors, 1979a: 12) have argued that as a consequence of the theoretical isolation of family sociology, family sociologists may be seen as having concentrated upon conceptual frameworks and substantive topics distinct from those of general or 'mainstream' sociology (ibid.). This has often been associated with the derivation of concepts and theoretical constructs - as well as data or case study material - from applied fields, especially social work.

There has been a longstanding sociological interest (not only in the sub-discipline of family sociology) in social pathology, social problems and social work. Some of the earlier empirical studies of families in the United States of America, in the 1930s and 1940s, were concerned with the consequences for those families of economic depression or war (Angell, 1936; Cavan and Ranck, 1938; Komarovsky, 1940; Koos, 1946; Hill, 1949). There is considerable merit in including 'the view from the wrong side of the tracks' as one of 'the motifs of sociological consciousness' (Berger, 1966). However, the social work/action focus does raise a problem of the likelihood of such data being unrepresentative or non-normative, in the 'statistical' sense of not representative of a majority of the relevant population or society, when derived from such a social work/action interest.

Within family sociology the parenthood literature, beginning with a concern for an applied 'problem' or social policy issue as some of it does (see Appendix A), may be acceptable within its own terms but may become misleading when later

treatments (e.g Winch, 1971, 353-4) imply or assume that the data are normative. This problem is pronounced in family sociology, although it is not of course confined to family sociology, as misunderstanding of W Lloyd Warner's research strategies in studying 'Yankee City' (Warner and Lunt, 1941; Warner *et alia*, 1963) and 'Jonesville' (Warner *et alia*, 1949) respectively illustrate. While in the latter research Warner *et alia* (1949: xv) assert that 'to study Jonesville is to study America', in the former Warner and Lunt (1941: 38) deliberately chose a well-integrated, conflict-free community so that if social stratification was at all present in American society it would be found in 'Yankee City'. Later writers overlooking this have made inappropriate generalisations from this research to American society (see Sjoberg and Nett, 1968: 137-138).

A second general criticism of family sociology which has definite implications for the substantive topic of new/first parenthood as crisis/transition is that being articulated from a feminist point of view (see Bart, 1971; Ehrlich, 1971; Laws, 1971; Wolfe, 1975). This criticism has emphasised the sexist bias ('his' family sociology) which has been most extensive in such areas as:

- a) sex roles (see Block, 1972; Sprey, 1972; and David and Brannon, editors, 1976); and
- b) 'maternal separation' or 'maternal deprivation' (see Bowlby, 1953; Rutter, 1972; 1979; 1981).

However, findings of maternal crisis around the birth of the first child (LeMasters, 1957; Feldman, 1961; Dyer, 1963; Feldman, 1971; Tooke, 1974), although contradicted by other studies (Hobbs, 1965; Beauchamp, 1968; Hobbs, 1968; Geismar, 1973; Bogdanoff, 1974; Hobbs and Cole, 1976; Wente and Crockenberg, 1976; Hobbs and Wimbish, 1977; LaRossa, 1977; Kirkpatrick, 1978; Swain, 1978b), might well be understood at least in part in terms of these feminist critiques.

This could be analogous to the resolution by Bernard (1973) of apparent methodological problems of 'discrepant responses' in research on marriage. On those (unusual) occasions when both husbands and wives were interviewed about their marriage, it appeared that they could agree only on the number of children they had, and disagreed about everything else (e.g length of premarital acquaintance, frequency of sexual intercourse, allocation of household tasks). Bernard (1973) showed that the concept of two marriages for each marital union, 'his' and 'hers', made sense of the data, and led to powerful new insights into the sociology (and politics, psychology and so forth) of marriage. It is possible that traditional, stereotypical assumptions about women's roles were taken for granted in the formulation of the earlier studies of parenthood as crisis in the 1950s and 1960s, and hence 'crisis' was used to characterise the situation of those women respondents who did not accept traditional role allocations but lacked the conceptual

framework and vocabulary of later feminists.

2.2.1.3 Prospects And Opportunities

The present research may be located in the context of the latest phase in the history of family sociology to have been identified. It is essentially an attempt more effectively to link conceptualisation and empirical research in a family sociology topic. Relatively recently some writers have explicitly set out a case for moving to what they visualise as this next phase (Rodgers, 1973; Aldous, 1978). In this phase the concepts, propositions and theoretical ideas which have been identified, explicated and reworked are now investigated in methodologically more rigorous and extensive empirical research.

2.2.2 The Developmental Conceptual Framework

Some of the ideas now incorporated in the developmental conceptual framework have been in use for over half a century. The use in social research of the idea that families have a 'life cycle' dates back at least to the work on poverty by Rowntree (1906), although William Shakespeare described the 'seven ages of man' rather earlier. Other concepts have been developed more recently. Some of the major concepts which underlie the present research, or have been used in the ordering of data in it, are outlined below.

2.2.2.1 Some Historical Milestones

Half a century ago rural sociologists used life cycle concepts (Sorokin, Zimmerman and Galpin, 1931), and in early studies of household consumption patterns economists ordered their data by stages of the life cycle of the family (Bigelow, 1948). These stages were fairly crude divisions of the total existence of a family.

Demographers have used life cycle stages, now called family career categories, extensively (Rodgers, 1962: 23-25; Rodgers, 1973: 77-80). Glick (1947; 1955; 1957) pioneered this use, refining the family career categories and showing typical events within various careers, as well as presenting macro-level data for the United States of America.

Rodgers (1973: 77-80) emphasised the important point that family career categories are constructed by the researcher for the researcher's purposes and imposed upon the continuous life of the families under study. He sees these categories as the equivalent, for capturing social data, of chronological time units (e.g. seconds, years). These family career categories 'capture differences which occur in processual time' (Rodgers, 1973: 77; see also Moore, 1963: 7) as opposed to chronological time.

'The basic way that these units are distinguished arises out of some variation in the structure of the [family's] roles and positions [defined below] at one point in time as compared with another point in time. The problem the researcher has taken will determine the characteristics which he [sic] will think must be highlighted for comparison. His [sic] units ... will be based on these properties [and] ... will not all have the same chronological length [but] ... they will have as nearly the same processual length as possible - that is, they will represent comparable processual units. The term typically used for these units has been stage. Researchers develop units ... and they label these units stages of the family life cycle' (Rodgers, 1973: 77).

Glick (1957) showed that in 1940 and 1950, by comparison with 1890, marriage in the United States of America was earlier, childbearing occupied a shorter period, children left home to marry earlier, and marriages were terminated by the death of a spouse later. Similar sorts of patterns have been shown for New Zealand (Gilson, 1970; Swain, 1978a). The use of these family career categories directs attention to other patterns and changes. Glick (1957) also drew attention to, and quantified, the increasing proportion of adult family life which was without children in the home (the emergence of a postparental stage), and showed that an increasing involvement of married women in the paid workforce was associated with these changes. Various sets of family career categories (there is of course no single 'correct' set) can be used by researchers to organise and interrelate a variety of substantive topics. This can be within either a specific disciplinary framework such as the demographic (eg Pool and Crawford, 1979, for New Zealand), or within a specific substantive context such as housing (eg Gutheim, 1948; or Johnston, 1979, for New Zealand).

Family life cycle stages (or family career categories as they are now termed) were among the earliest components of the developmental conceptual framework to be created. There are however other important conceptual elements. From the 1920s onwards there was a great deal of research into the physical, intellectual and emotional development of the human individual (exemplified by Piaget, 1929; Havighurst, 1953; and Erikson, 1959; and encompassing a large literature now). The basic ideas of this human development literature include:

- a) the orderly maturation of the individual in a largely invariant sequence;
- b) the interdependence of the various aspects of development; and
- c) the dependence of later development on the achievement of earlier developments.

These ideas, suitably adapted, came to underlie similar

schemes of family development (Duvall, 1977; see also earlier editions). The organic or biologically invariant aspect of individual development may be transported to conceptualisation of family development, but this metaphor is unnecessary and may indeed be misleading. One particular concept which has become central to the developmental conceptual framework for families, however - the developmental task (defined below) - was originally formulated within this individual-oriented literature.

The developmental conceptual framework differs from other frameworks in at least one way. The other conceptual frameworks were 'discovered' implicit in extant empirical research, and explicated. However, over the last three or four decades several different efforts have been made to integrate and carry forward previously independent conceptual strands in research and writing on the developmental conceptual framework. The first of these was the 1948 White House National Conference on Family Life. One paper presented at that Conference (Duvall and Hill, 1948) was later described as

'the first attempt at systematising a framework to cope with problems [issues] of family change over time' (Hill and Rodgers, 1964: 175).

The present work is also an attempt to construct and investigate a conceptual framework for the description and analysis of family change over time.

The material in this early paper (Duvall and Hill, 1948) was organised by family career categories (using the term 'family life cycle stages'), and the authors indicated developmental tasks for family members with some implications for human service systems, such as health and medical care, social services and housing. Duvall (1957; 1962; 1967; 1971; 1977) has continued to work in this area, and recently these categories have been employed more widely (Pool and Crawford, 1979, review these studies).

As Hill and Rodgers (1964: 176) point out, while this early paper brought together the family career categories (under a different name) used by rural sociologists, and the developmental tasks outlined for individuals by psychologists and others, the result could not yet be regarded as a conceptual framework in terms of the definition now widely accepted (Nye and Berardo, editors, 1966). It certainly could not yet be used as a means of ordering data on developmental change in families.

During the 1950s there were further conferences, seminars and workshops aimed at refining this approach (Hill and Rogers, 1964: 178), and these were followed by more widespread attention to conceptual frameworks, including the developmental.

Two themes may be located in the work of family sociologists in the 1950s and especially the 1960s; both were for most of the period relatively implicit. One is the 'discovery' or making explicit of the concepts, assumptions and so forth which underlie empirical research and are collated in the term 'conceptual frameworks'. The other is the use of such 'conceptual frameworks' to order material obtained from research, and explicitly guide its interpretation. There has not been a great deal of evident success, in the literature on parenthood, in the latter. The present thesis has origins more in the former; the writer's aspirations are more in the latter.

2.2.2.2 Components Of The Framework

In this section the basic concepts of the developmental conceptual framework which is used in the present work are introduced and defined. Some of these concepts are interrelated, although this will be expanded in Chapter 3, where a systematic approach to the ordering of data on aspects of developmental change in families is outlined. In other later chapters these concepts are illustrated (Chapter 4) and operationally defined (Chapters 6-8), and related to empirical data collected in the present research (Chapters 6-9).

2.2.2.2.1 Family : An Initial Definition

The definition of any of the basic concepts tends to assume prior acquaintance with some of the others, which makes it difficult to choose where to begin. Thus the central concept of 'family' is here chosen as the starting point. A thorough cross-cultural survey (Stephens, 1963) indicated that while there was a large degree of agreement among anthropologists about the definition of the family across a variety of cultures, there was no unanimity - either of definition or usage. A similar position obtains among family sociologists. A very early definition was that of Burgess (1926) who described the family as a 'unity of interacting personalities'. Waller and Hill (1951: 25) revised this to state that:

'Any family group tends to be more or less a closed system of social interaction ... In order to explain events within the family of interaction, we must often have recourse to events outside the system, but we may also very frequently explain family events by means of other family events'.

Aldous (1978: Chapter 2) views families as social systems, and suggests that their systemic characteristics are:

- a) the interdependence of two or more positions;

- b) selective boundary maintenance;
- c) modification of structure over time; and
- d) task performance.

'Interdependence' connotes both co-operation and conflict. This is relevant to the research literature on parenthood as crisis/transition. Briefly (this is covered in more detail in section 2.3.2 and Appendix A) the earlier studies, which tended to show crisis, used a conceptual framework (the symbolic interaction one) which emphasises homeostasis, against a more pervasive general background assumption that conflict is 'wrong', and indicative of some sort of personal or social 'pathology' (borrowing this metaphorical usage from the biological health area). However, Aldous (1978: Chapter 2) has shown by conceptual analysis that conflict is intrinsic to a basic feature of family systems - interdependence - and more recent researchers (see LaRossa, 1977) have shown by empirical means that conflict is intrinsic and need not be considered 'pathological'.

Aldous (1978: Chapter 2) has further suggested that co-operation and conflict vary according to family career category. Since the transition to parenthood has been widely identified in various sets of family career categories as a major change from one family career category to another, conflict is further underlined as likely to be intrinsic and normal, rather than interpreted as a 'crisis' with 'pathological' connotations. This idea is, however, largely absent from the substantive literature (especially the earlier studies) on new/first parenthood.

The idea of family systems having 'boundaries' encompasses such characteristics as:

- a) shared domestic housing;
- b) family terminology which has special or even 'coded' meanings for family members;
- c) shared norms;
- d) more or less shared constructions of the social world;
- e) more or less shared symbols and rituals; and so forth.

Family boundaries may be understood as varying from closed to open. Thus, Waller and Hill (1951: 25) suggest that family boundaries are 'more or less ... closed'. Rodgers (1973: 41-43) chooses to treat them as 'semi-closed'. Aldous (1978: Chapter 2) seems to suggest that for long-run stability and satisfaction for members the boundaries of family systems should be open or 'semi-open'. Recent demographic applications of this concept have tended to show its problematic nature (see Cameron, 1984, in relation to an ESCAP project). It may be noted that those writing more recently tend to conceptualise and/or describe family

boundaries as more open. This may reflect long-term changes in families and/or in family sociologists' perspectives.

Again, however, it is probably unhelpful to attempt choice of the 'correct' characterisation of the family system's boundaries. A variety of states of the boundary may be envisaged, and indications thereof identified empirically. This variety is of more theoretical use to the researcher as s/he is alerted to the range of possibilities, each perhaps having its likely or characteristic consequences. The basic feature of this approach is that concepts and theories are for the researcher's purposes and uses, not law-like propositions. This underlines the character of the material to be presented in Chapters 3, 4 and 6-8.

The notion of a dynamic process of 'system modification', with which the present research is inter alia concerned, is a central feature of the present researcher's conceptualisation of the family as a system. Aldous (1978: Chapter 2) suggests that change can be either 'adaptation' (essentially reactive) or 'initiative', and that family systems are more likely to change than other human systems for both intrinsic reasons (maturation, reproduction, aging) and extrinsic ones (transactions with other systems).

Extensive attention is given to the topic of developmental tasks and task performance later. It may simply be noted here that these are especially relevant to the changes which we associate with the transitions of families from one family career category to another (e.g the transition to parenthood).

2.2.2.2.2 Family Career Categories

Beginning with a discussion of the definition of 'family', related concepts and constructs have been presented, leading to consideration of the more arbitrary heuristic device of family career categories. Various writers have chosen to identify from two (Duvall, 1967) to twentyfour (Rodgers, 1962) categories.

'The family career categories most frequently used in writings reflect statistically typical families moving through statistically typical careers (Duvall, 1971; Glick, 1947, 1955, 1957; Glick and Parke, 1965; Lansing and Kish, 1957)' (Rodgers, 1973: 78).

This focus on statistical typicality suggests an emphasis on concepts as abstractions reflecting data rather than concepts as tools for guiding or shaping the ordering of data into meaningful patterns. Such an emphasis may obscure the active role of the researcher [6] in 'making sense' of data, the meaning of which is not self-evident.

Duvall (1977: 142-5) reviews several sets of family career categories, but continues to use her own eight-stage pattern. The twentyfour-stage pattern of Rodgers (1962) is in fact an elaboration of this eight-stage pattern, with 'youngest child' added to the positions of 'wife-mother', 'husband-father' and 'oldest child' in defining stages. The widely-used eight-stage pattern (Duvall, 1977: 144) is shown in Table 2.1 below.

Table 2.1 One Possible Scheme of Family Career Categories

Category	Description
Married couples	Without children
Childbearing families	Oldest from birth to 2.5 yrs
Families with preschoolers	Oldest child 2.5 - 6.0 years
Families with schoolchildren	Oldest child 6.0 - 13.0 yrs
Families with teenagers	Oldest child 13.0 - 20.0 yrs
Families launching young adults	First child gone - last gone
Middle-aged parents only	Empty nest to retirement
Aging couple	Retirement to death of both

Source: Duvall (1977)

Any attempt to find one universal set of family career categories for general use (Duvall, 1977: 143) does of course contradict the point (Rodgers, 1973: 77) that family career categories are essentially arbitrary heuristic devices to be constructed according to each researcher's requirements. One such set constructed to meet all requirements is unlikely to be devised; if it were, it is unlikely to be as useful as a variety of sets to be used as appropriate.

There are a number of concepts such as 'norm', 'position' and 'role', basic elements of the developmental conceptual framework (although used much more widely in sociology), which can be given a useful 'processual time' (Rodgers, 1973: 77) dimension when associated with the family career categories. This interdefinition and interrelation of concepts makes them more useful to the researcher, especially in handling developmental change in families.

2.2.2.2.3 Norms, Roles And Positions

Bates (1956) has defined the concepts of norm, role and position. Norms are used here [7] to refer to patterned or

[6] Cf. Merton (1948) on the four active roles of empirical research in relation to theory: initiation, reformulation, deflection and clarification.

commonly held expectations of behaviour shared by the members of a group (see section 2.2.2.8 for further discussion). A role consists of a more or less integrated or related subset of social norms which is distinguishable from other subsets (roles). Several associated roles together form a position (see section 2.2.2.2.6 for further discussion). A position is a location in a social structure which is associated with a set of roles or social norms (see sections 2.2.2.2.7 and 2.2.2.2.10 for further discussion). Thus behaviour is the key element of 'role', while an awareness of encompassing several roles is the key element of 'position', and their social genesis is the key element of norms.

It should be noted that these definitions have been explicated (Dumont and Wilson, 1967) rather than defined by operationalisation (Burr, 1973: 6-8). This is because the objective is to maximise conceptual clarity (Aldous, 1978: Chapter 1) rather than ease of measurement (Burr, 1973: 8). This choice has implications for the research and thus is discussed further in the following section.

2.2.2.2.4 Explication And Operationalisation

Having briefly reviewed some initial concepts (definitions, labels), a short digression on concepts, conceptual frameworks, conceptual explication and operationalisation is desirable now. Following Aldous (1978: Chapter 1), criteria can be established for the evaluation of these concepts etc. The model [8] of developmental change in families presented later (Chapter 3) is intended to be consistent with four objectives:

[7] The term 'norm' is (like other sociological terms) used with more than one sense by various writers. The 'cultural' sense is used here, rather than the 'statistical' sense in which the 'norm' is the most frequent, average or majority behaviour. See also sections 2.2.2.2.6 and 2.2.2.2.8.

[8] The term 'model' is used here in the sense of 'a framework for the ordering of data' with the objective of making sense of a portion of the social world. It is not a model in the more mathematical/statistical sense. The terms are used here more or less as synonyms. It might be useful in the future to use the term 'conceptual framework' when the objective is to design and/or conduct research, and the term 'model' when the objective is to order the presentation and analysis of data. In the present work the two terms are used more or less interchangeably. The suggested future usage would have the advantage of emphasising the importance of the researcher's purposes in conceptualisation and data analysis.

- a) conceptual clarity;
- b) focus on meaning;
- c) ease of operationalisation; and
- d) ease of actual measurement.

Should objectives (a) or (b) come into conflict with objectives (c) or (d), the former will be accorded the greater priority. The problems this emphasis on conceptual clarity and meaning raises, and the difficulties of achieving same, will be evident in the later data chapters (see Chapters 6 to 9 especially Chapter 9).

The advantages of according priority to objectives (a) and (b) are suggested by both Aldous (1978: Chapter 1) and Burr (1973: 7):

'This approach [explication] creates a complex set of problems in trying to operationalise certain concepts, but it has the advantage of maximising the "meaning" a concept has. Because meaning is very valuable in theorising, this rational method is the technique that is preferred ... The other [operationalisation] method of defining concepts ... [by] having the meaning ... be determined by the technique that is used to measure it has a number of advantages; for example, terms that have operational definitions can be used easily in empirical research, and there is usually high consensus about what the terms denote. Unfortunately [the major disadvantage] ... is that operationally defined terms have very limited "meaning" to the scientists that use them (Kerlinger, 1964: 33-38). This is a most serious limitation ...'.

The latter two of the criteria for scientific concepts suggested by Aldous (1978: Chapter 1), namely scope and systemic coherence, and the goal of conceptual clarity (especially as described by Burr 1973: 7), have been kept in mind as important objectives in the building of the model of developmental change in families presented in Chapter 3.

2.2.2.2.5 Family : An Elaboration

We now return to the definition of key concepts in the developmental conceptual framework. The three concepts of 'role', 'position' and 'norm' presented by Bates (1956) can be used to elaborate the definition of a family, as was done in a series of seminars held in the late 1950s and early 1960s (Hill and Rodgers, 1964: 178-80). 'The family' [9] is thus defined as a system of positions, these positions being composed of reciprocal roles, and these roles being defined by norms which are shared by the whole society (at a more general level) and by the family members (at a more concrete

level). The number of positions in a family is somewhat variable but also limited, and each position comprises a definite set of roles at any given family career category, although these sets vary according to the category (and indeed participate in the definition of categories).

2.2.2.2.6 Role: An Elaboration

The apparent mutual lack of interest in communication between most theorists, with their conceptual explications, and most empiricists, with their operationalisations, is illustrated in the critique by Gross Mason and McEachern (1958) of three concepts - position, role and norm - widely used in social research. They pointed out a variety of conflicting definitions actually used in reporting research results. For example, they found three definitions of 'role' (cf. Bott, 1971: 32):

- a) normative culture patterns;
- b) actor's orientation to a social situation; and
- c) actor's behaviour in a social situation.

The first refers to generally or 'officially' expected behaviour in specified situations, the dynamic aspect of (non-hierarchical) status as a collection of rights and duties. The second is a mode of orientation, the actor's expectations regarding a particular context of social action, the sum of the actor's orientation role (actor's expectations) and object role (others' expectations). The third usage refers to behaviour, actual role performance (influenced inter alia by general and actor-specific expectations) emphasising perhaps functional implications for the group (social situation, context of social action) or reciprocity (self-other interaction, stimulus-response).

For the purposes of the research reported in later chapters, the particular usage of 'role' needs to be specified. Multiple usages are possible. Thus, the content of antenatal

[9] Given the diversity of kinds of families and/or households even in relatively homogenous societies such as New Zealand (Swain, 1978c), the plural term 'families' is more appropriate in most discussion of empirical aspects of family life, as a reminder of this diversity and of the risks inherent in thinking in terms of one kind of family and/or household (see Sussman and Burchinal, 1962). However most of the literature on the concept of 'family' or 'families' uses the singular term, which may be appropriate as while families are undoubtedly plural and diverse, the concept may be thought of as singular and uniform. This is of course debateable, as indicated by the earlier discussion of the use of concepts and theories according to the researcher's purposes.

classes for people expecting their first child who have not previously incorporated parental roles into their positions in the family might include the first usage described above. The data collected prior to the first birth from the expectant parents about anticipations of their new roles might be the second usage. Postnatal data about parental roles might be the third usage.

2.2.2.2.7 Position: An Elaboration

Gross Mason and McEachern (1958) also deal with the concept 'position'. They define a position as the location of an actor (or class of actors) in a system of social relationships, for which 'social location' or 'status' (in the non-hierarchical sense) are synonyms. Positions, then, may be defined by their associated patterns of social relationships, but these patterns are not identical to the positions. The specification of a position may be:

- a) relational, in terms of the focal position (upon which the research is focused) and counter-position; or
- b) situational, in terms of the scope and of the social system of which the position is a part.

These positions are thus identified as 'focal' or 'counter' in the researcher's terms. Any given position may from the actor's point of view have either emphasis at any particular time. All positions may be considered in terms of expectations and behaviours (like the roles of which they are made up), which may be examined separately. In actual social use positions acquire common 'labels' or identities of almost autonomous significance. These usually facilitate cognitive discrimination by actors, although such common social usages may lead to problems, for example where changes (such as the birth of the first child and the associated changes in role prescriptions and suchlike) occur.

2.2.2.2.8 Norm: An Elaboration

The concept of 'norm' may be subjected to similar scrutiny. Gross Mason and McEachern (1958) point out that some writers (e.g. Davis, 1949) differentiate 'norms' and 'roles' while others (e.g. Cottrell, 1942; Sarbin, 1954) do not. Cognate terms such as 'expectations', 'anticipations' and 'predictions' are also used with a variety of meanings, some contradictory and some over-lapping.

Gross Mason and McEachern (1958) define norms as expectations, evaluative standards applied to position incumbents. Norms may be prescriptive or proscriptive, and they may be optional, preferable or mandatory (i.e. their salience, and probably their associated sanctions, may vary).

They distinguish norms from 'rights' which are the expectations applied by the occupier of a focal position to a counter position. The expectations applied by the occupier of the position counter to the focal position are termed 'obligations' from the point of view of that focal position. 'Anticipations' and 'predictions' are operationalised and verifiable statements of probability of occurrence or co-variation in the future or in unstudied data about the present or past. Where appropriate, and unless otherwise qualified, the above definitions are used in this research.

These brief remarks on definitions of 'norms' foreshadow a further discussion later (see section 8.1) of the difficulties of operational definition of norms. In brief, the concept of 'norm' is widely agreed to be important, but it is little used in empirical research itself - perhaps because of these problems of operational definition - although more widely used in more general discussions.

2.2.2.2.9 Role Behaviour And Sanctions

We may now add to our glossary some additional terms of possible use in this research. 'Role behaviour' is a concept by which researchers acknowledge that actual behaviour is not always consistent with norms. 'Sanctions' is the term attached to role behaviour the primary significance of which is gratification or deprivation, and which may be 'internal', applied to the actor by the actor, or 'external', applied by others (Gross Mason and McEachern, 1958).

2.2.2.2.10 Positional And Family Careers

Farber (1956; 1961) in the course of research on the families of severely intellectually handicapped children explicated some useful concepts. The term 'career' was introduced within the idea of families as sets of mutually contingent careers (careers which influence one another). Thus we have the 'positional career' (the total sequence or life of a position incumbent within a family) and 'family career' (the total sequence or life of a family from its initial formation, typically [10] as a newly-married couple, to its dissolution, typically with the death of a spouse after any children have left home). The latter term (family career, divided into categories) has already been introduced as a more sensible concept than that of life cycle stages. This is because the only 'cyclical' elements are likely to be the single cycle back to a couple, and probably the repeating of the biosocial reproductive process and its correlates, and because the term 'stages' implies a more clearcut, explicit and 'real' situation than actually obtains.

[10] There is greater variety of course in the grounds upon which a family career may be regarded as completed/terminated than there are for it being regarded as initiated.

2.2.2.2.11 Role Sequence, Cluster And Complex

Another example of clear, unambiguous conceptual explication in the course of empirical research is provided by Deutscher (1959) who studied post-parental families. Demographers (e.g. Glick, 1957) had previously identified the post-parental family career category. In urban industrial societies the proportion of households in this category was increasing, and its characteristics were receiving increasing empirical attention. Deutscher (1959) used the term 'role sequence' to describe the sequence or series of roles that the occupiers of positions are expected to enact and do enact through time as they move through their positional careers (e.g. friend, boyfriend, fiance, husband, widower).

'Role cluster' defines the cross-sectional set of roles enacted by a position incumbent at any particular point in time, typically a family career category, in terms of social process rather than chronological time (e.g. husband plus father plus father-in-law plus grandfather). 'Role complex' describes two or more sets of role clusters played concurrently by the incumbents of two or more positions in a family. These concepts could be useful in the understanding of the transition to parenthood.

2.2.2.2.12 Boundaries And Transactions

Rodgers (1973) describes the developmental conceptual framework as emphasising three facets of families:

- a) the 'societal-institutional';
- b) the 'group-interactional'; and
- c) the 'individual-psychological'.

Selective boundary maintenance may be identified as part of the systemic characteristics of families (Aldous, 1978). The societal-institutional facet of family dynamics draws attention to 'transactions', linkages or exchanges or connections across the more or less (see section 2.2.2.2.1) permeable boundary of the family to other social systems.

'From the conceptualisation that families are semiclosed systems is derived the view that occupants of familial positions have roles which they are expected to play in other societal systems in response to societal and to familial norms. Although the basic normative content of these extrafamilial roles may be defined by the nature of the other system there is, nevertheless, normative support from the family system. These roles have an impact upon the family by virtue of the fact that occupants of household positions play them. Therefore, they must be taken into account within the family system. Bates (1960) has analysed this aspect of social structure and has shown that these

types of roles in effect provide the bridges between the various systems of the society and result in the very interrelatedness which constitutes a community and society. He has called roles played by the same actor, but which are parts of different systems of action, conjunctive roles' (Rodgers, 1973: 161).

The concept of 'role incompatibility' will be introduced later when the model of developmental change in families is described (Chapter 3). This refers to incompatibilities between role requirements where the same actor occupies both roles. These conjunctive roles (Bates, 1960) which are the basis of social connectedness are also a potential source of this role incompatibility. This underlines the importance of the concept of 'interdependence' (see Aldous, 1978: Chapter 2 quoted in section 2.2.2.2.1 above) and hence the intrinsic quality of both co-operation and conflict in families - including those in the process of transition to parenthood.

2.2.2.2.13 Developmental And Ongoing Tasks

It was mentioned earlier, in a brief account of the various strands which came together to form the developmental conceptual framework, that the concept of 'developmental task' was an important one. Hill (1951) marks the point at which the concept of functional prerequisites (Aberle *et alia*, 1950) - originally devised as part of the structural-functional conceptual framework - were incorporated into the developmental framework as part of the concept of developmental tasks. A good deal of the elaboration of the developmental task concept was undertaken by Duvall (1962: 45; 1971: 139 and 148-151; 1977: 167-180):

'[A developmental task is a] growth responsibility that arises at a certain stage in the life of a family [or individual: Duvall, 1977: 167-77], successful achievement of which leads to satisfaction and success with later tasks, while failure leads to unhappiness in the family, disapproval by society, and difficulty with later family developmental tasks' (Duvall, 1962: 45)

This earlier formulation by Duvall (1962: 45) was restated by Hill and Rodgers (1964: 182) in terms of the concepts described above thus:

'[A] development task is a set of norms (role expectations) arising at a particular point in the career of a position in a social system which, if incorporated by the occupant of the position as a role or part of a role cluster, brings about integration and temporary equilibrium in the system with regard to a role complex or set of role complexes; failure to incorporate the norms leads to lack of integration, application of additional

normative pressures in the form of sanctions, and difficulty in incorporating later norms into the role cluster of the position'.

Rodgers (1965: 460) regards the development task processes as:

'those role changes which occur as a result of the group's grappling with some functional prerequisite [Aberle et alia, 1950] for group existence, rather than ... developmental changes in age, sex or plurality patterns'

and this raises the issue of dimensions of family change beyond or other than those of a predominantly biosocial nature such as maturation, aging and reproduction (see Chapters 7 and 8), an issue to which further attention is paid below.

Magrabi and Marshall (1965) raise the issue of the empirical utility and validity of this developmental task concept in the extant literature, and develop a 'game tree' approach to the basic issue of developmental sequences, which leads them to some hypotheses. The developmental model of family change described in Chapter 3 draws on some of these ideas.

Aldous (1978: Chapter 5) examines the developmental task concept and points out that in addition to developmental tasks associated with transitions from one family career category to a later one there are also ongoing tasks the performance of which constitute part of the characteristics of family systems. These include:

- a) physical maintenance;
- b) motivation maintenance;
- c) social control;
- d) boundary maintenance; and
- e) the management of interdependence.

Tasks especially relevant to transitions of which the transition to parenthood is an example include socialisation, addition of immature members and release of (some) mature members.

2.2.3 Three Different Dimensions Of Change

Some conceptual frameworks within and without family sociology tend to emphasise homeostasis and smooth functioning. These include the structural-functional (Pitts, 1964; McIntyre, 1966; Bell and Vogel, 1968; Winch, 1971) and perhaps also the symbolic interactional (Stryker, 1964; Schvaneveldt, 1966) [11]. There is however perhaps a greater realisation of the necessity of incorporating change into

conceptual frameworks and explanations in family sociology than in some other substantive areas of sociology (Duvall, 1977: 47-68; Skolnick, 1973: 69-108; Nye and Berardo, 1973: 624-633; Rodgers, 1973).

Sexual reproduction and biosocial maturation provide two inescapable sources of change in family systems. Other - perhaps more subtle - processes may also initiate change in family and indeed other social systems. Three types of change are identified in this section:

- a) developmental;
- b) transactional; and
- c) institutional.

The developmental kind of change will be dealt with in the chapters used to present the model (Chapter 3), its use in the organisation of the data (Chapters 6-8), and the data in relation to the empirical literature (Chapter 10). The others will largely be excluded from this study under the ceteris paribus rubric, and thus are briefly outlined below (sections 2.2.3.2 and 2.2.3.3).

2.2.3.1 Developmental Change In Family Systems

Developmental change is the type of change with which this research primarily deals. Some of the components of the developmental conceptual framework introduced above (sections 2.2.2.2.5 to 2.2.2.2.13) are useful in the handling of change. These include:

- a) family career categories;
- b) positional careers;
- c) role sequence; and
- d) developmental tasks.

In the model or conceptual framework of developmental change in families introduced later (Chapter 3) a number of sources of change in family systems are identified, and likely social processes whereby these sources of change are worked through the family system are outlined. These developmental changes are normative in both the statistical and cultural senses, and are the basis of the family career. Much of the work [12] of family members over time is concerned with handling

[11] The symbolic interaction framework, which underlies the first of the 'parenthood as crisis' studies (LeMasters, 1957), does carry the strong implication that there will be perturbation with the addition of a new role (i.e. the baby), leading to disequilibrium (i.e. crisis).

these changes. A later chapter (Chapter 3) deals with developmental changes in greater detail.

2.2.3.2 Transactional Change To Family Systems

The three types of changes identified above (see section 2.2.3) were specified for the purpose of setting limits to the range of changes handled in the model of developmental change to family systems presented in Chapter 3. The developmental changes to families and the changes arising from interaction, are obviously located within the family system or arena. Institutional changes occur at the macroscopic level, but their consequences in terms of family change reach families through the transactions across the family system's boundary between family members qua family members and those engaged in other roles in other social systems. A transactional perspective may thus be used to identify potential sources of change which are excluded from this research under the rubric of ceteris paribus.

The semi-closed nature of families and the concept of boundaries and transactions across them have already been introduced (see section 2.2.2.2.12). Bates (1960: 64) has introduced the term 'conjunctive roles' for those roles which provide bridges between the various systems of a society, as for example the provider-worker role. Within the family system the behaviour in which typical breadwinners engage during 7-8 hours of five days of the week is the provider role, providing part of the material basis for the family system. Within the economic system that same behaviour is usually that of employees (workers, entrepreneurs). These breadwinner-employee (etc.) roles are conjunctive ones. The transactional perspective provides a focus on the question of what influence (sources of change) such conjunctive roles have within the family system.

Do the requirements of the external (to the family system) employee (etc.) role and hence of the conjunctive breadwinner role affect the internal working of this semi-closed system, the family? Rodgers (1973: 162- 182) reviews the family system's transactions with several other systems, identifying the conjunctive roles involved. Thus there are transactions with the economic system (breadwinner-employee, caretaker-consumer), with the governmental-political system (beneficiary-taxpayer, socialising agent-voter), with the educational system (schoolchild-student, parent-helper), with the religious system (churchgoer-parishioner) and even with the extended family system (the conjunctive roles here pair various kinship positions such as grandfather-granddaughter, aunt-nephew and so on when 'the family' household is the nuclear kind).

[12] This is work in the sense of 'tasks' or even 'coping' behaviour - the ongoing input of family members to the family's processes.

One substantive topic which provides an example of transactions between the family system and elements of another system, the economic, and also illustrates the reciprocal influences possible with conjunctive roles, is the paid employment of married women [13]. Both the proportion of married women who are in paid employment and the proportion of the female workforce who are married have increased markedly in New Zealand in recent years (Department of Statistics, 1977: 158). There is some overseas research evidence (Heer, 1958; Middleton and Putney, 1960; see also Rodgers, 1973: 165-6) that the wife's paid employment increases her influence or power within the marriage, or perhaps changes the distribution of authority and decision-making (Blood, 1963: 294).

In creating a developmental model of change in family systems exemplified by those changes occurring around the birth of the first child, concern is not primarily with these transactional aspects of change. However as this developmental change may have transactional consequences (e.g. the wife-mother gives up the conjunctive role of provider-worker at this point) there are clearly connections.

2.2.3.3 Institutional Changes To Family Systems

One of the conceptual frameworks initially identified by Hill and Hansen (1960) was the institutional, although soon afterwards it was argued (Sirjamaki, 1964; Bardis, 1964) that this one should be incorporated into the structural-functional approach. It has however been used more recently (Kirkpatrick 1970) as the basis of a text.

Rodgers (1973: 9-10) describes the institutional approach as that which deals with the family as:

'a cultural pattern, or one of the major structures of ... society, and analyses the family in terms of its relationships with other major structures such as religion, education, government and the economy. The primary concern ... is the way the family pattern is related to these other configurations and, thus, to the place which it takes in the overall structure of ... society. There is frequently a heavy emphasis on the functions which the family carries out for ... society and on the way the family avails itself of the functions performed by the other institutional structures ... [G]eneralizations made are so broad that they fail to deal with alternative

[13] This has some relevance also to the transition to parenthood, which may involve the loss of a conjunctive role by the new mother if she leaves the paid workforce. There is some empirical basis for this view (see LeMasters, 1957, for example).

institutional patterns ... [and in] addition, little attention is paid to changes which may occur over short periods of time, in favor of the analysis of changes which occur in broader historical periods'.

Thus there may be these broader social changes which, at this macroscopic level of description and analysis, profoundly affect the family as an institution. Urbanisation and industrialisation are two linked macrosocial changes which have been seen (Goode, 1963) as transforming all other family patterns into the neolocal nuclear family. This is the form which Goode regards as the best 'fit' with what are seen as the functional requirements of an urban industrial pattern of social organisation. More recent historical-sociological research (Laslett, 1965; Greven, 1970; Demos, 1970) has called this asserted transformation into question in respect of the earlier pattern (while not necessarily demonstrating agreement on what is now asserted to have been the pattern). Other research (Sussman, 1959; Sussman and Burchinal, 1962; Nye and Berardo, 1973: 407-414) suggests that the presumed current isolation of the nuclear family is questionable. It is of course quite possible to use an institutional approach in describing major social changes involving or affecting families (e.g. Swain, 1983) in a particular society without subscribing to the limitations of this approach overall.

This debate illustrates the value and the limitations of an institutional approach to family sociology. However the sorts of changes experienced by family systems as a result of broad and long-term social changes of the sort studied within the institutional approach are not dealt with in the research described later. It must be pointed out that the empirical literature reviewed below (and described in greater detail in Appendix A) covers over a quarter of a century. It is thus possible that one of several possible sources of differences between earlier and later studies is just this sort of institutional change. This point well illustrates the utility of a pluralistic approach to conceptual frameworks.

A more recent usage of the 'institutional' perspective is to be found in research and writing in the area of alternative and/or innovative family lifestyles (reviewed in Swain, 1978c: 90-92). The basic perspective remains the broad sweep of time and space, but the initiative for change is located in more deliberate microsocial changes (compared with the consequences of such large-scale impersonal trends as urbanisation and industrialisation). Thus there are critiques of marriage as a wretched institution (Cadwallader, 1966) which attribute current dissatisfactions with marriage not to individual failings but to an obsolescence of the institution (see Swain, 1978c: 90) as a consequence of major social changes. Several writers (Roy and Roy, 1970; O'Neill and O'Neill, 1972) have suggested institutional changes, which are:

'not for individuals to implement by themselves within our existing social structure and culture - which would be difficult - but rather goals for collective change to expectations, values and social arrangements' (Swain 1978c: 91).

This more recent usage of the institutional approach to changes in families is not explicitly included in the treatment of change in family systems with which this research is concerned. The element of deliberate institutional change is indirectly present, however, in the concept of morphogenesis (Aldous, 1978). This concept is included in the model of developmental change in families presented later in the present work (Chapter 3).

We have thus clarified three types of change, and largely excluded (on ceteris paribus grounds) two types (transactional and institutional) from the model of developmental change in family systems presented later (Chapter 3).

2.3 The Substantive Literature

2.3.1 Introduction

The first two sections following are summaries of the substantive literature on parenthood as crisis or transition (section 2.3.2) and on social and cultural aspects of pregnancy and childbirth (section 2.3.3). This material is reviewed in greater detail in Appendix A. The two major reviews of the parenthood literature (Rossi, 1968; Jacoby, 1969) are then discussed at some length (section 2.3.4) and related to the present research.

There follows a review of the New Zealand literature, which describes the general universe (Sjoberg and Nett, 1968) to which the present research may most confidently be generalised: families in New Zealand. The general (background) family literature is reviewed (section 2.3.5.1) and the more specific pregnancy and parenthood literature is described and evaluated (section 2.3.5.2).

2.3.2 Parenthood As Crisis Or Transition

Table 2.2 (following pages) compares the salient results of the various empirical studies of new/first parents. These studies have generally been oriented to parenthood as either a 'crisis' or a 'transition'. While it is not entirely clear, a pattern may be discerned. The earlier studies tend:

- a) to contain greater methodological problems;
- b) to be more focused on the issue of the degree of crisis and its predictors;

- c) to be less explicitly and systematically conceptualised and/or theoretically oriented; and
- d) to report a relatively high degree of crisis at first parenthood.

The later studies tend:

- a) to be improved (though less than perfect) in methodology;
- b) to be more focused on the social processes involved in the transition to parenthood;
- c) to be somewhat more explicitly and systematically conceptualised and/or theoretical in design and discussion; and
- d) mostly to describe first parenthood as a transition characterised by both pleasures and problems, by tasks to be accomplished but also by resources which facilitate their achievement, rather than as a crisis.

[Table 2.2 appears on the following two pages].

Table 2.2 Empirical Studies of the Transition to Parenthood

Date	Author	Findings	Notes
1953	Mudd	Children can 'wreck' marriage	Anecdotal
1957	LeMasters	First parenthood is crisis for 83%	Interact'n framework; method'g'l problems
1958	Mace	First parenthood can be crisis	Casebook basis
1961	Feldman	First parenthood is crisis	Unpublished
1963	Dyer	First parenthood is crisis for 53%	Replication of LeMasters (1957)
1965	Hobbs	Only 'slight' problems for 87%	Random sample: checklist
1966	Goshen-Gottstein	Greater difficulty for trad'nal women; culture and attitudes relevant	Israeli sample
1966	Meyerowitz and Feldman	Communication failures and experiential dis-synchronization	Questions crisis definition
1966	Wainwright	First fatherhood precipitant of mental illness	Psychiatric casebook basis
1968	Beauchamp	Moderate or no crisis for 75%	College couples; unpublished
1968	Hobbs	Fathers 'slight', mothers 'moderate' crisis (and 19% 'extensive'/'severe')	Replication of Hobbs (1965)
1970	Uhlenberg	'Some' critical problems (98% husbands, 93% wives)	College couples; unpublished
1970	Rollins and Feldman	Marital satisfaction declines through family career; goes still lower later	Rollins and Cannon (1974) re-evaluate

Date	Author	Findings	Notes
1971	Feldman	LeMasters (1957) findings said to be substantiated	Data unclear; may contradict Meyerowitz and Feldman (1966) (same data)?
1973	Geismar	Disadvantaged young urban families functioning 'fairly well'	Working universe unusual?
1974	Russell	'Slight'/'moderate' crisis; also joys	Random sample
1974	Rollins and Cannon	Re-evaluation of Rollins and Feldman (1970): 8% variance in marital satisfaction due to life cycle stage	Role strain theory used
1974	Tooke	Significantly more difficulty than Hobbs (1965; 1968)	Economically disadvantaged; unpublished
1974	Bogdanoff	Very similar to Hobbs (1965; 1968)	Unpublished
1976	Hobbs and Cole	'Slight' crisis 68%; flatter distribution	Replication of Hobbs (1965)
1976	Wente and Crockenberg	Transition to f'hood involves minimal to moderate difficulty	Studied Lamaze class members
1976	Titus	Greater role learning 1st child, feedback and ritual important	Used family photographs
1976	Gilman and Knox	'Outings' coping mechanisms help marital adjustment at transition	Debateable data-dredging?
1977	Hobbs and Wimbish	Black couples somewhat greater and different crisis, still not great	Replication of Hobbs (1965)
1977	LaRossa	Marriage at transition is conflict + confrontation, not fighting	Conflict theory assumptions; qualitative
1978	Kirkpatrick	Reported problems about equivalent to Hobbs (1965; 1968)	Path analysis of structural model incl. attitudes

As Strauss (1977, emphasis added) has pointed out:

'[T]he heart of sociological analysis is the interpretation of social processes, purposive acts, and the structure of relationships which emerges from these interactions ... A holistic, processual approach to the study of the family ... is probably the approach preferred by most sociologists ... [b]ut few .. [studies reflect] these theoretical and methodological preferences [because] ... holistic research is extremely difficult to carry out [and] ... although a rich [qualitative] description of ongoing emergent social processes is essential, it is not sufficient. The classic field studies are all characterized by this living description. They are also characterized by being the basis for developing, testing or refining a theory.'

Over the years the empirical studies of parenthood as crisis/transition have not shown researchers predisposed to use of the sorts of qualitative methods and analysis espoused by Strauss (*ibid.*). There has emerged, however, a greater concern with the goal of explaining processes, and less exclusive focus on predicting outcomes while the connections between the initial theoretical orientations and the resultant explanations of research reports have begun to receive attention.

The literature on parenthood as crisis/transition is contradictory, although the reported levels of crisis tend to be lower in more recent studies. The research has a variety of methodological flaws which make caution in the interpretation of results necessary. Most studies are largely atheoretical, but such theoretical notions as are present (some are mentioned) may be influencing both the data collected and their interpretation.

Thus while this parenthood literature does have merits such as a degree of replication, and some useful critiques, it remains inconclusive. Attention to both theoretical and methodological aspects of the research is needed.

2.3.3 Pregnancy And Childbirth

This literature is discussed in greater detail in Appendix A. In summary, however, it is clear that until recently social research into pregnancy and parturition has been conducted almost entirely by health professionals, psychiatrists and psychologists, and some anthropologists. The reasons for this neglect of the sociology of reproduction may be located in broader social patterns in the wider society (see Stewart and Erickson, 1977, for one explanation).

The neglect means, however, that while there is a large empirical literature on the topic, it has several limitations:

- a) there are methodological inadequacies;
- b) it is in many instances inappropriately focused;
- c) it lacks critical attention to theoretical and conceptual issues; and
- d) (perhaps not surprisingly) it is replete with contradictory findings.

A conceptual framework incorporating role concepts could usefully be applied to pregnancy and parturition, by facilitating the comparison of pregnancy roles and role sequences with other roles and role sequences in a mutually illuminating manner. Also, the importance and relevance for the transition to parenthood of pregnancy, labour and delivery experiences, and their social construction, may be clarified.

However it is equally clear that the lack of a comprehensive and explicated conceptual framework (including but not limited to these role ideas), and the deficiencies of the available data, are quite serious limitations in this topic area.

2.3.4 Reviews Of The Parenthood Literature

To some extent of course the more recent empirical research reports in the parenthood as crisis/transition literature have reviewed earlier studies, and there has sometimes been some attempt at a critique of the methodology and/or theory (or lack thereof) of previous work. However it is by no means clear that later researchers have even been aware of all of the cognate earlier material, let alone subjected it to critical scrutiny. Rossi (1968) and Jacoby (1969) reviewed the transition research to date in successive years, but there was then a gap until the compendious and more extensive descriptive review of the literature on parenthood by Rapoport, Rapoport and Strelitz (1977).

Rossi (1968) draws within one review article a variety of valid, interesting but only loosely-integrated matters. She notes that the bulk of the literature on parents and children has been child-focused, and suggests that the recently-emerging focus on the effects of children on the parents generates new questions, examples of which are given. However she then goes on to criticise one adult-focused research theme, that of 'normal crises of parenthood', plausibly arguing that there is an inherent contradiction in describing a crisis as normal. She suggests that sociology has two separate and distinct sets of theories, for 'normal' systems (in equilibrium, homeostatic, consensual, functioning) and for 'deviant' situations (in disequilibrium, unstable, conflictual, malfunctioning). Further, she argues (Rossi, 1968: 29) that:

'Clinicians and therapists are aware, as perhaps many sociologists are not, that failure, hostility, and destructiveness are as much a part of the family system and the relationships among family members as success, love and solidarity are. A conceptual system which can deal with both successful and unsuccessful role transitions, or positive and negative impact of parenthood upon adult men and women, is thus more powerful than one built to handle success but not failure or vice versa'.

This is perhaps a touch ironic if true! Indeed, Laing and Esterson (1964) have gone so far as to argue that there is an almost 'normal' destructiveness about family life, including the idea that even schizophrenia may be socially constructed - typically within the family of the 'patient'. It is clear that the empirical material derived from clinical or casework populations (together with the pragmatic focus on students as subjects) undermines the normative value of much family sociology data. However, following Rossi (*ibid.*), it also seems that this extensive use of clinical and casework populations has not led to family sociologists in general recognising the 'failure, hostility, and destructiveness' (*ibid.*) which are normal dimensions of family life.

In general terms Rossi is arguing for the sorts of changes in research interest which are now beginning to emerge in the most recent parenthood literature. She goes on however (Rossi, 1968: 29-36) to point out two 'analytic devices' with which to pursue research on parent-child relationships, and processes which are adult-focused. The first is a 'specification of phases' of any role, analogous to family career categories, thus facilitating study of the unique developmental tasks of each phase. The four broad phases proposed are: anticipatory, honeymoon, plateau and disengagement.

We may infer that the first connotes both rehearsal for the role (*i.e.* anticipatory socialisation) and disengagement (role transition out) from redundant or contradictory previous roles. The second, honeymoon, role phase is usually marked at the beginning by situational discontinuity and probably a rite de passage. This phase shades into the third, plateau, one and the boundary is rather arbitrary. The inference from Rossi's (1968) examples is that the boundary is the point at which reality intrudes on anticipations, and affects become more mixed or negative. The plateau stage is the (usually protracted) period during which the role in question is fully exercised. The final disengagement-termination phase is something of a recycling of the first phases, with anticipation of the next role prompting disengagement, and with some situational discontinuity and perhaps a rite de passage marking the phase boundary.

The utility of these four 'role phases', as with the more extensive and long-term family career categories (see sections 2.2.2.2 and 2.2.2.10), lies in their use by the researcher. The uses are:

- a) to focus research;
- b) to specify limits to matters under consideration by excluding specified areas under the ceteris paribus rubric; and
- c) to order data and make sense of the social world as reported by respondents and informants.

These concepts have been used in some of the more recent literature, and they are used in Chapter 4 of the present work to organise an illustration of the successive accomplishment of developmental tasks (section 4.2).

Rossi then goes on (1968: 30) to describe what she sees as some unique features of parental roles which may explain empirical findings of crisis at the time of first parenthood. It should be noted that the underlying assumption here appears to be that the appropriate mode of explanation of the 'findings' is analysis of the empirical data, rather than (or in addition to) analysis of the theoretical orientation and conceptual framework of the researcher.

The first of these features is a suggested widespread social and cultural pressure on virtually all young adults, and especially women, to take on parental roles. Now parenthood in some basic sense must be the oldest human behaviour. It is likely that until very recently few people could engage in sexual intercourse without the (greater or lesser) likelihood of conception resulting. Subject to the availability of pregnancy termination, parenthood would be the result. With the recent availability of more effective contraception, pregnancy and birth (i.e. parenthood) has become technically avoidable for the sexually active. At the same time both social (see Peck, 1971) and cultural (see LeMasters, 1974) pressures to assume the parental role appear to be at a high level.

The implication is that while many adult roles in contemporary urban industrial societies may be increasingly optional, or at least form sets of alternatives, this is not the case with parental roles. The increasing, though still small, proportion of voluntarily childfree couples in societies like New Zealand (Swain, 1980: 70) and the emergence of organisations such as the National Organisation for Non-Parents Inc. in the United States of America (Peck, 1971) may suggest that since the 1960s such cultural pressure has eased, but other interpretations are possible.

The existence of such pressure might partially explain high crisis scores in the studies of new parents conducted (although not all reported) in the 1950s and early 1960s, while a reduction in such pressure in the late 1960s and

1970s might be part of the explanation of the reduced levels of crisis in studies conducted more recently [14]. Such a change (in cultural pressure for the near-universal adoption of parental roles) is an illustration of long-term institutional change (see section 2.2.3.3) and as such has some serious methodological implications for synthetic longitudinal research designs in family sociology (see Chapter 5).

Rossi also identifies a related feature of parental roles (op. cit. 30-31), the possibility of their assumption being involuntary in a proportion of cases, which may also contribute to the explanation of 'crisis' findings in some research. In contemporary urban, industrial societies many roles are optional, and hence their assumption can be voluntary. However, pregnancy and hence the assumption - at least for some married couples - of parental roles can be the consequence of sexual intercourse which was recreational rather than procreational in intent. The cultural assumption that adoption out (to others) is available only to single women, and the socio-legal difficulties of pregnancy termination, mean that once conception has occurred the parental role is largely inevitable for the great majority of married couples. There is little research on parental satisfaction, compared with marital or occupational satisfaction, and yet there is a somewhat greater degree of choice in the latter situations. It may be difficult to avoid marriage or gainful employment (where full employment is the pattern), but the particular spouse or job chosen is somewhat more open to choice.

The implication of these considerations is that an involuntarily adopted role may be resented, or deliberately (or 'unconsciously') performed ineptly, and hence a crisis is more likely on that role's assumption. The web of relationships and processes in this aspect of parental roles involves several different factors. Marriage and first parenthood do not now necessarily occur (if they ever did) in a set sequence of short duration. Ex-nuptial conception can precipitate parenthood, and contraception can defer or eliminate it. Post-marital female employment is increasingly widespread, and acceptable, especially where there are no young children (Swain, 1980). Tertiary education and vocational training take longer now, while sexual and social maturation occur earlier. While these sorts of considerations are likely to be culturally and temporally bounded (which may be a weakness of the developmental conceptual framework at present: see Rodgers, 1973: Chapter 10), they suggest the existence of processes for which evidence may be sought in the data.

[14] The intervening variable would be one to do with the greater proportion of 'reluctant' parents in the earlier samples. It is perhaps unlikely that structured interviews with large samples would be the most effective method of exploring this idea.

Thus, a variety of the above changes might be expected to lead to reduced inequalities in marital relationships, which makes more possible the establishment of 'conjugal defences' against the intrusion of children (Gavron, 1966), and might lead to such trends as an increasing interest in 'natural childbirth' (Walton, 1976: 15) and paternal involvement in parturition (Rossi, 1968: 31n).

The third feature of the parental role identified by Rossi (op. cit. 32-35) is that once assumed it is virtually irrevocable [15]; parents are for life. This again may be a culture-bounded view, as relatively unrestricted informal adoption is a feature of some non-western cultures (Stephens, 1963), but the present research is located in a society to which this view is probably applicable [16]. Rossi (op. cit.) implies that this irrevocability is another reason for the high levels of crisis reported in some studies of new parents.

She then goes on to a discussion of family size, birth order and sibling pattern influences on children. She points out that family sociologists have based their propositions in this area on the Durkheim-Simmel tradition of differential effects of group size/density on members (Rosen, 1961: 576). However this does not take into account a possibly important difference between family groups and some other groups, namely the control exercised by some of the adult family members over the group size, which is unlike many other groups. The basic point remains, that a focus on the parents is fruitful for alternative hypotheses.

Turning to preparation for parenthood Rossi (1968: 35-36) makes more familiar and readily connected points. There is/are in western, urban-industrial societies:

- a) a paucity of formal, explicit preparation;
- b) limited opportunities for learning during pregnancy or earlier;

[15] In late 1984 there was considerable media attention to the case of a New Zealand couple who were alleged to have abandoned their children to state care some years previously without the (barely) acceptable grounds of gross inability to care for them; comment was almost uniformly critical of these parents, illustrating and underlining the point made by Rossi (ibid.).

[16] Such 'informal' (but culturally defined) adoption has been a characteristic feature of Maori family life in New Zealand until relatively recently. It is still recognised among many Maori families, and is probably still practiced to some extent. It is better understood as an aspect of the web of kinship ties and transactions rather than as a relinquishing of the parental role.

- c) a remarkably abrupt transition (compared with some other role transitions); and
- d) a lack of usable evaluative guidelines to enable parents to benefit from feedback on their role performance.

Up to several million years of evolutionary selection may one day be shown to have provided the neonate with behaviours which trigger or facilitate maternal behaviour, and the mother with physiological or other traits of like effect (e.g. the suckling reflex of the neonate, and the physiologically structured pleasure of breastfeeding for the mother). In a sense these are preparations for parenthood.

It is also difficult to measure, and easy to overlook, the effects of informal socialisation from the earliest years, but it is plausible to regard this as preparation for parenthood too. It is the formal, deliberate preparation which is easy to measure, and which may in its variation thus dominate and mislead the discussion and analysis of 'preparation for parenthood'.

However the basic point made by Rossi (*ibid.*) is that in historical and cross-cultural comparisons contemporary western societies seem to have a paucity of preparation - especially informal - for preparation.

At a more abstract level Rossi (1968: 36-39) strongly criticises the Parsonian (Parsons and Bales, 1955) distinction between the expressive and the instrumental, especially as it has been used in the family literature (Zelditch, 1955). Family roles are often characterised as either instrumental (e.g. the husband-father-breadwinner), or expressive (e.g. the wife-mother-caretaker), when in fact these are analytic dimensions and any role will have both characteristics. The sexist implications of such a distinction do not escape scrutiny. A comparable case might also be made in respect of the dimensions of masculinity and femininity, where similar problems arise. People are not polar, high on one and low on the other. These also are most useful as analytic dimensions and it should be possible to be high (or low) on both dimensions as one possibility within a fourfold gender morphology. Some research in New Zealand (Landreth, 1963) supports this view of such distinctions.

This sort of rethinking of analytic tools has useful consequences. Rossi (1968: 39) points out that we can measure a parent on expressive and instrumental dimensions, and ceteris paribus relate scores on each, and the balance between them, to outcomes in children. This would eliminate one element of value judgement in the identification of 'appropriate', 'non-crisis' or 'well-adjusted' scores. Rossi also predicts (*ibid.*) that parental roles would turn out to be high in instrumental components compared with marital roles. This might account for differences in adjustment to these different roles (e.g. LeMasters, 1957, found 'crisis' in the parental role but 'good' or 'satisfactory' marital adjustment).

However any responses to these criticisms and reformulations were not to come to notice until some time in the future, and at the time of writing Rossi's conclusion (1968: 39) was that:

'at the present, this analysis of parenthood suggests we have much to rethink and much to research before we develop policy recommendations in this area'.

A year later Jacoby (1969) reassessed the transition to parenthood literature, building on the earlier paper by Rossi (1968). After a synopsis of the research to date he reviewed some conceptual and methodological problems and the theoretical basis of the research, and argued that the apparent contradictions in the empirical findings might largely be attributable to social class differences. Again with Jacoby (op. cit.) the underlying strategy is to consider empirical explanations (perhaps suggested by theoretical orientations) rather than theoretical orientations and conceptual frameworks per se. An alternative less often considered is the view that the theoretical orientations and conceptual frameworks inherent in the work of various researchers influence the selection and interpretation of data and, indeed, the selection and formulation of the original research project (Sjoberg and Nett, 1968: Chapter 5).

He reiterated the unfortunate consequences of use of the concept 'crisis' in the early research (LeMasters, 1957; Dyer, 1963; Hobbs, 1965). The initial research on new parents was prompted by research on 'crisis' in other social situations or contexts, and by a conceptual framework (the interactional) which strongly suggested crisis (disequilibrium) as a consequence of first parenthood. He argued that crisis-oriented research will only report that aspect of the total situation, and that the gratifications of parenthood are also important. Five years later Russell (1974) responded to this suggestion with a 'pleasures of parenthood' checklist which generated data showing that there are many gratifications, as well as problems, of parenthood. Once the positive dimension had been conceptualised, research was conducted, data were generated, and the total picture of new/first parenthood was transformed.

Jacoby (1969: 722) also argued that it is important to distinguish between the actual behavioural changes appropriate to the transition to parenthood, and the participants' attitudes to and weightings of these changes. Nine years later Kirkpatrick (1978) responded to this point by including such data and demonstrating their relevance (although not their overwhelming importance) to the outcome of 'adjustment to parenthood'.

Turning to more specific methodological points, Jacoby (1969: 722) points out that comparisons between studies are tempting, but careful scrutiny shows that scores are not always comparable. Scoring is arbitrary, and the addition of

labels to scores can readily be manipulated to increase or decrease apparent similarities between studies. Although Jacoby does not make the point, it may be inferred that this lability of scores renders reported findings especially susceptible to the influence of theoretical or conceptual perspectives.

Jacoby (1969: 722) also criticises the combination of mothers' and fathers' data, although it was to be three years before Jessie Bernard (1973) pointed out that 'discrepant responses' on marriage from husbands and wives were not so much a methodological problem as a pointer to a sociological reality, the social construction of 'his' and 'her' marriage. Finally, Jacoby (1969: 722) makes the points about inadequate sampling frames and small sample sizes frequently made since (see also Chapter 5) in criticism of the empirical studies to date of new parents.

Some of these empirical studies make fragmentary use of theoretical notions from the broader literature. Durkheim and Simmel provide the basis of such attention as LeMasters (1957: 354) and Hobbs (1965: 367) pay to general theoretical concerns. Freilich (1964) has described a 'natural triad' characterised by:

- a) one position being much lower in status (i.e. prestige, authority, resources) than the other two;
- b) with one high-status figure having a relationship of authority and negative affect with the low-status figure;
- c) while the other high-status figure has a relationship of positive affect (and, presumably, little authority) with the low-status figure.

As Freilich (1964: 532) points out, the literature on triads suggests that where power is unequally distributed in a triad the weakest member tends to form a coalition with one of the stronger members against the other stronger member. Perhaps in the family situation arrangements may be more fluid than 'coalition' suggests, and 'coalescence' may be more appropriate (Orsman, general editor, 1979: 200). Freilich (1964: 530-535) has suggested that this coalition/coalescence pattern is widespread in nuclear families. Since these ideas can be related to the dimensions of instrumentality and expressivity widely used to theorise about family systems (Parsons and Bales, 1955), as the bases of coalitions or coalescences may be instrumental or expressive, the relevance of coalition theory is apparent.

However Rossi (1968: 33) has suggested that the very great disparities between parents and children make small group research conducted in laboratories with adults inapplicable to families. Caplow (1968: 63) came to a similar conclusion because, in his view, the infant is not a comparable social actor. Indeed, before the first empirical study of new parents (LeMasters, 1957) was published, Strodbeck (1954: 23-29) warned that Simmel's propositions were not directly

applicable to families.

Jacoby (1969: 724) considers the disparities between empirical findings on crisis at first parenthood and suggests several explanations:

- a) results are incomparable;
- b) crisis varies with the child's age; and
- c) social class influences results.

While the same or similar labels and numbers are used, it is possible that different researchers scored differently. Similarly, the different data-collection methods (interview and checklist) may tend to produce different overall results. The first possibility - of incomparable data - is not considered further, probably because the published details of methodology are inadequate, especially for the earlier studies. The data from Hobbs (1968) and Beauchamp (1968) suggest this explanation, but Jacoby (1969: 724) finds that their data provide only limited confirmation.

The second explanation - the influence of the age of the child (or, conceptually, distance from the transition point) - is a more plausible candidate for explaining differences between empirical findings. Jacoby (1969: 724) finds that:

'[t]he ... studies fall neatly into place when the relationship between crisis score and child's age is plotted ... [although it cannot be specified] whether this relationship is linear or curvilinear, whether threshold points occur at certain ages, etc.'

However, within studies investigation of this relationship is ambiguous:

- a) Dyer (1963) finds a negative relationship between age of child and crisis score (i.e. contradicting Jacoby, 1969: 724 in between-studies comparisons);
- b) Hobbs (1965) found a significant positive correlation but only for fathers; and
- c) the latter's replication (Hobbs, 1968) showed no relationship.

Jacoby (1969: 724) favours the third explanation, and concludes that when the social class characteristics of different samples are compared:

'[t]his evidence strongly suggests social class as a significant variable. Since the middle class samples [LeMasters, 1957; Dyer, 1963; Beauchamp, 1968] ... showed many more accession-type problems than the two predominantly working class samples [Hobbs, 1965; Hobbs, 1968] ..., it seems

reasonable to consider the possibility that the transition to parenthood is more difficult for middle class parents than for working class parents. The literature on social class variations in family life provides ample theoretical justification for this expectation'.

The samples used by Hobbs (1965; 1968) were actually random (representative) samples, hence in a special or working universe where most members were 'working class' (social class being defined in occupational terms) one would expect the samples to be 'predominantly working class' although it was not intended by the researcher to have this class content of the samples per se. The justification Jacoby (1969: 725-727) provides is rather more empirical than theoretical. He summarises research which suggests or demonstrates 'social class variations in family life' in such matters as standards or perspectives in respect of parenthood, the level of intrinsic value attached to having children, sources of gratification for women, career aspirations of women, honesty in answering research inquiries, experience of children, marital relationships and such matters. There is some evidence of social class variations in these areas, and propositions can be advanced which link these findings to the transition to parenthood.

Jacoby (1969: 727) contrasts the above arguments with two sets of findings which suggest that working class parents should report higher levels of crisis. The first relates to social class and contraception/ family planning: middle class couples plan more effectively, and hence their children are more likely to be planned/wanted, and hence are less likely to precipitate crisis (ibid.). The second relates to age at marriage: working class couples marry younger and have their first child sooner after marriage, hence superimposing adjustments (and problems) to marriage and to parenthood (ibid.; cf. Rossi, 1968).

The empirical findings relating social class to the transition to parenthood are limited and inconclusive (Jacoby, 1969: 727) and, as with other queries and contradictions, further appropriate research is required.

2.3.5 The New Zealand Family Literature

2.3.5.1 In General - The Context

Over a decade ago the editor of the first anthology of papers on 'the New Zealand family' [17] wrote of his

'long-felt exasperation with the inadequacies of source material concerning the family in New Zealand' (Houston, editor, 1970: vii).

This exasperation motivated the publication of the anthology. In the preface to the same book another New Zealand social scientist (Hill, Preface to Houston, editor, 1970: v)

observed that compared with other societies even data-based descriptive material was hard to find for New Zealand families and interpersonal relations.

The discipline of sociology itself was only just becoming established in New Zealand universities in the late 1960s and early 1970s, and the academic sociological study of families and interpersonal relations was only to emerge in New Zealand in the later 1970s.

The first bibliography of material on aspects of New Zealand families (Koopman-Boyden, compiler, 1975) well demonstrates the nature of the New Zealand family literature, very broadly defined, up to the early 1970s. It listed roughly 750 items, although it was clear from the compiler's overview (op. cit.: 3-16) of the literature that the inadequacies of quality were somewhat more of a concern than the inadequacies of quantity.

It has been a tacit assumption (Houston, 1970: 22) that New Zealand society is little different from the other English-speaking societies for which there is a more extensive and somewhat more soundly based family sociology literature. Hence, it might be argued, the overseas literature may mutatis mutandis be applied here. However, as Houston (1970: 25) has argued and Swain (1979: 114) has illustrated, this is a dangerous assumption. Where some (few) overseas studies have been replicated in New Zealand (Brown, 1959; Landreth, 1963; Brown, 1968; Ritchie and Ritchie, 1970; Smart and Smart, 1973) the replication data have been found to bear similarities to, but not to be the same as, those for the United Kingdom or the United States of America. While it would be reasonable to expect some sociological similarities with other English-speaking societies [18], it must be pointed out that similarity is not the same as identity, and that the overseas literature cannot be assumed to apply without modification to New Zealand.

Koopman-Boyden (compiler, 1975: 3-16) outlined the dozen or so broad areas to which attention had been paid in the literature up to 1974. She identified some major characteristics:

[17] It has been argued more recently (Swain, 1978c) that the usage 'the New Zealand family' tends to support the myth that there is a single type or structure of family (or household) which dominates the New Zealand domestic scene. There is in fact a great and growing diversity (Swain, 1978c; see also Department of Statistics, 1978) of household types, as there is overseas (Cogswell and Sussman, 1972).

[18] It can also be argued that New Zealand is more readily and productively compared with the Scandanavian societies - especially Finland - than the other, much larger, English-speaking societies.

'It might be that we have considered the Maori family more than the Pakeha family, and that there is a greater documentation of the structural aspects of the family (fertility and marriage rates, etc.) than the functional aspects' (Koopman-Boyden, compiler, 1975: 16).

However, any organisation of a literature into topics will to some extent reflect the interests of the organiser(s), and this first bibliography of the New Zealand family literature [19] is no exception. Thus, for reasons which are explained (op. cit.: 1), material relating to women is emphasised, and broken into a series of detailed topics. However, the following (drawing heavily on Koopman-Boyden, compiler, 1975: 3-15) outlines the topics covered in the New Zealand literature up to 1974.

The relative frequency of studies of Maori family life is clear. These include general studies, studies of particular communities, studies focused on particular topics (such as marriage, or birth control) and studies of Maori women. The pakeha family might have received less attention, but pioneer family life and rural studies are noted as among the earliest references and are relatively frequent. These studies whether Maori or pakeha were almost entirely 'one-off' studies, rarely cumulative, largely descriptive with relatively little comparative analysis, let alone explicit attention to conceptual framework or theoretical orientation. Thus even issues such as the cross-cultural variability in ease or difficulty of transition to parenthood - with some limited theoretical interest - are difficult or impossible to pursue in the literature.

Many of the remaining topics for which there were more than a few references are oriented to social problems, social services and social policy issues. This is a characteristic of 'the literature' in family sociology more generally, and more particularly can be found quite extensively in the 'parenthood as crisis' literature (see section 2.3.2 above, and also Appendix A).

The atheoretical and social action oriented features of the field of family sociology (especially but not exclusively true of New Zealand), and (especially but not exclusively) of the new/first parenthood area in particular, have some serious implications for research. These have been taken into account as possible and appropriate in the present work (see also Chapter 11, especially section 11.3).

These features were very striking in the New Zealand family literature up to the mid-1970s, and are still well represented. Thus the first New Zealand bibliography of the

[19] The term used is 'family literature' rather than 'family sociology literature' as little of the material had much explicit (or even implicit) sociological content.

family (Koopman-Boyden, compiler, 1975) shows that in the area of reproduction there are frequent references to ex-nuptial conception and birth, fertility and the termination of pregnancy. In the area of marriage much of the literature is concerned with the law, and the social and legal aspects of divorce.

As Wilkes and Shirley (1984: 8-10) argue in respect of social policy studies and research, with a good number of New Zealand illustrations and examples (op. cit. 34-43), a lack of explicit attention to political, ideological and philosophical positions and context can hide the shaping assumptions which underlie them. These assumptions influence research findings as well as conclusions, rendering a critique of them less effective:

'Facts ... cannot be made sense of without theory'
(op. cit. 10).

The problems - and solutions - are similar in family sociology.

One of the most important recent influences on family sociology in general, and the study of parenthood (especially motherhood [20]) in particular, has been feminist theory, scholarship and research (see also Chapter 11, especially section 11.1). With the benefit of hindsight, the early indications of this influence can be seen in both the references in the first New Zealand bibliography of the family (Koopman-Boyden, compiler, 1975: 106-111) and in the establishment and research work of the Society for Research on Women in New Zealand (Inc.).

A chronological account of Society for Research on Women in New Zealand (Inc.) publications illustrates in miniature the growth and development of the New Zealand family literature. The earliest publications were lecture series or reviews drawn largely from overseas sources and local experience, personal or professional (e.g. Society for Research on Women in New Zealand (Inc.), 1966a; 1968a; 1968b; 1968c; 1968d; 1968e; 1969a; 1969b; 1969c).

[20] It has been well-argued recently (Gilling, 1984) that the terms 'motherhood', 'fatherhood' and 'parenthood' are not neutral. While the substitution of 'parenthood' for 'motherhood' might be regarded as demonstrating a non-sexist assumption that childrearing may be undertaken by either parent, it can also be seen as obscuring the actual experience of women, in which (e.g. in contemporary New Zealand) they have the predominant share of childrearing responsibility and activity. The terms are used here to refer in the first instance (parenthood) to all studies of those with caring responsibilities and/or undertaking caring activities within family or household structures, and in the second instance (motherhood) to those women with such responsibilities etc.

The first publications based on New Zealand social research were clearly focused on what were widely and uncritically defined as social problems, viz. ex-nuptial conception and birth, and the outcomes thereof (Society for Research on Women in New Zealand (Inc.), 1970; 1971; 1975a; 1975c; 1977; 1979). A major and increasingly explicit emphasis of these studies was the correcting of erroneous and perhaps prejudiced beliefs about single mothers and single motherhood (cf. Domestic Purposes Benefit Review Committee, 1977; Society for Research on Women in New Zealand (Inc.), 1977; 1979). While necessary and valuable in this respect, these research projects were - to judge by the publications which resulted - largely innocent of explicit conceptual and theoretical content, and did not address the more sociological problems of the topic area [21].

Important topic areas researched by the Society in the 1970s (still with a social problems or social policy aspect) included:

- a) women's employment (Society for Research on Women in New Zealand (Inc.), 1972; 1973a; 1973b; 1973c; 1974; 1976a; 1976b; 1976c); and
- b) the related area of child care (Society for Research on Women in New Zealand (Inc.), 1975b; Society for Research on Women in New Zealand (Inc.) and Swain, 1979; Hadfield, 1981; see also Swain and Swain, 1982).

More recent studies have examined:

- a) the linkages and intercontingency of paid employment, motherhood and housework (Society for Research on Women in New Zealand (Inc.), 1976a; 1976b; 1984), which tended to be covered separately in previous work; and
- b) and education for new/first parenthood (Hughes, 1982b), a subject closer to the focus of the present work.

The extent of cumulation in this research by the Society is limited to the replication of some of the initial studies of ex-nuptial birth and of child care, without a great deal of cumulation. It is possible to argue that some of the more recent research under the auspices of the Society represents a shift to a somewhat less social problem-oriented and more theoretically-informed focus (e.g. Society for Research on Women in New Zealand (Inc.), 1984).

[21] It must of course be noted that the Society was founded with the clear intent of using research results to initiate social changes in the interests of New Zealand women. The Society's work was intended to be action-oriented rather than concerned with the advancement of sociological knowledge sui generis. The Society's research publications are being used here to illustrate the nature of New Zealand family sociology research generally.

One major Society for Research on Women in New Zealand (Inc.) project, Urban Women (Society for Research on Women in New Zealand (Inc.), 1972a; 1972b) provides a link with the next area of the New Zealand family literature to be reviewed here: national statistics. This study, conducted in the main urban population centres, was designed to obtain basic sociodemographic and similar tabulations on New Zealand women, to provide a data resource for other researchers and writers in the absence of extensive, accessible and usable census and vital statistics materials. In the later 1970s these were beginning to be better presented.

In addition to the usual census and vital statistics publications there was a collation of data on Social Trends in New Zealand (Department of Statistics, 1977) which included material of relevance, and the Report on Family Statistics in New Zealand (Department of Statistics, 1978) which collated and described quantitative data derived from government departments and statutory bodies, and gave a very brief indication of research conducted outside of these organisations. There have been and continue to be noticeable improvements in this area of family sociology raw materials in the 1980s.

A further related area, with linkages to both of the previous ones, is the material - mostly official or semi-official - on social policy matters of relevance to families. The earliest of these began to appear in the late 1970s when the Social Development Council, a statutory advisory body [22] produced a series of policy-oriented topic reviews in the areas of parent education (1977a), family finances (1977b), housework and caring work (1977c), single parent families (1978a), migrant families (1978b), stepfamilies (1978c), large families (1978d), families with special caring responsibilities (1979) and family violence (1980), culminating in a final report entitled (somewhat hopefully) Families First (1981).

Cognate materials have come from other statutory or parliamentary bodies such as the Parliamentary Select Committee on Women's Rights (1975) and the New Zealand Planning Council (1982). Some evidence of cumulation of work in this area [23] is a recent sociological treatment of family policy in New Zealand (Koopman-Boyden and Scott, 1984).

[22] The S D C has subsequently been abolished, and some of its functions have been gathered into the new Social Advisory Council.

[23] This study also provides some evidence of the multiple roles enacted by sociologists in New Zealand (see also Social Development Council, 1977a), as the senior author was a member of the Social Development Council and is a member of the New Zealand Planning Council.

The Report of the Royal Commission of Inquiry into Contraception Sterilisation and Abortion (1977) also - indeed particularly - highlights how, in the absence of clear and explicit theoretical orientation and conceptualisation, family sociology research can be interpreted in the light of 'ideological positions' (Wilkes and Shirley, 1984: 8-10). The same Report also shows how expressions of such positions can be considered on the same basis as research results in the formulation of New Zealand social policy.

Apart from purely statistical publications based on the census and departmental administrative processes (already reviewed above), government departments in New Zealand have in the last decade begun to conduct and publish social research of relevance to family sociologists. The technical quality of such publications varies widely. A study of exnuptial children and their parents (O'Neill *et alia*, 1976) illustrates the best of this material. The same Department's research on child abuse (Fergusson, Fleming and O'Neill, 1972) has however been criticised (Simpson, 1975) for some severe limitations, and the Report of the Domestic Purposes Benefit Review Committee (Domestic Purposes Benefit Review Committee, 1977) illustrates some of the most inept and misleading material (Swain, 1979: 114-7) published (on behalf of the Committee) by the Department. Some research by government departments and quasi-autonomous non-governmental organisations is, within its own parameters, technically expert. However all governmental research is characteristically oriented towards the investigation of 'social problems' which are (among other features) concrete and largely lacking in explicit theoretical orientation and conceptualisation.

A similar concern with social problems and issues, but from a different (sometimes opposed) point of view, can be found in the large group of commentaries expressing largely data-free values, attitudes, concerns, opinions and policies. A cognate group of materials of somewhat greater utility can be termed documentary reports, based on case studies, of varying degrees of rigour and published in such serials as The Listener [24], Broadsheet [25] or the Parents Centres' Bulletin [26]. A further cognate group, and one which - it could be argued - includes some of the most valuable insights into families in New Zealand comprises works of fiction. Indeed, these have been reviewed for just this purpose (Stevens, 1969; Alcock, 1970; Roberts, 1978; Wevers, 1980) and they do represent the most long-standing commitment in the whole literature to the importance of family matters (Swain, 1978a: 67).

From the conventional sociological point of view materials of the three cognate categories just reviewed should be accorded little attention and less validity. However, social researchers in the more qualitative traditions, who use expert and key informants, life histories and the like, would recognise the potential value of a variety of the above materials more perhaps than the quantitatively-inclined social survey researchers. Furthermore, sociologists whose

theoretical orientation is in sympathy with the idea of the social construction of the social world (Berger and Luckman, 1971) would recognise that beliefs about families and interpersonal relations, to be found perhaps especially vividly in some of the above materials, are an important part of the social world of New Zealand families.

In the late 1970s and early 1980s there have been some changes in the topical characteristics of the New Zealand family sociology literature [27]. In the early 1970s there were well over a hundred references on discrimination against women and employment of women - reflecting inter alia political activities of the time. There were very few indeed in the late 1970s.

Curiously perhaps, there were more than sixty references on Maori family matters in the earlier bibliography on New Zealand families (Koopman-Boyden, compiler, 1975), but only half a dozen in the later one (Koopman-Boyden, compiler, 1982). A similar pattern obtained for publications on marriage. Perhaps more understandably, the number of references on 'pioneer' (i.e. mid-eighteenth century pakeha) family life dropped from around fifty to only four.

Family topics receiving noticeably more attention in the later 1970s publications strongly reflected the linkages between social issues and the family literature. The topic of 'rights', especially those attributed to children, was only used in the later bibliography, where it encompassed the second-largest number of items. The impact of the International Year of the Child (1976) is clear in this topic

[24] The Listener (Wellington: Broadcasting Corporation of New Zealand) is a weekly magazine oriented to radio and television broadcasting which often includes commentary and documentary material on topics of interest to family sociologists.

[25] Broadsheet (Auckland: The Broadsheet Collective) is New Zealand's major feminist journal.

[26] The Parents Centre Bulletin (Hamilton: Editorial Collective, Federation of New Zealand Parents Centres (Inc.)) is a quarterly journal concerned with applied family sociology matters, especially in relation to parenthood and childrearing.

[27] This assessment is based on a comparison of the two bibliographies of the New Zealand family literature covering the period up to 1974 (Koopman-Boyden, compiler, 1975) and the period 1975-1980 (Koopman-Boyden, compiler, 1982). It is recognised that this only refers to the number of items under each topic heading, and that the allocation of items to topic headings is only indicative, but some fairly clear impressions may be formed of the changes which have taken place in the emphases of the literature.

of children's rights, as perhaps was the International Decade for Women in the first one.

Linked to this, and more particularly reflecting the debate and controversy before, during and after the Royal Commission of Inquiry into Contraception Sterilisation and Abortion, there were noticeable increases in the references on abortion and birth control. In another topic of interest to the women's movement, child (day) care, there was a perhaps more modest increase in publications.

While relatively neglected in political debate (except in very simplistic terms) until recently, fertility and family formation now have a growing local literature. Pool and Sceats (1982) review fertility and family formation trends in New Zealand, and research methodology. The Population Monitoring Group of the New Zealand Planning Council (1984) overview fertility change in New Zealand.

All the topics showing an increase in attention relate in some way to children (or fertility more generally). Thus it is not surprising that the topics which remained among the most frequently published were: children, child care (childrearing), and parent or family life education. The other persistently frequent topic may reflect a persistent feature of New Zealand society: it is law, probably reflecting the extensive legislation on family-related topics in New Zealand.

This has been only a superficial overview of the major substantive topics published in the New Zealand family literature, but it does show the context in which the present research on parenthood as crisis and/or the transition to parenthood was conceived and grew to fruition.

The lack of attention to theoretical and conceptual matters, while not complete, has been striking and is evident in the New Zealand family literature. There are only two references in that literature centred on theory. One is a review of 1960s developments in the United States in family theory and research (Jensen, 1970), in that first text with which this section began (Houston, editor, 1970). The other is a review and discussion of 'nitpicking and heresy' in contemporary family sociology theory and research (Swain, 1984) in a recent text on the sociology of education.

It could be inferred from the more recent publication of bibliographies and reviews in New Zealand family sociology topic areas that the field here is now roughly comparable with American family sociology in the late 1950s and early 1960s - with the difference that access to more recent theoretical and conceptual material facilitates somewhat quicker and more confident progress!

Bibliographies have ranged from fairly general topics such as social science research in New Zealand (Gibson et alia, 1971), child health (Kirkland and Brennan, 1980), child development (Fergusson, 1983; Silva, 1983), women's studies

(Seymour, 1977), women and health (Hill, 1980a) and children/parents (Belcher *et alia*, 1978) to a variety of more circumscribed and/or specific topics such as adoption and fostering (Green, 1979), child (day) care (Hill, 1980b), infant crying (Kirkland and Peters, 1978), alcohol (New Zealand Alcoholic Liquor Advisory Council, 1979), violence (Luscombe, 1980) and child abuse (Department of Social Welfare, 1979).

These bibliographies may be taken to indicate the growth of more substantial bodies of material in these areas at least, and hence by implication the potential for replications and cumulation, the building-up of sufficient data to begin moving towards a consolidated understanding of these topics. This is further evidenced by the recency in the literature of more review articles and texts (which build upon simple bibliographies).

While a widely-used review written in 1974 (Swain, 1978a) outlined some extensive gaps in our knowledge of New Zealand family life, later reviews of the literature (Neale, 1979; Swain, 1979; Ritchie and Ritchie, 1980; Swain, 1980; Swain, 1983) reported more confidently what we do know.

A similar pattern has been evident in some more specific topic areas, especially New Zealand child development (Ritchie and Ritchie, 1978; Meade, 1979; Silva, 1979; Swain, 1980; Clay, 1982; Silva, 1982) and child (day) care (Smith, 1979; Swain and Swain, 1982). The timespan of material now available in some topics was even becoming sufficient to allow historical reviews of changes, e.g. in regard to the concept of childhood (Bird and Kroger, 1981) and attitudes to abortion (Facer, 1978).

Thus by the time the present research was being analysed the field of family sociology in New Zealand had reached the point at which an earlier perceived requirement for some (indeed, almost any) findings on a given topic was about ready to be supplemented by some attention to underlying theoretical orientations and conceptual frameworks. There were still numerous studies oriented to social problems, social issues social policies and/or social services [28] but the character of the New Zealand family literature, and thus by implication the social context of family research, was changing.

2.3.5.2 Pregnancy And Parenthood

Koopman-Boyden (compiler, 1975: 4) noted that up to 1974:

'Little has been written about pregnancy or the reactions of couples to the transition to parenthood ... Some information is available about Maori customs surrounding birth ... but information on Pakeha births is more of a practical and medical nature ...'

Since the compilation of the Bibliography there have been:

- a) some studies of parenthood (in addition to the present study) relating to somewhat more 'normative' samples [29] (Hood et alia, 1978b; 1978c; Pybus et alia, 1978; Wright, 1978; Fielden, 1978; Wright, 1980; Harvey, 1980); and
- b) the typical processes of hospitalisation and the more usual reactions to these processes have now been documented (New Zealand Maternity Services Committee, 1976; Hood et alia, 1978b; 1978c; Ray, 1980; New Zealand Maternity Services Committee, 1982).

There is still an absence of research which locates the experience of pregnancy and parturition in the wider context of family and community, and/or which explicitly considers theoretical orientation or conceptual framework. Hood et alia (1978b; 1978c) covered the social background, antenatal care, labour and delivery, hospital stay and follow-up use of medical and health care services for a sample (n = 127) of women interviewed post partum. An analysis of data on breastfeeding (Hood et alia, 1978a) based on the same research was also published.

Wright (1978; 1980) conducted a study of primigravidae (n = 105) which focused on preparation for motherhood, sources of support and especially antenatal classes. She found that:

- a) women in paid employment up to and including their second trimester were healthier and most positively motivated in respect of antenatal preparation;

[28] Examples of specific research oriented to social problems would include child abuse (Geddis, 1979; 1980), violence (Church, 1978), single parenthood (Society for Research on Women in New Zealand (Inc.), 1970; 1975c; 1977; 1979), post-partum depression (Calvert, 1982; see also Calvert, 1976) and behaviour problems in children (Beautrais, Fergusson and Shannon, 1982). Social issues and/or social policies would include such topics as the cost of children (Easton, 1979), childbirth and hospitalisation (Hood et alia, 1978b; 1978c; Ray, 1980), and the complex of issues/policies involving marriage, motherhood, feminism and employment (Novitz, 1978; Society for Research on Women in New Zealand (Inc.), 1976a; 1976b). Research on motherhood, fatherhood and/or parenthood per se will be covered in section 2.3.1 below.

[29] This term is used in the sense implying 'representative', and refers to samples drawn by random (or quasi-random) methods from defined populations. Many of the substantive studies of parenthood (overseas as well as local) include little or no discussion of such matters as the special or working universe (Sjoberg and Nett, 1968) and its selection, hence the qualification 'somewhat'!

- b) that there was some interest in domiciliary delivery;
- c) that the organisation and atmosphere of antenatal classes influenced attendance and attitudes, but that anyway the apparent level of learning at classes was low; and
- d) that while positive and negative aspects of motherhood were identified, 59% reported unqualified positive aspects.

This last finding is generally consistent with the results from the present research.

Pybus et alia (1978) conducted a small empirical study of new mothers in which they made reference to their use of a 'conceptual framework'. This 'conceptual framework' included the following concepts:

- a) 'status-set' and 'self' (Merton, 1964);
- b) 'transition' (Rossi, 1968);
- c) emotional ('maternicity') and care-taking components of the maternal role (Ludington-Hoe, 1977);
- d) 'adaptation' (Coelho, Hamburg and Adams, 1974: 403);
- e) and 'coping' (Rankin, 1976: 125).

These concepts are not interrelated or interdefined, and the study results cover a variety of substantive topics consistent with the study's stated policy-oriented and practice-oriented aims [30].

While the 'conceptual framework' did comprise a variety of concepts of potential utility in orienting fieldwork inquiries, and perhaps also in devising questions or

[30] The study objectives of Pybus et alia (1978) were primarily oriented to obstetric policy and practice. They were to determine: women's requirements regarding planned early discharge from hospital; women's post-partum nursing requirements; the post-partum point at which nursing requirements are reduced; and an appropriate 'routine nurse visitation programme'.

The eight respondents were interviewed ten times: at four weeks ante-natally; less than 24 hours post partum; less than 24 hours before discharge from the Maternity Unit; less than 48 hours after discharge; and weekly for weeks 1-6 post-partum.

The sample members were 'English-speaking' women 'in stable relationships', with 'no great social problems' or medical complications. The babies were pakeha, born at the Palmerston North Hospital Maternity Unit.

instruments, it cannot be regarded as a conceptual framework in the sense generally used in the literature (e.g. Nye and Berardo, editors, 1966). This assessment is supported by the relative emphasis in the reported results on their descriptive, service evaluation and policy-formulation utility.

An interesting study of aspects of the transition to motherhood in New Zealand was conducted by Fielden (1978):

'This thesis, based on a review of the New Zealand and key overseas literature, is a descriptive and exploratory study of the transition into parenthood as experienced by pakeha New Zealand couples who are biological parents. It includes a small number of informal interviews of couples who had recently had their first child. The framework is sociological and this study focusses on the impact of the first child on the parents as individuals and as a couple, during the first year after the birth.

Approaches taken in the literature are discussed, especially the developmental conceptual framework. The particular features of this transition are described, as are the changes required in adjusting to this new role. The impact of the first child on the various aspects of the marital relationship is also examined. How the transition is affected by the baby being handicapped or premature is discussed. The focus then shifts to the psychopathology relating to the adjustment to parenthood. The next section deals with the range of variables which affect the process of adjustment, and in particular, those seen as more crucial in determining the ease or difficulty of this transition. There is then a brief discussion of the motherhood myth as it relates to the exercising of parental roles.

The following section examines the implications of the process of adjusting to parenthood for society generally. This includes the areas of child abuse, marital stress and/or breakdown, and emotional disorders precipitated by the birth of the first child, control over fertility, formal preparation for parenthood and hospital obstetric procedures. Social work as it relates to the transition into parenthood is discussed and suggestions made as to how social workers might better help people adjust more easily to the role of parent [31]. Finally, this thesis points out where further research is needed into the area of adjustment to parenthood.

The birth of the first child requires considerable adjustment [32] and is for some a time of crisis, especially in cases of handicap or prematurity. Individuals must reorganise their lives, and

marriages must be able to withstand a basic change in dynamics. It is an adjustment requiring maturity and adaptability in both parents. While most people do not experience anything very serious, emotional disorders such as postnatal depression or the more extreme reaction of puerperal psychosis can occur as a result of the birth. Similarly, wife and child abuse and marriage difficulties can result. The transition into parenthood has the potential to either precipitate individual emotional disorders or marital disturbances, or to strengthen the resources of both individuals and couples to cope with later life transitions or crisis' (Fielden, 1978: i-ii).

Fielden (1978: 2-3) focuses on

'the process of becoming a parent - the changes involved, the variables affecting the transition and final adjustment ... [for] pakeha New Zealander .. couples who are either married or "living together" and have recently had their own first babies'.

She uses concepts from the developmental conceptual framework, especially developmental tasks (Havighurst, 1953; Rodgers, 1973) within the family life cycle. She quotes Feldman (1963) who has described three life cycle points of greatest reorganisation as

- a) birth of first child;
- b) last child starts school; and
- c) last child leaves home.

The family is seen as a 'semi-closed system' (Rodgers, 1973); changes lead to further changes. Constant change is 'normal'

[31] This sentence may well reflect aspects of the professional socialisation of social workers, and thus be appropriate in a thesis which is part of a qualification in social work (Fielden, 1978). It does however illustrate two aspects of social research conducted with an applied/social action perspective (which is the case for much of the substantive literature). The first is the assumption of adjustment of people to their situation (rather than vice versa). The second is the likelihood of focussing on case studies or other data which are non-normative (in the statistical sense).

[32] This assertion may be seen as reflecting not so much the preponderance of the literature (especially the more recent studies) as the (sometimes implicit) theoretical orientation (as in LeMasters, 1957).

due to members joining and departing plus the 'concomitant emergence of new norms or role expectations' (Fielden, 1978: 5). The concept of 'role transition' and the variables which contribute to ease or otherwise of role transition (Burr, 1973) are seen as useful. The concept of 'crisis' is found to be difficult to define; Fielden (1978: 7-8) defines it as 'a period which is unsettled' e.g. bereavement, divorce, desertion, loss of job, serious accident. The definition of crisis by Caplan (1961: 39-41) as imbalance between the difficulty and importance of a problem and the immediate resources available to cope with it, and his outline of variables which influence crisis (cf. Burr, 1973 on ease of role transition), are noted.

The use of terms such as 'adjustment', 'reorganisation', 'change', 'role adaptation', 'transition' and 'crisis' as Fielden (1978) tries to specify the focus of her research does illustrate both the importance and the difficulty of conceptual explication.

Reference is also made (Fielden, 1978: Chapter 2) to Bibring (1961) who stated that crisis is an inevitable element of first parenthood, due to its irreversibility, abruptness and vagueness. Fielden (ibid.) observes that the puerperium is characterised by tiredness, relief and joy; learning and bonding; and physiological problems. On arrival home the new mother is more on her own. Fielden (ibid.) reviews LeMasters (1957) and Lomas (1967) on post-partum changes, and suggests that it is probably the coincidence of giving up paid employment (at least temporarily) and the new learning required for and of the mother role (quoting Maden, 1976 for a New Zealand case) which causes post-partum depression. She considers the impact on marriage, recapitulating Lederer and Jackson (1968) who observe that parenthood is not a remedy for marital problems. The view of Scherz (1971) that the change from dyad to triad represents or occasions a significant change in dynamics is noted. Fielden (1978: 22-24) emphasises the impact of the new baby on its parents' sexual relationship, 'seen as symbolic of the couple's privacy and intimacy' (Udry, 1971). She refers to Duvall (1962; 1971) who found that one in four new parents reported unfavourable effects on their sexual relationship; Kitzinger (1967) on self concept and physical problems; Masters and Johnson [33] on unfounded fears.

Parenthood can contribute new sources of conflict, or new grounds for endemic conflict. Ritchie and Ritchie (1970) commented on the decline in overall intimacy, with the mother's attention focused on the new baby while the father was still involved in activities which were more appropriate pre-marriage. Fielden (1978) refers to work in which Feldman (1963 [34]) found that new parents talked less, reported less

[33] Fielden (1978) does not provide the details of this reference, but it is presumed to be Masters and Johnson (1970).

fun, etc. She noted, however, that the baby can also be an 'integrating factor', which underlines how new parenthood is at least in part what new parents make of it:

'Several of the couples I interviewed ... supported this, e.g. one husband stated "Having our first child brought us lots of fun, joy and also tears. It has given us something that we share totally, and this has given us both a sense of creativity and has added to the relationship as well"' (Fielden, 1978: 26).

Fielden (1978: 27-34) also examines the implications of parenthood when the baby is handicapped or premature (see also Caplan, 1960a), which leads into consideration of the psychopathology of parenthood, or more precisely post-partum depression. When it is stated that about 80% of first mothers (it is more likely with a first baby) experience this (Fielden quoting Breen, 1975), the sociological problem becomes similar to that with the concept of 'normal crisis' in much of the substantive sociological literature on first/new parenthood (Chapter 2). Fielden (ibid.) also noted that:

- a) cases of depression constitute five times the benchmark level of the General Practitioner patient population in the three months post-partum;
- b) that 'serious' depression occurs in an estimated 10% of women post-partum, lasting over a year in 4% (Pitt, 1968 [35]);
- c) but that there is little similar evidence in non-western societies.

These points suggest to Fielden (ibid.) that social and/or cultural factors are significant in its aetiology.

'Research suggests [36] that the transition into parenthood is often stormy, a time of crisis, of role adaptation, of tension; a time when the couple's sexual and emotional relationship is tested. This "crisis" is exacerbated by the presence in the child of handicap, or prematurity, or by the presence of psychopathology in either or both of the parents' (Fielden, 1978: 38).

[34] Fielden (1978) does not provide the details of this reference, but the most likely reference is Feldman (1963).

[35] Fielden (1978) does not provide the details of this reference.

[36] The literature to which reference is made is the earlier material (up to the early 1970s).

Fielden (1978: Chapter 3) goes on to consider variables affecting adjustment:

- a) that the child is 'wanted' (a concept which requires careful explication);
- b) the timing of the birth within the social process time of the marriage;
- c) the prior 'quality' of the marriage (especially sexuality and role allocation);
- d) parents' ages at the birth of the child;
- e) their expectations;
- f) their attitudes to the wife-mother's paid employment;
- g) their finances;
- h) their social class (conceptualised in terms of socio-economic status);
- i) pressures they have perceived, or experienced, to have children;
- j) their attitudes to pregnancy;
- k) any pregnancy and/or childbirth difficulties they may previously have had;
- l) the baby him/herself;
- m) their 'personalities';
- n) the extent and nature of any outside help they may have available.

Fielden (ibid.) selects some items from this extensive list as 'crucial':

- a) the timing of the birth within the social process time of the marriage;
- b) the prior 'quality' of the marriage (especially sexuality and role allocation);
- c) their expectations (anticipatory socialisation, in the concrete form of preparation for parenthood, might well be relevant here);
- d) their social class (conceptualised in terms of socio-economic status - education might be especially relevant here, with those who are better-educated perhaps more able to take advantage of the more formal types of ante-natal classes which are more prevalent in New Zealand); and

- e) the age of the baby (the period when the baby is between six and 12 months is selected [37].

Fielden (1978: 65-68) concludes this overview of possibly relevant variables with a more general discussion of the 'motherhood myth', a theme to which she returns elsewhere in her thesis as a framework for the ordering of data and analysis.

In one chapter (Fielden, 1978: Chapter 4) she clearly demonstrates that social work orientation which has been more or less present in much of the substantive literature on new/first parents (see Chapter 2). This is her chapter on the implications for society and for social work of parenthood as crisis [38]. She quotes at length (Fielden, 1978: 78-9) the recommendations of the Federation of New Zealand Parents Centres (Inc.), a major New Zealand parent education and advocacy organisation, for social action in this area (see Parents Centre Bulletin 64, August 1975) and discusses at greater length their implications. Her focus is on social work and social workers, but the assumptions made about the transition to parenthood can be inferred from these recommendations in much the same way as conceptual frameworks have been found in family sociology research (see Chapters 1 and 2).

In her conclusions Fielden (1978) discusses:

- a) Bernard (1973: 9) on the institutionalisation of motherhood;
- b) Swain (1974a; 1974b) on the multidimensional nature of the transition to parenthood; and
- c) the research that she feels is needed, especially on (i) the social processes involved in becoming a parent, (ii)

[37] If this is the period in which the mother is at greatest risk of post-partum depression, and if such depression is a component of 'crisis' at the transition to parenthood, then the timing of the last interview in the present research (at 8/26 weeks post-partum) would tend to miss the onset of depression, and hence tend to under-report the extent of crisis associated with new/first parenthood being experienced.

[38] It is important to be clear here that for Fielden's purposes the chapter under discussion is entirely appropriate. It illustrates the purposes of many researchers working in family sociology. The point is that this tendency for research to have an applied, social work and/or social action orientation should be - but is not always - taken into account, or the underlying conceptualisations made explicit, before use of the material as sources of conclusions about the normative situation of new parents.

variations (e.g. adoption), (iii) the impact of subsequent children, (iv) the cost/value of children (see Cameron, 1984, for a discussion of the theoretical and conceptual issues in this area of demographic research), and (v) obstetric variables, (vi) non-pakeha ethnic subcultures.

It is worth quoting the implications for social action and social work derived by Fielden (1978: Chapter 4) from her study, to illustrate the extensive social implications which can be drawn from a study which addresses only limited attention to the conceptualisation of the situation (the transition to parenthood) to which these implications apply:

'[I]t is important to look into any plan of action which would, ideally, prevent altogether or at least (and perhaps more realistically) alleviate some of the more serious consequences of the transition into parenthood. These [consequences] include child abuse (both active and passive), marital distress and/or breakdown, and emotional disorders occurring postnatally such as depression and psychosis. These consequences are serious ...

On the basis of existing literature on the subject, it is undoubtedly preferable for babies to be planned and/or wanted. This suggests two things: (i) the need for parenthood to be an active, conscious choice involving both partners jointly ..., (ii) obviously if a couple is to be able to exercise such control over whether they have children, when, and how many, there need to be safe, reliable, cheap or better still free contraceptive methods available ...

As David Mace (1972) says, the role of parenthood has not changed in a basic way for a very long time, but it is now more a matter of choice, as is marriage, rather than being predetermined ...

Parent education is valuable in helping prospective parents anticipate the transition and acquire some of the skills and knowledge which will help in handling the new roles ...

In summary it can be said that our education system caters somewhat better for men and their induction into occupational roles than it does for women, or for that matter either sex, and their induction into family life ...

Obstetric and hospital procedures vary widely from hospital to hospital and are to some extent related to different attitudes towards bonding ...

There is definitely a place for counselling and support services to be set up for new parents ...

There is a growing and more urgent need for more preventive work in [child abuse] .. There is a useful questionnaire [Helfer and Kempe, 1976: 381; see Fielden, 1978: 76] aimed at determining [antenatally] the degree of risk of child abuse ... [by] varying combinations of these [questionnaire-based] signs ... The items ... are:

- (1) over concern with unborn baby's sex;
- (2) expressed high expectations for the baby;
- (3) is this child going to be one too many;
- (4) evidence of the mother's desire to deny the pregnancy;
- (5) great depression over the pregnancy;
- (6) did either parent formerly ever seriously consider an abortion;
- (7) did either parent formerly ever seriously consider adoption or fostering;
- (8) quality of supports used by the mother;
- (9) is the mother very alone and/or frightened;
- (10) many unscheduled visits to the antenatal clinic or doctor over minor things;
- (11) degree of isolation (e.g. phone, transportation, nearby family or relatives);
- (12) parents have difficulty talking about the above topics and avoid eye contact;
- (13) parents backgrounds (e.g. foster home, type of discipline used and attitudes towards it, own ideas about how will discipline own child) ...

Marriage problems ... could be alleviated or prevented ... [39]

Community supports and services need to be built into our society, where families are nearly all of the nuclear type and therefor much more isolated and vulnerable .. [e.g.] the Karitane [Plunket Society] family support units.

[39] The paragraph breaks in the original have been retained in this edited extract, in order to convey the structure of the original.

[P]rovision of adequate child care facilities is a priority ...

Income ... needs to be redistributed in favour of families with young children ...

In order for parenthood to become more a matter of choice, and for the role to be more equally shared by men and women, these social attitudes need to change ... [a summary of the Federation of New Zealand Parents Centres (Inc.) recommendations described above is given]'

The implications for social action, in summary, are:

- a) there are roles for a variety of agencies;
- b) problem-oriented casework needs to include more preventative group and community work; and
- c) 'changing macrosystems (neighbourhoods, wider communities and society generally)' is required (Fielden, 1978: 84).

A large edifice of social action is here built upon a theoretical orientation and conceptualisation which could have been more critically examined, and upon a sample size which, while acceptable for the work in question, is very small ($n = 8$) for wider implications to be drawn. Weaknesses which are quite widespread in 'the literature' are exemplified by these conclusions.

Harvey (1980) examined the implications for recreation patterns of the transition to motherhood in New Zealand, using a small sample of young Wellington women in their first year of motherhood. She found that levels of participation in recreational activities were much reduced across all activities. The reduction was least for those who had a previous pattern of participation in active sports. The major constraints identified by respondents were:

- a) the lack of child (day) care resources;
- b) restricted mobility and 'independence'; and
- c) the inconvenient scheduling of such activities.

This study reported some methodological improvements, especially in the measurement of recreational participation through the family career. However, it does not (and was not intended to) contribute either to normative data on the transition to parenthood in New Zealand or to conceptualisation of the transition to parenthood as one instance of developmental change in families.

In the absence of valid and reliable normative data on the transition to parenthood in New Zealand, it is interesting to note that there are still very extensive provisions for parent education from the antenatal stage, and growing

provisions both earlier (e.g. in secondary schools) and later (e.g. provisions for parents of adolescents) than the actual point of transition to parenthood (see King and Everts, 1984 for a survey of provisions in New Zealand [40]). Again this literature underlines the orientation of virtually all of the New Zealand research and publications to social problems, provisions and policies rather than to the underlying 'ideological positions' (Wilkes and Shirley, 1984: 8-10), values, theoretical orientations and conceptual frameworks. Those researching education for parenthood almost uniformly do not consider what is sociologically problematic about the roles and indeed the whole experience of parenthood to which parent education provisions are so confidently oriented.

Turning to topics adjacent to 'normal' parenthood, such as ex-nuptial birth, the applied emphasis (with the assumption of likely social problems, and thus an atmosphere conducive to the finding of crisis) may again be seen:

'New Zealand's high rate of ex-nuptial births, which could be said to be a characteristic of the society, has only in the last ten years [since 1965] been documented statistically ... [and] even less interest has been shown in the social ... or legal aspects of ex-nuptial births' (Koopman-Boyden, *ibid.*).

Many of the references in the first Bibliography (Koopman-Boyden, editor, 1975) to ex-nuptial parenthood are largely data-free, but some report or consider available official statistics, and a small number relate overseas research to New Zealand or report research results or casework experience. The more research-based studies generally appeared in the late 1970s (O'Neill *et alia*, 1976 [41]; Chung, 1976; Society for Research on Women in New Zealand (Inc.), 1975; 1977; Clay and Robinson, 1978; Fergusson and Horwood, 1978; Society for Research on Women in New Zealand (Inc.), 1979; Ritchie, 1980), but with only occasional or partial exceptions had the aim of providing a sounder database for policy debate and formulation (Social Development Council, 1977a; 1977b; 1977c; 1978a; 1978b;

[40] See also Lambrechtsen, 1979; Watterson, 1979; for examinations of the effectiveness of provisions see McMillan, 1979; Hughes, 1982; for reference to more specific studies of parent education in New Zealand see Meade and Marland, 1984: 89-90 and 111-117 passim; Koopman-Boyden, compiler, 1982: 65 and passim.

[41] This was published earlier, but reported only data captured during the Department of Social Welfare's performance of its statutory duty to investigate the circumstances of ex-nuptial birth, a responsibility that was to be increasingly omitted as other social work priorities became more immediate (see successive Annual Reports by the Department for the late 1970s and early 1980s).

1978c; 1978d; 1979; 1980; 1981) rather than any orientation to theorising or conceptualisation.

However, while ex-nuptial parenthood as a topic offers the possibility of useful systematic comparison with the (culturally) normative two-parent form, this is not systematically explored. Again, the emphasis is on the very practical applied aspects, and this again draws attention from the possibility and/or reasons for a comprehensive and theoretically-informed treatment.

Turning to parenthood explicitly, Koopman-Boyden (compiler, 1975: 7-9) points out that:

'The wealth of literature concerned with children and child-rearing practices in New Zealand includes articles covering the stages of childhood and adolescence ..., books and articles dealing with general aspects of childcare, and a number of articles describing child-rearing practices among Maori and Pakeha, urban and rural New Zealand families ...

The 1950s saw a spate of writings on various aspects of child-rearing, the main concern being discipline, or "child management" or "child control" as some writers called it ... Lesser concerns were those of coping with baby talk ..., destructiveness ..., favouritism ..., parent-child separation especially through hospitalisation ... Health problems have also been fairly well documented ...

General aspects of parent-child relationships have been pursued, particularly in the 1950s ... with a more recent interest in attitudinal differences between the two parties ... An increasing interest has been shown for the establishment of day-care centres. This was highlighted in the submissions made to the [Parliamentary] Select Committee on Discrimination Against Women ...

[T]here is ... a report ... on child abuse in New Zealand ... Of the writings on adoption, two stand out ... relating to the law of adoption .. and ... [a] more general guide ... Journal articles have been concerned with the age of placement ... and the problem of telling adopted children that they are adopted ... A few articles have appeared on fostering children ...'.

The characteristics of the New Zealand literature on parenthood, broadly defined [42], are fairly clear from this survey, and they have not changed a great deal in the time since the Bibliography was published.

The bulk of the New Zealand literature on parenthood is pragmatic and didactic. There is a considerable emphasis on social and personal problems, and much attention to the law, social policy and social work. There is very little attention (apart from Swain, 1978b) to parenthood, the adults' experience, the effects of children on their parents. The bulk of the literature deals with childrearing, the effects of 'fathers, mothers and others' (Rapoport Rapoport and Strelitz, 1977) on the children. The first research-based New Zealand publication was the replication by Ritchie and Ritchie (1970) of an original study of patterns of childrearing by Sears, Maccoby and Levin (1957). While a number of methodological problems and deficiencies limited the representativeness of their results (see Ritchie and Ritchie, 1970: 12-15, 22), this study provided a picture of maternal behaviour towards and feelings about four-year olds which has been widely quoted in other New Zealand publications.

Ritchie and Ritchie (1970: 146) both reported findings and speculated about their implications and correlates. They described pregnancy as mostly accepted, even if unplanned; antenatal care as good in physical terms but absent for most women in the psychological area. Critical marital adjustments were described as being made without being realised [43] until afterwards. The dominance of hospital policies and priorities while the woman is within its confines, and their loss of influence afterwards, is shown.

[42] The term 'child care' is most frequently used in bibliographies and reviews, but has the disadvantage of possible confusion with 'day care' or - as it is increasingly frequently called in New Zealand - 'child care'! The term 'childrearing' is used by Ritchie and Ritchie (1970) in their research, while 'parenthood' is used by Swain (1978b) to refer more to the sociological aspects, and 'parenting' is used by researchers and practitioners interested in parent education and parental skills. The terms are used as follows in the present work:

Childrearing: the care and socialisation provided by the parent(s) to/for their child(ren); the child(ren)'s experience of the same;

Child (day) care: the care and socialisation provided by other(s) (e.g. in child care centres or through family day care programmes); the child(ren)'s experience of the same;

Parenthood: the social structural and cultural (sociological) arrangements made for childrearing; the parent's/s' experience of the same;

Parenting: the more or less explicit behaviours and/or skills deployed in childrearing (by whoever enacts the childrearing role(s)); the content of most parent education; the caregiver's behaviour.

Breastfeeding is seen as a lost art, and its loss is clearly regretted by the authors. They argue that

'biologically speaking the early mother-child system in New Zealand (and generally in western societies) is very abnormal' (Ritchie and Ritchie, 1970: 148)

in that there is distance between mother and child in the early months. They suggest that typical western early childhood parenting practices may lead to cultural characteristics such as

'the preservation and maintenance of appearance, sameness and stability .. [and] the New Zealand family ... [becoming] a stage show presented for some outside audience, with all the actors struggling to take the lead' (op. cit: 149).

They point to:

'a quality of insecurity about selfhood ... [which] is very common in New Zealand because in the family (and elsewhere) those who have such an insecurity attack the development of selfhood in others, and ... [in] children especially' (ibid.).

They compare their results with those of Sears, Maccoby and Levin (1957). The Boston child:

'... goes out to play in the neighbourhood, surrounded by a dense cloud of verbal fog, instructions, prohibitions, moral injunctions and cautions. But having thus programmed the machine-child for "play" the [Boston] mother sits back till it returns for reprogramming' (Ritchie and Ritchie, 1970: 154).

By contrast:

'our New Zealand mothers seem chaotic, over-whelmed by the sheer necessity of coping, barely managing but somehow more appealing for all that ... [The] appeal lies not in the chaos but in the opportunity it provides for the development of individual diversity, even if the chance is not always well taken' (ibid.).

[43] This distinction by Ritchie and Ritchie (1970) between the implementation of changes and the later 'realisation' or coming to awareness of such changes by those implementing them underlines the importance of the phenomenological perspective in sociology. The latter would of course emphasise the importance of the social construction of the social world (of which marriage is undoubtedly an aspect), and would focus on the 'realisation' as the crucial change.

It is not so clear however how to reconcile this opinion with their view that:

'The great gods of contemporary New Zealand institutions (including motherhood) are the preservation and maintenance of appearance, sameness, and stability' (Ritchie and Ritchie, 1970: 148).

There is however later research which tends to support the latter view. Smart and Smart (1973) may be interpreted to suggest that, compared with English and American parents, New Zealand mothers tend to be more controlling of their children, especially their sons. This research also, of course, underlines the earlier warning that it should not be assumed that New Zealand society is simply a South Pacific version of the more dominant English-speaking societies.

Much of the Ritchies' material is, as their book's title indicates, about childrearing, about what parents do (for good or, more often it sometimes seems, ill) to their children. There are, however, a few observations about the experience of motherhood per se:

'The bleakness of motherhood is a real cause for concern ... The data present a picture of devotion and very few mothers are dissatisfied with their roles. They seem quite content to devote virtually all their energies to home making and the family's care. But at the same time they pay a price for this. They are confined within their roles; their social world is delimited by the house and garden. Their social interaction is with children rather than with adults. And the effects are intellectually deadening and emotionally wearing. Their husbands helped [44] occasionally when the children were little but are not able (or are unwilling) to help much now with the older [four-year old] infants, though in the evenings and at weekends they entertain them.

These mothers are affectionate but there is an unrelieved closeness about their interaction with their children, an unremitting vigilance, a watchfulness that probably produces great strain ... New Zealand mothers hover, watch, chivy and intervene and seem not able to trust the four-year-old to live a life of his or her own ... [and yet] the New Zealand mother seems .. to thrust independence upon [her children] ... when

[44] The term 'helped' is not neutral but rather subtly emphasises the traditional and conventional allocation of childrearing responsibilities to the mother (see also Gilling, 1984; and on a related point see footnote [20] above).

it suits her rather than them ...

Control by smacking is [the] ... characteristic [New Zealand pattern] and for many mothers virtually the only control consistently employed ... For the most part they will not tolerate ... social sex play, infantile masturbation and nakedness ... Aggression really upsets the mothers ... They want their children to fight back but not show aggression! One is sympathetic with their needs ... but ... developmentally, their demands are unrealistic, indeed impossible' (Ritchie and Ritchie, 1970: 156-7).

The picture of motherhood (the adult experience - although this may well go for the children's experience too) which the Ritchies generalise from their data is an unhappy one. They do offer a small qualification:

'If we have concentrated on the problems and troubles of the New Zealand family it is because it is these that need understanding. The rest is sunlight and warmth' (Ritchie and Ritchie, 1970: 158).

While this statement may help the reader to place the negative emphases of the Ritchies' research in perspective in reading their work, it does not facilitate evaluation of the normative pattern of childrearing in New Zealand, or inference about parenthood (or more particularly motherhood), or cross-national comparison with overseas studies of parenthood as crisis.

The above observation by the Ritchies is strikingly parallel with the emphasis on the problems of parenthood in the overseas literature prior to Russell (1974), albeit more explicit. The fieldwork reported in the present thesis, and implicitly the theoretical model presented, treat both the 'problems and troubles' and the 'sunlight and warmth' as problematical, as requiring of understanding and explanation, as candidates for inclusion in a conceptual framework dealing with developmental change in families.

A later publication by the same authors (Ritchie and Ritchie, 1978) is a text on child development in which they systematically present, interpret, comment upon and generalise from the growing body of New Zealand material and such overseas studies and publications as they believe to be relevant to New Zealand. Notwithstanding the child development orientation, the matters reviewed are of broader scope. The first chapter, on pregnancy, parturition and the puerperium, deals largely with the institutions, organisations and groups that 'process' women and their families through this biosocial sequence. Hospital medical care and the two major organisations of parents who help other parents, the education- and advocacy-oriented Parents Centres and the breastfeeding-oriented La Leche League, are identified as most important in the early period. Both are

especially concerned with anticipatory socialisation.

The improved likelihood of the birth of well babies, attributed to the obstetric and paediatric services, is a basis for any child's development. The work of the Parents Centres, reaching initially and directly only a minority of parents [45] (Ritchie and Ritchie, 1978: 2), is seen as more far-reaching because of their institutional influence in such areas as policies and practices to minimise separation of children from their parents when either is hospitalised, or the encouragement of fathers' participation in the childbirth process (op. cit.: 2-5). While Parents Centres are a distinctively New Zealand innovation, the La Leche League originated in the United States of America (although the League in New Zealand has some distinctive local characteristics not entirely consistent with its origins: see Ritchie and Ritchie, 1978: 9). The League, with its 'astounding growth, success and acceptance' (op. cit.: 8), is characterised by:

'simple and direct transmission from those who know [i.e. role definers] to those who want to know, in a context of action ... [via] direct word of mouth and immediate help ...' (ibid.).

Another New Zealand institution to which the Ritchies pay particular and appropriate attention is the Plunket Society (op. cit.: 10-11), describing what they find to be both its strengths and its limitations, and pointing to the possibility of a changing role oriented to the more affluent, healthier, pakeha [46] majority of the population (Ritchie and Ritchie, 1970: 10-11; cf. Begg, 1970).

[45] The Federation of New Zealand Parents Centres (Inc.) now includes some 50-odd Centres whose courses and meetings are attended by several thousand New Zealanders annually. In addition, the circulation of the Parents Centres Bulletin is now over nine thousand subscriptions. There may of course be a two-step process of information dissemination (Katz and Lazarsfeld, 1955) in which Parents Centres' activities are the first step.

[46] Pakeha is the Maori term for those of non-Maori origin. Some research (Salmond, 1975) indicates that Public Health Nurses are more popular with relatively disadvantaged inner-city mothers, who are disproportionately Maori or Pacific Island Polynesian in ethnic identity. This is one of the few respects in which there may be institutional differences in the 'social processing' of the transition to parenthood, as opposed to differences in the level and content of the service delivered, for example variations by social class, which generally follow the 'inverse care law' (ibid.).

The Ritchies' conclusions drawn from their overview of the institutional provisions for the transition to parenthood in New Zealand are:

'Overall we have only the framework of services for good delivery of well babies and for their early care. The excellence of some things dull our perception of the special needs of some women and children. We are easily dazzled by radical new advances in medical science; less impressed by the need to regard the physical and essentially mammalian aspects of early development as in need of some defence against practices that may not support growth, both physical and psychological, as well as the oldest and best traditions of early care may do. We have almost entirely failed to really utilise birth and early nursing as a time of readiness, on the part of both parents, to adopt new patterns in their lifestyle that will balance out, for them as adults as much as for their children, personal and collective interests, as individuals and as a family group. We have made the assumption that motherhood will be a total career for most women. We have also assumed that most children are born into nuclear families. Most development goes on in a context built from these assumptions. Increasingly they no longer apply' (Ritchie and Ritchie, 1978: 12).

While the evidence for the first portion of conclusions by Ritchie and Ritchie (1978) is somewhat impressionistic, the assumptions cited in the latter part may be compared with available data (Swain, 1978b; see also Social Development Council, 1977a; 1977c) which neither completely substantiate nor completely contradict the assumptions.

Motherhood is no longer the total career for most women. There are some married women, proportionately probably relatively small but seemingly growing [47], who appear to be choosing to be voluntarily childfree (Swain, 1978a: 69). The proportion of her adult life which a married woman with children spends bearing and rearing them is definitely, steadily and markedly shrinking (ibid.). The proportion of married women in the paid workforce [48], and the proportion of the female paid workforce who are married, have been rising steadily (Department of Statistics, 1977). There are obstacles in the way of married women with children seeking alternative careers (Society for Research on Women in New Zealand (Inc.), 1971; 1973a; 1973c; 1975a; 1976a; 1976b; 1976c; Society for Research on Women in New Zealand (Inc.) and Swain, 1978; Society for Research on Women in New Zealand (Inc.), 1984), but the pattern of intercontingent family and occupational careers for married women (Pool and Crawford, 1979) is quite clear.

It appears that the most likely household into which a New Zealand child will be born in the 1980s is still - just - a nuclear family (Swain, 1978b: 27; but see also Department

of Statistics, 1984: 12-13), although there is now (as there has always been in the past) a considerable diversity in New Zealand (Swain, 1978c) as in overseas (Cogswell and Sussman 1972) households. While divorce and other forms of marital breakdown appear to be rising a little, there is not a contemporary collapse of the nuclear family (Swain, 1979; 1983) and most New Zealand children in the 1980s at least seem likely to spend most [49] of their lives in a nuclear family, albeit not necessarily the nuclear family into which they were born (Social Development Council, 1978c; Fergusson, 1983).

Ritchie and Ritchie (1978: 140-147) also review the transition 'from bride of the month to suburban neurosis' [50]. They overview educational, vocational and occupational differences between young men and women, and the resultant marginal involvement of young women in the paid workforce,

[47] It could be argued that about half of all married women who have the opportunity to choose to be childfree are availing themselves of this opportunity. Somewhat more than half (about six out of ten) of all New Zealand women are, at the time of their first marriage, either pregnant or have had a child (Swain, 1978a). Of those remaining (roughly four out of ten), about half (two out of ten) have not had their first child at five years duration of marriage, the conventional indication of a less than 2% likelihood of subsequently becoming pregnant. This is the upper limit for the married childless or childfree in New Zealand. However, it is possible (Swain, 1983) that a growing proportion of married New Zealand women are choosing to delay the start of childbearing, and hence undermining the 'five years' rule, so some of the apparently voluntarily childfree may turn out to be delaying childbearing rather than childfree. The lower limit for the voluntarily childfree is not yet clear. See also Pool and Pole (1984) for a detailed discussion.

[48] The phrase 'in the paid workforce' is deliberately used in preference to the phrase 'working' which implies (for academic as well as everyday purposes) that housework and caretaking in the home are not 'work'. See Gavron (1966), Lopata (1971) and Oakley (1976) for discussions of the academic and everyday implications of the use of terms such as 'working' to distinguish those in the paid workforce from those carrying out housework and caring work; see also Social Development Council (1977c) for a discussion of this topic in the New Zealand social policy context. It is possible that one source of the transition to parenthood as crisis lies in these terms and the concepts they reflect from general social usage!

[49] Unpublished results from the Christchurch Child Development Study (Fergusson, 1983) show that about one in three Christchurch children can expect to spend some portion of their first sixteen years with other than both of their birth parents.

and go on to discuss the serial shocks of marriage and motherhood:

'During courtship he has been for her the gallant gentleman, the manager and the active organiser of entertainments and new activities. Suddenly she finds herself cohabiting with a person who has many disagreeable habits which she did not know about. He, furthermore, has been searching for someone to manage his domestic life as his mother once did and instead finds someone as slothful and untidy as himself ...

Of these early days in the marriage we know very little from New Zealand based research, but undoubtedly the shock of discovery that marriage is no bed of roses ... is common here ...

After the shock of marriage, she will not have much time before her ideals about motherhood will be put to the test. After the fuss and flowers of the confinement the first days at home can be rather traumatic ...

Neither the young bride nor the young groom is well prepared for either marriage or parenthood and, furthermore, both may be without emotional and social support in either of the two roles' (Ritchie and Ritchie, 1978: 143).

The Ritchies draw upon some published New Zealand studies (Federation of University Women, 1976; Ritchie and Ritchie, 1970; Silva, 1976) and some unpublished ones (Ritchie and Ritchie, 1977; Thompson, 1974; Calvert, 1976; Thompson, 1977) to provide data which relate to some of these descriptions of an unhappy transition to marriage and parenthood, but a proportion of them remain plausible suggestions, awaiting empirical investigation, perhaps more so than their further statement that:

'Far from knifing the family in the back, the application of feminist principles of equality to the marriage relationship and to family interaction in general can only lead to happier, healthier families and better all-round human development' (Ritchie and Ritchie, 1978: 147).

[50] The overall tenor of their chapter title may be thought to reflect the findings of the earlier 'parenthood as crisis' literature beginning with LeMasters (1957) without explicit reference to it, perhaps illustrating how the assumption of crisis, based initially on research with a particular conceptual framework likely to show crisis, can become pervasive.

While the necessity (Bernard, 1973) and considerable scale of improvements in the quality of life and life chances of women consequent on 'application of feminist principles of equality to the marriage relationship and to family interaction' (*ibid.*) is undeniable, some of the inevitable transitional costs cannot simply be overlooked.

In a chapter looking to the future (Ritchie and Ritchie, 1978: 164-180) a somewhat more optimistic note is struck. A possible trend [51] towards fewer couples having children, and those having fewer children (initially noted in Swain, 1978a: 27-9 but see footnote [43]) is discussed:

'Already the demographic trends are towards fewer families [52] and smaller families. These two trends, taken together, will by themselves alter the context of growing up in New Zealand, quite apart from other changes in the nature of family styles or in the institutions around the growing child' (Ritchie and Ritchie, 1978: 165).

After discussing the differences in organisation and style between large and small families in the now somewhat dated research of Bossard and Boll (1950; *cf.* Social Development Council, 1978d), and extrapolating to the New Zealand situation, Ritchie and Ritchie (*ibid.*) then move to more certain ground by comparing the responses of Maori and pakeha parents to large families. Maori parents have traditionally shared parenting, which Ritchie and Ritchie (*ibid.*) find preferable, while pakeha parents are described as either organising their households or enduring chaos. Better even than sharing parenting of large families, Ritchie and Ritchie (*ibid.*) argue, is shared parenting with small families, which is to the advantage of both parents and children:

'In any culture smaller families provide better civilised and civilising opportunities. With fewer children the quality of child care is greater, there are more opportunities for emotionally satisfying interaction and a stronger sense of continuity through the imparting of parental values

..

[51] More recently it has become apparent that what was seen in the 1970s as a trend towards a greater proportion of voluntarily childfree couples is more likely to be two trends: a greater proportion of couples who are voluntarily childfree plus a greater proportion of couples beginning their families after five years of marriage. The relative strength of these two trends will not become clear for some years yet.

[52] This probably refers to the reducing proportion of all households which are two parents plus their dependent children, which has been evident in the New Zealand censuses of 1976 and 1981

The price that must be paid for large families is sacrifice, mostly of the time and personal growth of the mother, and too often in our society [53] of her health as well' (Ritchie and Ritchie, 1978: 167-9).

The Ritchies' own description of their book on Growing Up in New Zealand summarises the best that can be said [54] of the extant literature on pregnancy, parenthood and childrearing in New Zealand:

'It has been our chief purpose to stand and look about us and say just where we seem to be ... We have made guesses, here and there, allowed ourselves the small liberty of speculation, but always and only with one foot on what the research has said and the other firmly planted in day-to-day New Zealand life as we know it' (Ritchie and Ritchie, 1978: 179).

2.3.6 Summary

This chapter has served as an overview of the theoretical and substantive literature of relevance to the present work. The review of the theoretical literature began with a brief overview of family sociology from what are described as its earliest phases of sweeping impressions through the drastic revision of methods and materials to a more explicit and critical attention to conceptual frameworks. Some inadequacies identified by other writers have been discussed, and the developmental conceptual framework, on which the present research is based, has been described and critically reviewed. Some historical milestones in its creation were mentioned, and its major conceptual components introduced and defined.

There followed an outline of three different types of social change, distinguished for the purpose of specifying the focus of the present research, and indicating the limits to the scope of the proposed conceptual framework or model of developmental change in family systems (which is to be described in detail in Chapter 3).

[53] The health risks of the female domestic role, especially of housework, are well established overseas (Bernard, 1973) and these studies are now being replicated in New Zealand (Calvert, 1976; 1982; see also Novitz, 1978: 77) with similar results.

[54] The present literature review (Chapter 2 and Appendix A) presents a more critical view of the limitations of the literature, underlining the shaping influence of theoretical orientation and conceptual framework. This feature is missing from the evaluation by Ritchie and Ritchie (1978: 179).

The substantive literature - largely separate from the theoretical literature in content and orientation, as well as in this format of presentation - was then outlined (with a more detailed treatment of some topics to be found in Appendix A).

The specific literature on parenthood as either crisis or transition was summarised. The extensive and unorganised literature on social and cultural aspects of pregnancy and childbirth was summarised. Reviews and critiques of the former, parenthood, literature were outlined and discussed. The more immediate context of the present research, the New Zealand family literature in general, and the pregnancy and parenthood literature in particular, were reviewed.

Three themes which bear on the present research have thus been introduced:

- a) epistemological: inadequacies of the still largely atheoretical field of family sociology;
- b) theoretical: (i) the presentation of a model which represents a starting point in the systematic investigation of family dynamics, and (ii) its explication, illustration and perhaps improvement; and
- c) substantive: (i) use of the model to guide investigation of a large dataset; and (ii) empirical study of first parenthood as either a crisis or a transition.

The research and reflection represented here has been carried out inter alia over more than a decade, and in that period there have been changes in the discipline, in this particular field, and to the researcher. The work reflects some of these changes over a period which is substantial in terms of both chronological and social process time. 'The literature' has of course stood behind this research and reflection, being both a source of some of the ideas presented and a challenge to improve both the conceptualisation and the empirical study of the topic.

3.0 CHAPTER 3: MODEL OF DEVELOPMENTAL CHANGE

3.1 Introduction

In Chapter 2 an overview of the developmental conceptual framework was presented (section 2.2.2), and a number of concepts central to that framework were defined (sections 2.2.2.2.1 to 2.2.2.2.13). It was pointed out that three types of change to family systems could be differentiated (sections 2.2.3.1. to 2.2.3.3.), and that the present research took one of these, developmental change (section 2.2.3.1.), as its central focus. In this chapter a model of developmental change in family systems is presented which will later be used to order a body of data about one substantive example of developmental change, the transition to parenthood.

The model is shown in a simplified form in Figure 3.1, and then it is shown broken down into three modules in Figures 3.2 to 3.4 inclusive. There then follow six sections of the text of this chapter (sections 3.3 to 3.8) and six corresponding figures (Figures 3.5 to 3.10) which present the model in visual form. The next section below (section 3.2) outlines the full set of figures and the symbol conventions used in these figures.

3.2 The Figures And Symbol Conventions Used

Figure 3.1 presents an overall schematic simplification of the conceptual framework for developmental change in families, showing the major modules. Figures 3.2 to 3.4 (their coverage is delineated on Figure 3.1 by dashed lines) provide greater detail on portions of the model; together they cover the whole model.

Figures 3.5 to 3.10 correspond exactly to the following six text sections 3.3 to 3.8 respectively. With one exception (Figure 3.8) each of these Figures 3.5 to 3.10 corresponds to one of the boxes in Figure 3.1. Figure 3.8 is represented (as indicated) by four boxes in Figure 3.1. These latter modules (Figures 3.5 to 3.10) represent portions of the whole model which have a reasonable degree of coherence as portions (or modules).

Figures 3.1 to 3.4 appear on the four pages immediately following, while Figures 3.5 to 3.10 each appear on the page following the beginning of the corresponding text section (3.3 to 3.8 respectively).

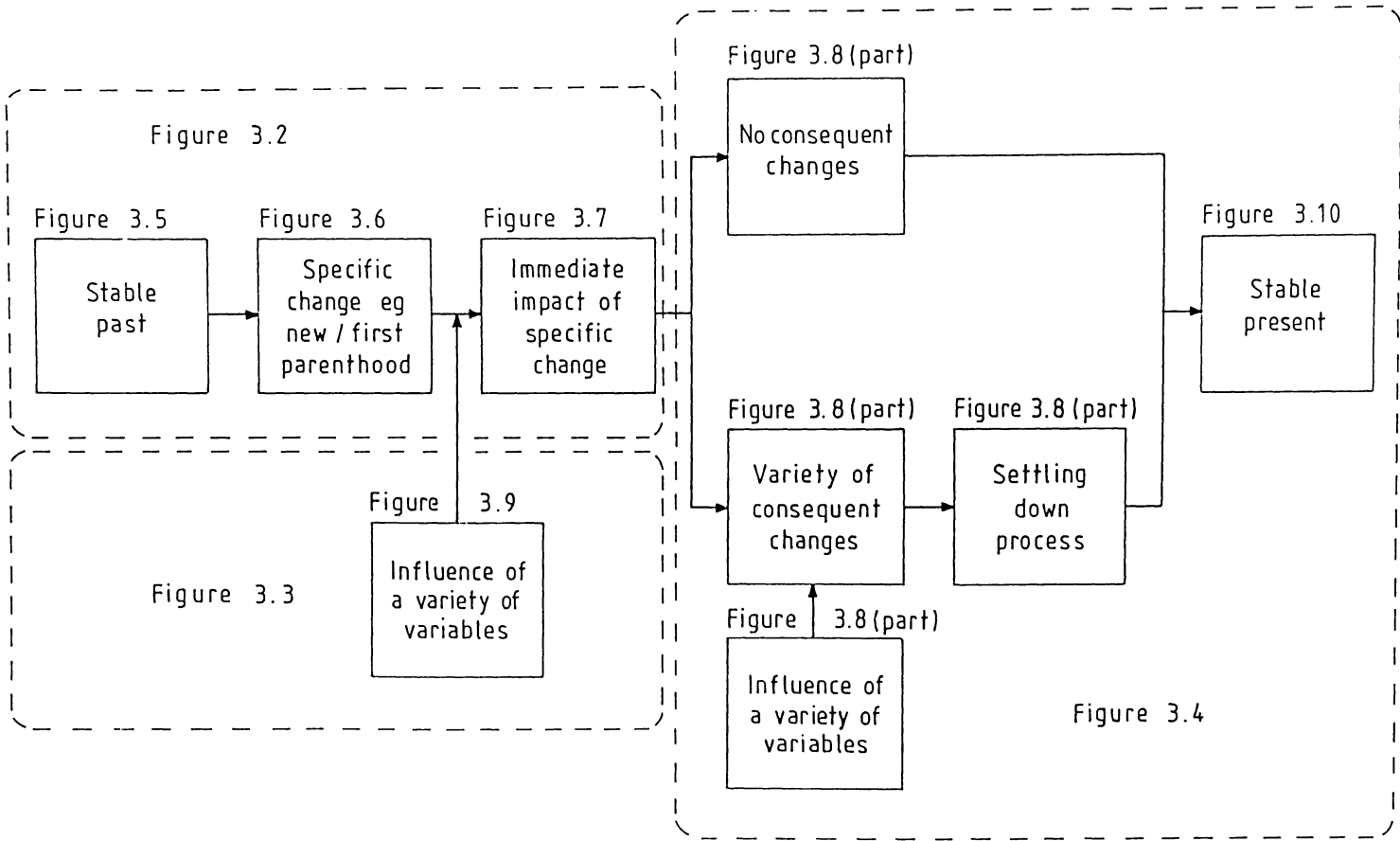


Figure 3.1 Schematic Simplification of the Conceptual Framework

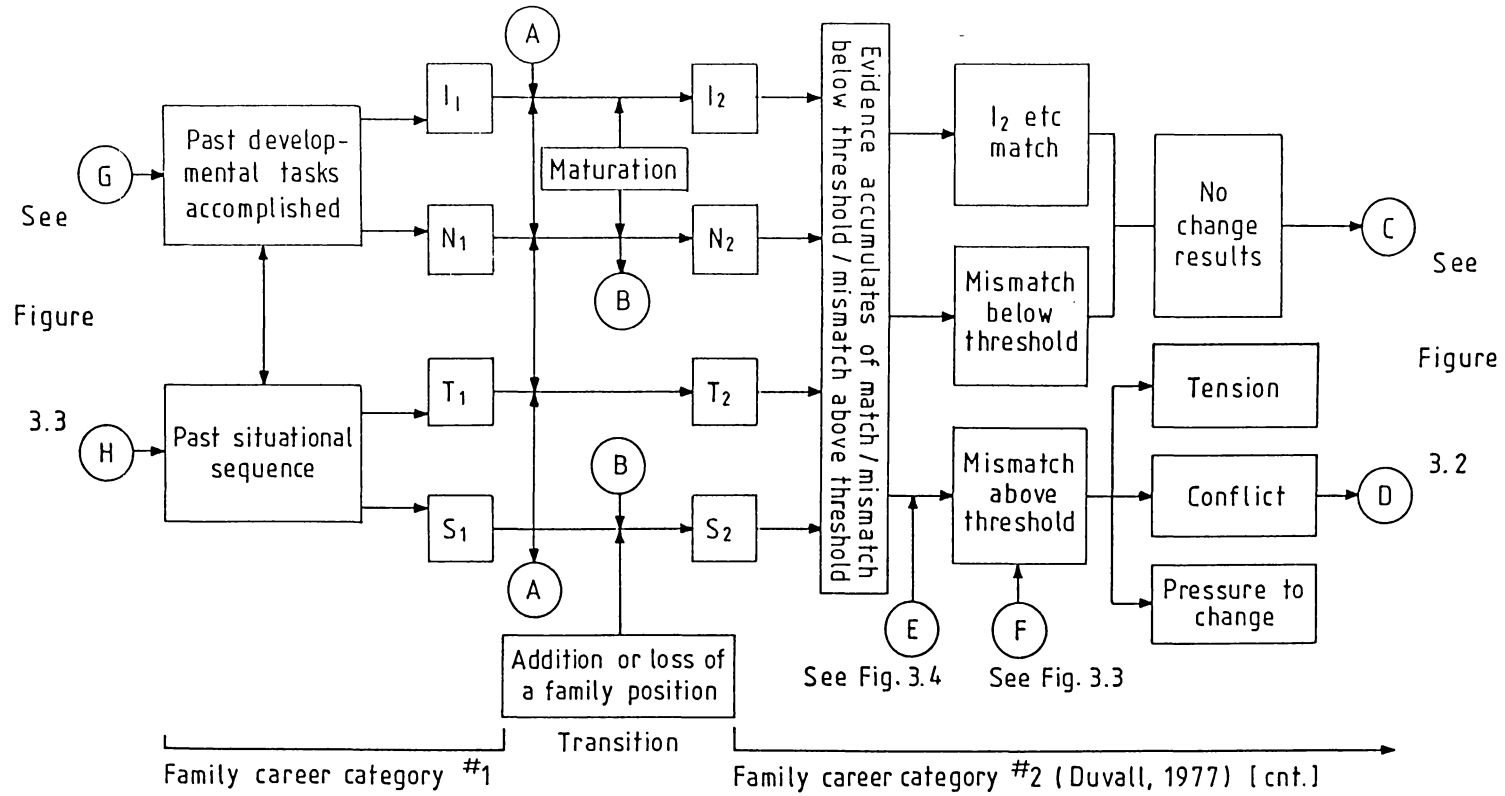
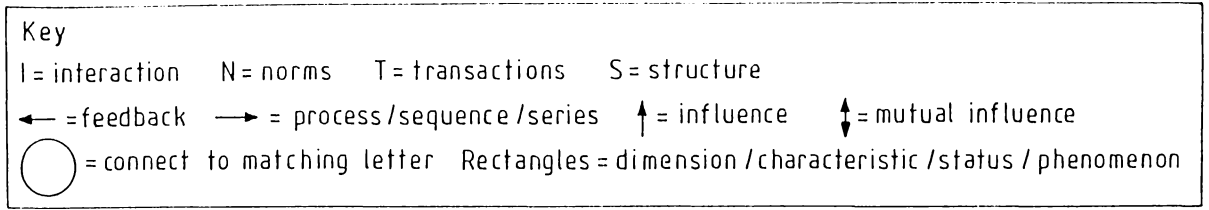


Figure 3.2 Family Change (Part A)

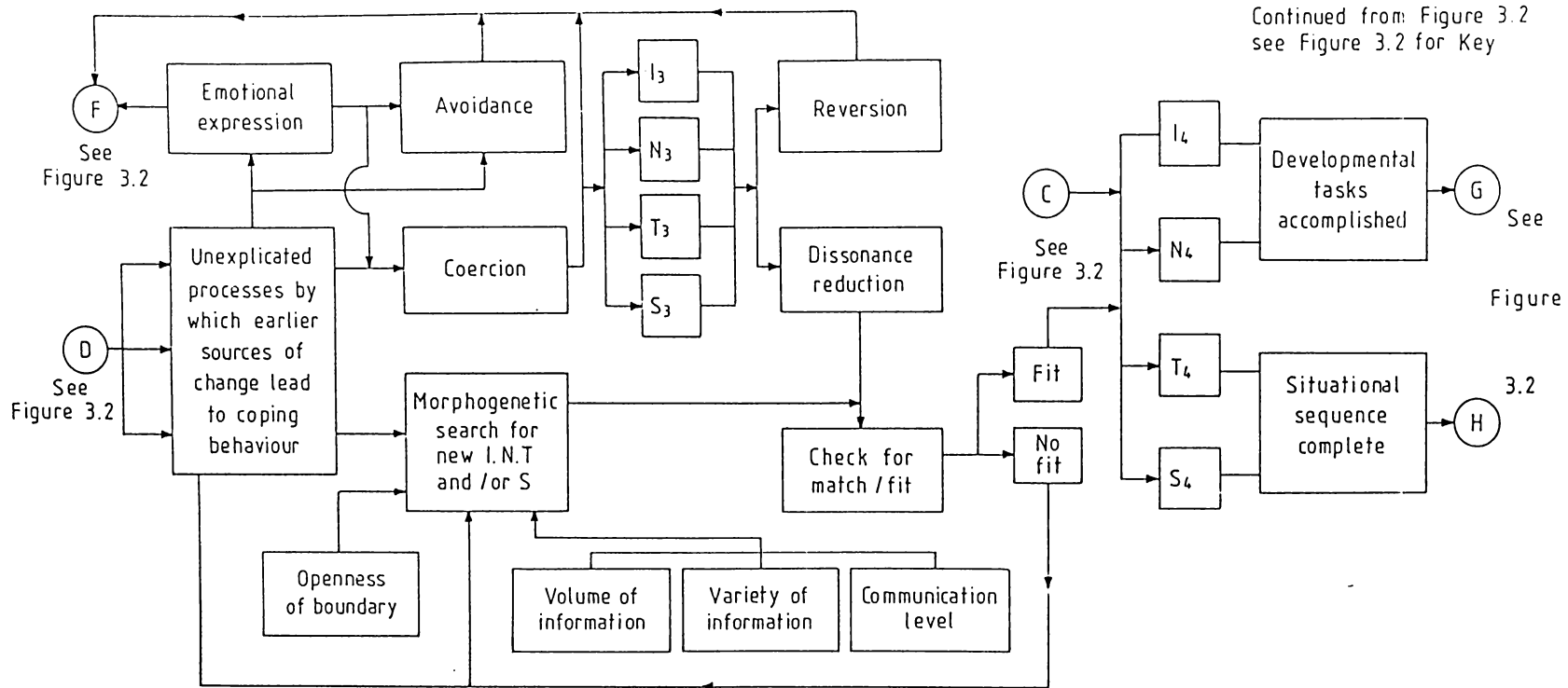
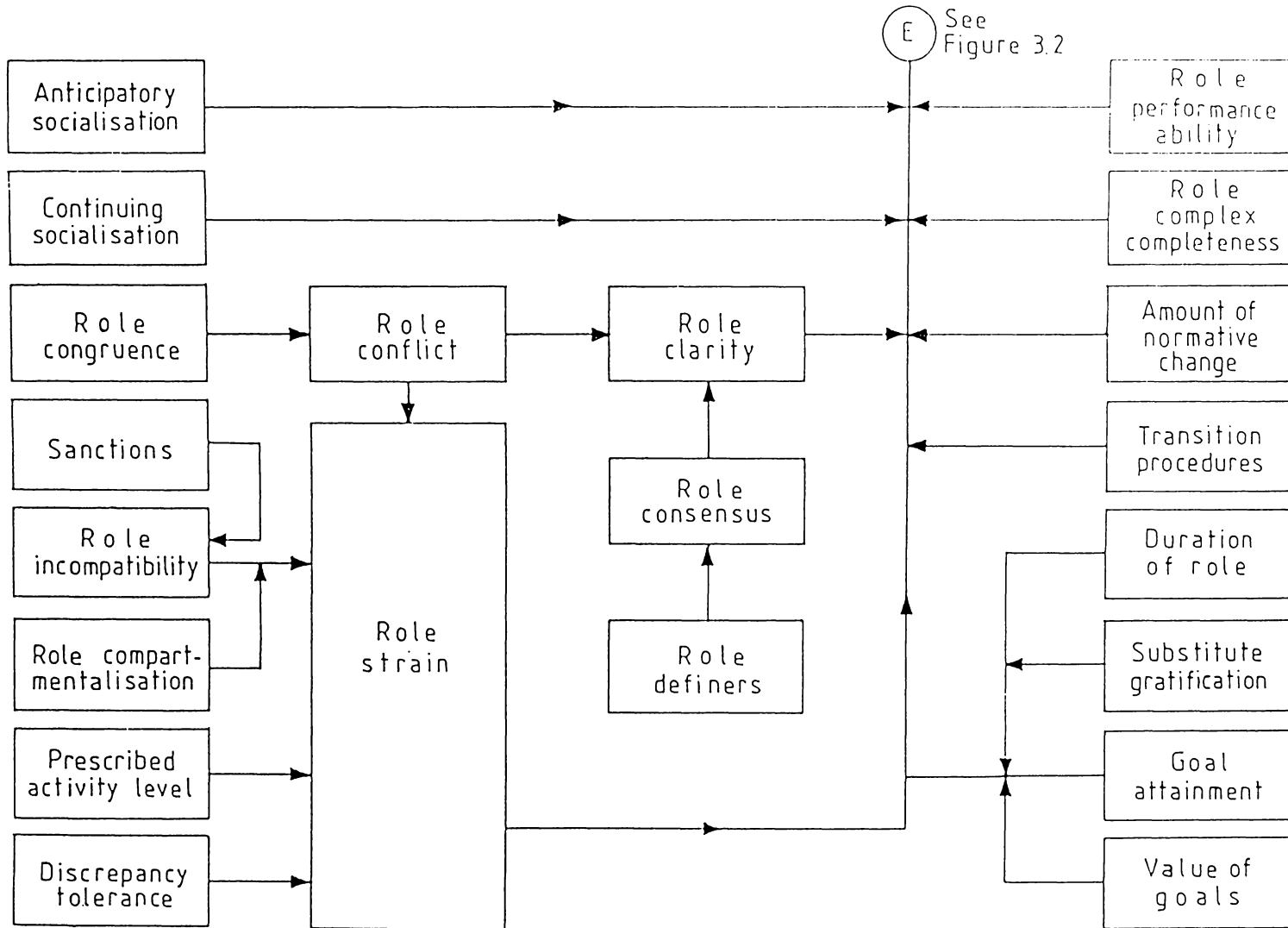


Figure 3.3 Family Change (Part B)



Adapted in part from Burr (1973)

Figure 3.4 Family Change (Part C)

Continued from Figure 3.3. See Figure 3.2 for Key. See Figure 3.9 for footnote.

These schematic figures are intended to be visual summaries of the text (sections 3.3 to 3.8 respectively). They are not rigorous flowcharts or path analysis diagrams (Kirkpatrick, 1978). They are more akin to the 'game trees' or 'directed graphs' of Magrabi and Marshall (1965), and are best utilised as aids to the understanding of the text. A recent publication on research-based theories of the family has featured the charting of theoretical models, and the symbols and rationale presented there (Burr et alia, 1979) are similar to the present usage.

The basic components of the schematic figures used here are rectangles (including squares), arrows and circles. Rectangles are used to represent states or situations; arrows are used to represent short-term sequences or processes; and circles are used as connectors, in pairs with a common letter within them, indicating that there is a connection between two points (which could be represented by an arrow but is not because this would result in visual complication of the figure). Broadly, horizontal arrows are used to indicate linked short-term sequences of states or situations, or processes, with an implied temporal sequence from left (earlier) to right (later). Feedback sequences are important in this model, so that horizontal arrows also appear to go from right to left: this implies a feedback [1] to a previously represented state/situation etc, a cyclical process. Equally broadly, vertical arrows are used to indicate influence or modification or intervention, either mutual and simultaneous (two-headed arrows) or unidirectional (one-headed arrows, direction indicated by arrowhead).

It will be appreciated that the two-dimensional representation of a multi-dimensional model or conceptual framework presents real difficulties. For example, the dynamic interrelationships of interactions, norms, transactions and structure within a family system might more readily be represented if drawn on the outside of a cylinder lying in a horizontal plane rather than on a two-dimensional page. Thus the conventions described above should not be followed slavishly in interpreting the figures, which it is emphasised are intended to be visual aids to the text.

[1] 'Feedback' is used in a sense cognate with or analogous to the technical (electrical, biological, psychosomatic) senses of the influence of the outcome of a process on an earlier phase, modification of a process by its results or effects, especially the difference between envisaged or desired outcome and actual or experienced outcome (see Sykes, general editor, 1976: 381). In the social world an important aspect is the social construction of 'reality', with the implication (inter alia) that anticipations of outcomes etc. can influence (earlier) current behaviour.

3.3 A Stable System With A History

This section is illustrated by Figure 3.5 (which is an enlargement of part of Figure 3.2).

It is convenient to conceptualise family systems as comprising four main dimensions: structure, interaction, transactions and norms. Structure is a central concept in the structural-functional conceptual framework (McIntyre, 1966: 52-77) and it is used here to refer to the number and arrangement of positions within the family conceptualised as a system (see sections 2.2.2.2.1, 2.2.2.2.3, 2.2.2.2.7 and 2.2.2.2.10).

The concept of interaction is central to sociology, and forms the basis of one of the major conceptual frameworks used in family sociology (Stryker, 1964; Schvaneveldt, 1966). There are a number of assumptions and concepts which underlie the interactional conceptual framework (Schvaneveldt, 1966: 97-129), but interaction may be characterised as the social behaviour (or acts) of two or more people (actors) who interstimulate each other by any of the available means of communication (speech, body language, dress conventions *etc.*) and thus modify each other's behaviour. The concepts of role behaviour and sanctions illustrate this interstimulation and modification of behaviour (see section 2.2.2.2.9).

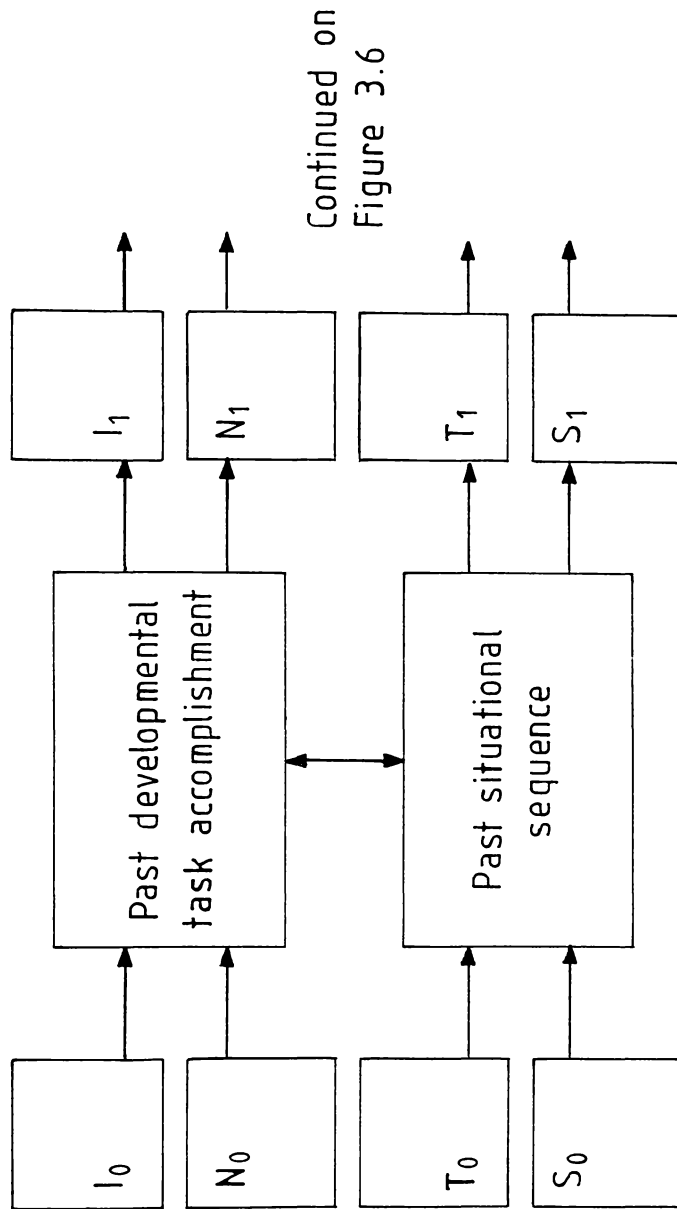
Transactions may be identified as a consequence of the definition of system boundaries (see sections 2.2.2.2.12 and 2.2.3.2.); for the purposes of the present work it is a useful way of excluding by ceteris paribus stipulation certain categories of family experience from the model of developmental change in families.

Norms have already been discussed (see sections 2.2.2.2.3 and 2.2.2.2.8; see also section 8.1). They are a central concept in sociology and social anthropology, and their empirical salience may vary from explicit articulations (*e.g.* in statutes) to implicit understanding (typically inferred from behaviour).

Structure, interaction, transactions and norms are thus dimensions of family systems defined for the purposes of description and analysis. It is not argued that the members of any particular family are likely to use these terms, or will necessarily use this fourfold breakdown for making sense of their own experience. It is contended, however, that this arbitrary framework has heuristic and expositional utility.

A note about the notions of equilibrium and homeostasis is appropriate in this section. 'To begin at the beginning' (Thomas, 1954: 1) is perhaps easier for poets than it is for social analysts. The latter must find a starting point for their description and analysis which, while it may necessarily be somewhat arbitrary, also has some justification. An equilibrium starting point has some utility, although it should not be assumed that equilibrium is the 'natural' status of family systems, or that

Figure 3.5 A Stable System With A History



homeostasis is their 'natural' process [2].

Marriage is a ceremonial and legal act which marks the creation of a family unit, but this is not to assert that marriage is the point at which a family system is created, because at least some of its elements predate the wedding ceremony. However, for the purposes of the model of developmental change in families it is useful to have an arbitrary starting point. The family system can thus be stipulated as having a pattern of interaction, a set of norms, a pattern of transactions outside the system boundaries and a structure (set of positions) coming into the researcher's consideration at an arbitrary point in time. This point in time is presented schematically in Figure 3.5 at the left side with the boxes (representing states/situations) marked I_0 , N_0 , T_0 and S_0 representing interaction, norms, transactions and structure respectively at an initial time ($Time_0$).

'The developmental approach begins with the basic idea that families are long-lived groups with a history which must be taken into account if the dynamics of their behaviour are to be explained adequately' (Rodgers, 1973: 12).

Families have histories, and this is the idea which underlies this section (and Figure 3.5). Starting at an initial point in time ($Time_0$: i.e. S_0 , N_0 , I_0 and T_0), families have a history of

- a) past developmental tasks (defined in section 2.2.2.2.13) accomplished, more or less adequately, by their members, in the past; and
- b) past situational sequences experienced and recollected.

The latter, (b), refers to the central focus of the situational conceptual framework (Rallings, 1966: 130-151), and incorporates

'all the social facts that bear on a given individual's actions at a given time' (Nye and Berardo, 1973: 23).

It is suggested that past developmental tasks may be more particularly associated with interaction and norms while past situational sequences may be more particularly associated with transactions and structure. There is also the mutual and reciprocal influence of past developmental tasks and past situational sequences on one another to be considered.

[2] This assumption underlies some of the more or less implicit conceptual frameworks of the earlier studies of 'parenthood as crisis' (e.g. LeMasters, 1957).

This family system history of past developmental tasks accomplished and past situational sequences experienced by its members contributes to their later structure (S_1), patterns of interaction (I_1), sets of norms (N_1), and patterns of transactions (T_1), and these latter are represented to the right of Figure 3.5 (i.e. later).

The four role phases specified by Rossi (1968: 29-36) as anticipatory, honeymoon, plateau and disengagement (see section 2.3.4) are relevant here. It is implicit in the plateau phase that the structural arrangements, patterns of interaction, patterns of transactions and sets of norms will be stable and relatively well-integrated. Past developmental tasks have by definition been accomplished, and past situational sequences worked through. It is thus also implicit that family systems experience periods of stability or equilibrium and intervals of change, i.e. that neither is more 'basic' than the other. Both equilibrium and change are characteristic of families.

Figure 3.5 characterises a period of equilibrium, and successive figures show developmental change with the prospect of a new albeit temporary equilibrium being achieved at a later point in time.

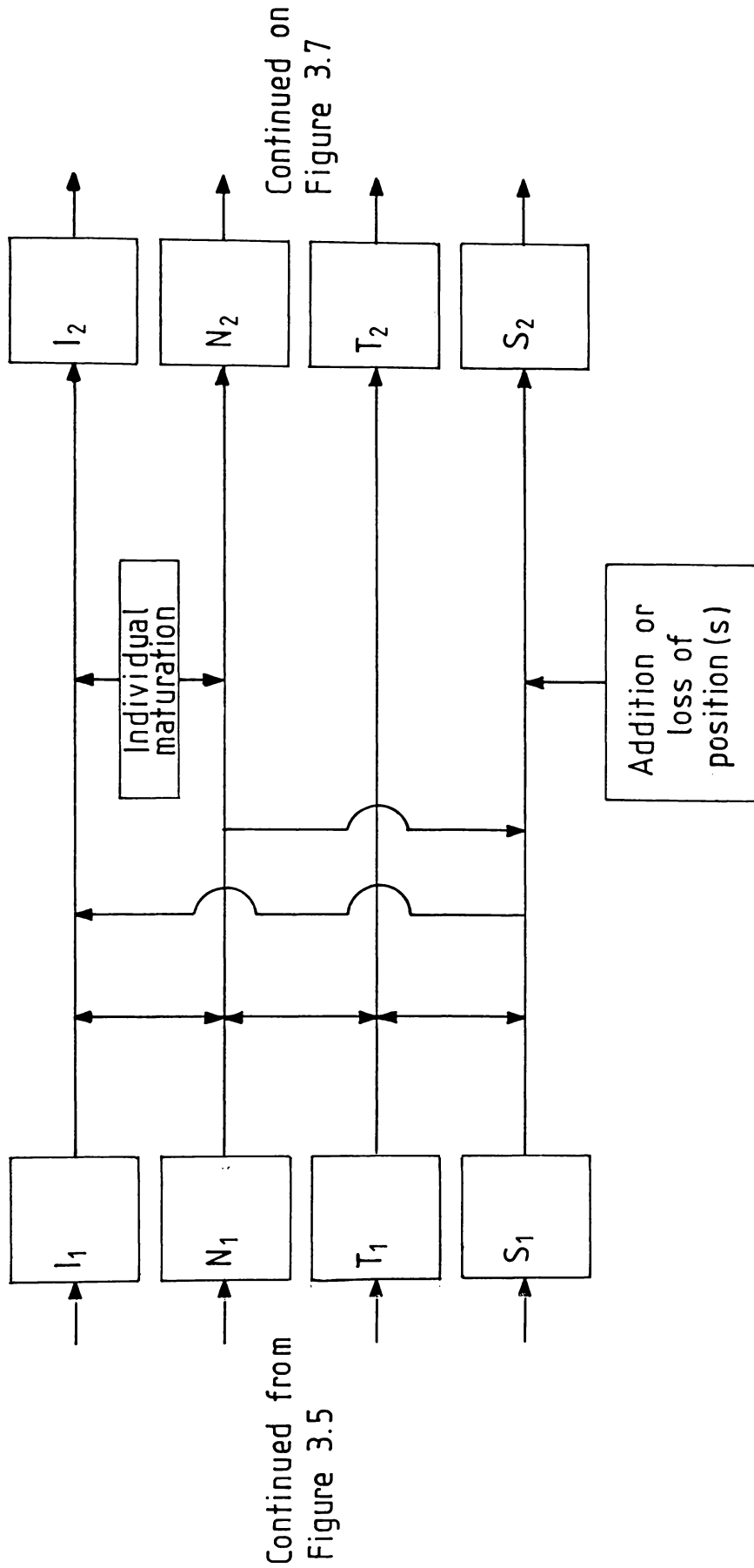
3.4 Some Sources Of Change

Given the characterisation of temporary equilibrium at a plateau phase, it is now useful to explore some of the sources of change in the family system. It is explicit in the developmental conceptual framework that stability, or more precisely the persistence - unchanged - over long periods of the structure, patterns of interaction, sets of norms and patterns of transactions of a family system, is unlikely. The various categories of the family career (see section 2.2.2.2) are marked off or identifiable by events which transform families, associated with the birth, maturation and departure of family members. As with other systems, changes can also arise for other less inherently dynamic reasons, and a variety of these sources of change are indicated in Figure 3.6 (which is an enlargement of part of Figure 3.2).

Change (instability, disequilibrium, perturbation), arising as it does from biosocial and social sources, is inherent in family systems. Families are dynamic systems. Figure 3.6 is an arbitrary simplification of a complex and dynamic reality. With the differentiation of four facets of family systems (structure, interaction, transactions and norms) there are, in theoretical terms, twelve ways in which any one facet could be the stimulus for change in another [3]. In addition to these theoretical sources of change presented

[3] Simply, each of four stimulating change in each of the other three, $4 \times 3 = 12$.

Figure 3.6 Some Sources Of Change



schematically, the researcher may choose to focus on biological facts and their social significance to the actor(s) concerned. These include events such as birth or death, and processes such as individual maturation (hereafter all called 'biosocial' events), all of which could also influence any of these four main facets.

Social life is a seamless web; social processes are organic, holistic phenomena. However, for the descriptive and analytical purposes of the researcher it is useful to distinguish elements. In the same way it is impossible to identify any primum mobile, or ultimate starting point, for change. Thus, in an arbitrary simplification eleven sources of change to families are selected for attention in this model. These are seven of the twelve possible sources of change involving the four main facets (items a) to g) below), and four influences of the three biosocial sources of change on those four facets (items h) to k) below). These have been selected on the basis of prima facie plausibility. Such a selection does of course invite appropriate further scrutiny.

Thus this selected set of eleven sources of change to families are the influences of:

- a) interaction on norms;
- b) norms on interaction;
- c) norms on structure;
- d) structure on interaction;
- e) norms on transactions;
- f) transactions on norms;
- g) structure on transactions;
- h) maturation on interaction;
- i) maturation on norms;
- j) addition of a position (usually by birth) on structure;
and
- k) subtraction of a position (by departure or death) on structure.

It will be noted that the first four of these are intrafamilial, while the next three are extrafamilial in part, and the final four are biosocial sources of change.

Implicit in the sources of change selected for attention in the model is the assumption that two of the four arbitrary dimensions of the family system, structure and norms, are essentially static, tending ceteris paribus to persist through time in a stable, unchanging state unless perturbed

(although this does not, of course, mean that they cannot change). The complementary assumption is that the other two facets, interactions and transactions, are essentially dynamic, tending to vary or change (although this does not, of course, mean that they cannot persist through time in stable patterns or cycles).

It is accepted that the selection of these eleven sources of change, starting points for description and analysis, is arbitrary and (although plausible) empirically problematical. The objective has been to keep the model as simple as possible consistent with approximating the real world's major patterns and relationships.

A further arbitrary aspect of the present research is the focus of empirical attention on one of these eleven aspects, viz. the addition of a position (first child) to the structure (conjugal couple) of the family system, (i.e. the transition to first parenthood).

3.5 Change Match And Mismatch

Figure 3.7 (which is an enlargement of part of Figure 3.2) is derived to some extent from the theoretical ideas of Aldous (1978), and it is in this module of the model that systems concepts are most salient.

The concept of a family 'system' is of course the researcher's tool or construct, used to encompass some characteristics of families, a single term to convey the notion of the relationships of people that have an ordered and persistent quality. Aldous (1978: Chapter 2) identifies four 'systemic characteristics' of families:

- a) interdependence of positions (defined in section 2.2.2.2.7);
- b) selective boundary maintenance (see section 2.2.2.2.12);
- c) modification of structure or 'morphogenesis' (discussed further below: see section 3.6.4); and
- d) task performance (see section 2.2.2.2.13).

Implicit in the notion of a plateau phase (Rossi, 1968: 29-36) are the characteristics of stable, relatively well-integrated components (interaction patterns, norms, transactions and structure) which 'match', are consistent with one another, work reasonably smoothly. In the schematics used in Figures 3.5 and 3.6, I_1 , N_1 , T_1 and S_1 'match' during the plateau phases of family career categories (defined in section 2.2.2.2.2).

In terms of the arbitrary choice of the addition, by birth, of a new position to the family system as the focus of this research (see section 3.4), a change is introduced into the system. This point, the structural change, is our starting

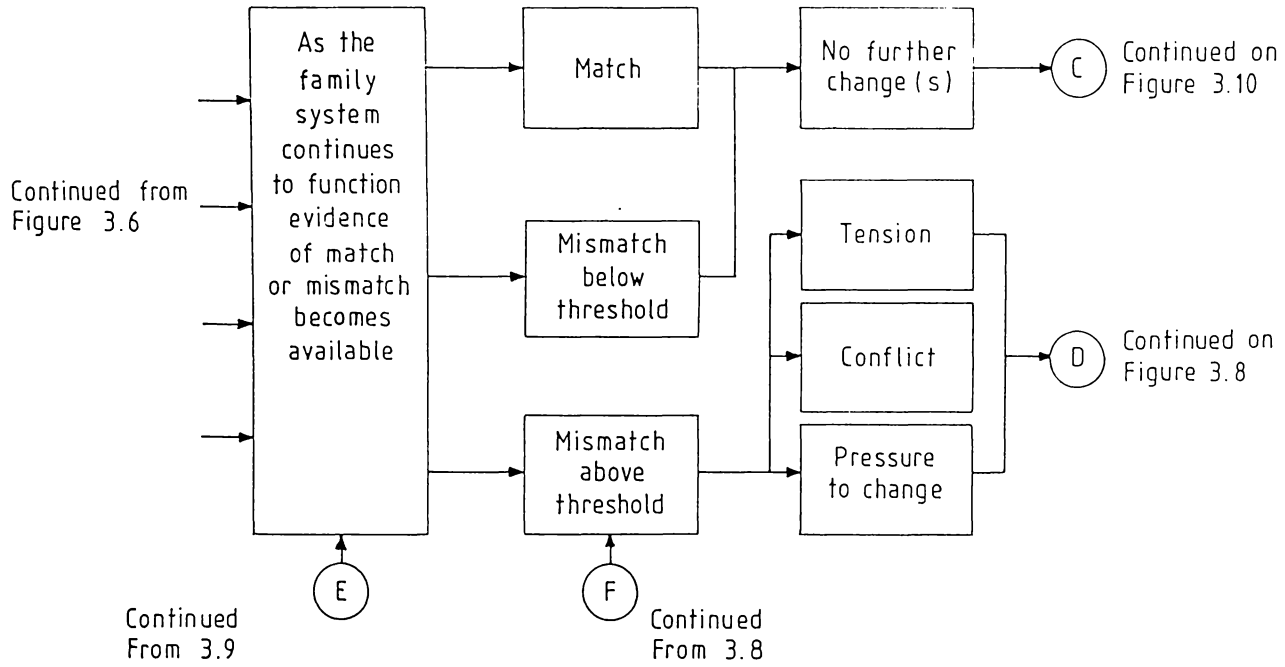


Figure 3.7 Change Match And Mismatch

point. It is of course recognised that this birth is not the 'real' starting point, and nor was the conception, nor the decision (if made) to have sexual intercourse without contraception, nor any equally arbitrary previous point in 'social process time' (Moore, 1963: 7; see Rodgers, 1973: 13). For our purposes, in this simplified model of the real ('ordered', 'persistent') world, the addition of this position to the family system is our starting point. By definition S_2 is now different from S_1 as S_2 involves three positions where S_1 involved only two. This change in structure is characterised in the model as being likely to influence transactions (so that T_2 is different from T_1) and interactions (I_2 may thus be different from I_1). As the arrows in Figure 3.7 indicate, these changes can in turn entail further adjustments.

But this series of changes flowing from the change from S_1 to S_2 must now be worked through in detail, so that the social processes characterised by the model can be explicated. Thus at $Time_1$ we have S_1 , I_1 , N_1 and T_1 , and at $Time_2$ we have S_2 (changed by arbitrary choice of starting point), I_2 , N_2 and T_2 . There is no presumption that I_2 , N_2 or T_2 are necessarily either different from or indeed similar to I_1 , N_1 or T_1 . Because S_2 is different from S_1 the quality of equilibrium attaching (by definition) to the previous ($Time_1$) situation may no longer be assumed. There is now no necessary 'match' between S_2 and the other facets (I_2 , N_2 and T_2) at this later point in social process time.

It is possible that with S_2 representing a change from S_1 there is still a match between the structure and the patterns of interaction and transactions, and the system norms. If this is the case then there are no further, consequent, changes and the family system continues in equilibrium, stable and relatively well-integrated. In terms of the model, the sequence via connector circle (C) is used to indicate that the various facets persist through time (S_2 , S_3 , S_4 and so on, and similarly for the other facets) and equilibrium continues to characterise the system until another change occurs. The other connector (C) is to be found in Figure 3.10 (which is also an enlargement of part of Figure 3.4), dealt with later (see section 3.9).

It is suggested that it is more likely that the change in structure from S_1 to S_2 leads to a degree of mismatch between S_2 and one or more of I_2 , N_2 and/or T_2 . The concept of 'threshold' is introduced here, being the limit at which a phenomenon is, or is no longer, perceptible. Mismatch may thus be above the threshold, i.e. perceptible to the members of the family system (or at least some of them), or below the threshold, i.e. imperceptible. An alternative formulation centres not on perception but on the attribution of importance: thus a mismatch above the threshold of importance is sufficient to warrant some response by one or more system members, while a mismatch below the threshold simply is not important enough to warrant response. Whether this threshold is more accurately characterised as one of

perception or of attribution (of importance) is empirically problematical but is not crucial to the working of this model.

A third conceptualisation of mismatch below the threshold has to do with the assumption that systems can accommodate or accept or work with a degree of 'tolerance' or imperfect integration (Parsons, 1952). The effect of this conceptualisation is the same as the two versions of threshold outlined above: it is equivalent to a continuing match between S_2 and the other facets, and equilibrium persists.

By whatever conceptualisation, then, the second situation which may obtain, when S_2 represents a difference from S_1 , is a mismatch below the threshold (however defined). The consequence of this is no different from the consequence of the first situation (no mismatch): the family system remains in equilibrium, being stable and relatively well-integrated. In terms of the schematic representation of the model, we move from connector (C) in Figure 3.7 to the corresponding connector (C) in Figure 3.10 which lies at the end of the social process time (Moore, 1963: 7; see also Rodgers, 1973: 13).

The third situation, when S_2 represents a change from S_1 , is that there is a mismatch between S_2 and one or more of I_2 , N_2 and/or T_2 . Figure 3.8 and the corresponding text deals with the variables which account for or explain mismatch above the threshold. The concept of mismatch between interaction patterns, norms, transactions and/or structure is not explicated clearly in the developmental literature (Aldous, 1978: Chapter 2 refers to 'match' and 'mismatch', and uses 'fit' as a synonym), but is apparently related to the concepts of 'function' and 'dysfunction' (McIntyre, 1966: 52-77). Terms analogous to 'mismatch above the threshold' would thus be 'poorly integrated', 'inconsistent', 'dysfunctional for ... [related facet]' and so on. For the purposes of the model, phenomena of the perceived social world of family members such as tension, conflict and pressure to change are differentiated from the mismatch between one or more of I_2 , N_2 , T_2 and/or S_2 , although the former phenomena would be all that was perceived by members of the family system. We return to the three situations: after S_2 has changed from S_1 either there will be continuing match between the four facets, or there will be mismatch below the threshold, or there will be mismatch above the threshold. In the last situation this mismatch (identified for our purposes but not directly perceived by family members) is represented in the model as becoming perceptible to family members in the various forms of tension, conflict or pressure to change.

The concept of 'tension' used in the model is one which characterises it as a psychosocial phenomenon which may be experienced directly and individually, and given the label 'tension' by the individual, or it may find more indirect expression in behaviour or psychosomatic symptoms which the

individual or others label as 'tension'.

LaRossa (1977: 104) defines 'conflict' in the marital relationship:

'By "conflict" I do not mean that husbands and wives are necessarily always fighting with each other. Though marital conflict may sometimes escalate to heated arguments and physical violence, these activities are but two ways in which conflict may manifest itself ... [T]he husband-wife relationship is better understood as a unit in which the actors are concerned primarily with the furthering of their own individual interests. In other words, rather than view marriage as a relationship built on consensus, the conjugal dyad is conceptualized as a system in which confrontation is inevitable and consensus is problematic (Sprey, 1969: 702)

LaRossa (1977), following the conceptualisation by Sprey (1969), finds in his qualitative data evidence that conflict is central to marriage, at least among couples expecting their first child. In the model presented here conflict, in the sense of a recognition by one or more family members that the individual interests each is pursuing cannot all be accommodated, is one possible outcome of mismatch above the threshold. Following LaRossa (1977) and Sprey (1969) conflict is not conceptualised in the present work as necessarily pathological. It may supply the dynamic for developmental changes in the family system under some constellations of interactions, norms, transactions and structures.

Aldous (1978: Chapter 2) identifies as one of the basic assumptions of the developmental conceptual framework that people (actors) may initiate action as well as reacting, and that the basic autonomous unit in a social setting is the individual. She goes on to argue that family members can create, innovate, initiate change for themselves. Thus there is included in the model as one possible consequence of mismatch above the threshold 'pressure to change', the explicit identification by family members that change is required in one or more of I_2 , N_2 , T_2 and/or S_2 (but probably expressed in more specific, concrete terms) in order that these four facets of the family system once more match.

Some elements of the model as presented schematically in Figure 3.7 need to be explained; this can be done in conjunction with the larger portion of the model presented in Figures 3.2 and 3.3. The connector (D) corresponds to connector (D) in Figure 3.8 and indicates how tension, conflict and/or pressure to change, the earliest perceptible responses to mismatch above the threshold, all lead on to coping behaviours presented in Figure 3.8 and explained in the text below (section 3.6). Connector (F) in Figure 3.7 links with connector (F) in Figure 3.8 to complete a feedback or 'return loop' by which one consequence of some of the

coping behaviours in Figure 3.8 is a 'return' to the situation of mismatch, and a re-cycling through the coping behaviours. This process is described in greater detail below (section 3.6) and is mentioned here simply to explain connector (F) in Figure 3.7.

Connector (E) links Figure 3.7. to Figure 3.9. The latter indicates a number of variables which influence the outcome - insofar as it is match, mismatch below the threshold or mismatch above the threshold - of the structural change from S_1 to S_2 . This latter module of the model is explained in section 3.7 below and presented schematically in Figure 3.9 (and included in Figure 3.2). It is mentioned here simply to explain connector (E) in Figure 3.7.

To summarise this section (and Figure 3.7): a module of the model has been presented in which S_1 having changed (by the addition of a new position, first child, to the marital dyad) to S_2 there is the possibility of mismatch between S_2 and one or more of I_2 , N_2 and/or T_2 . Such mismatch, if above a threshold, may lead to tension, conflict and/or pressure to change.

3.6 Working Through: Routes And Outcomes

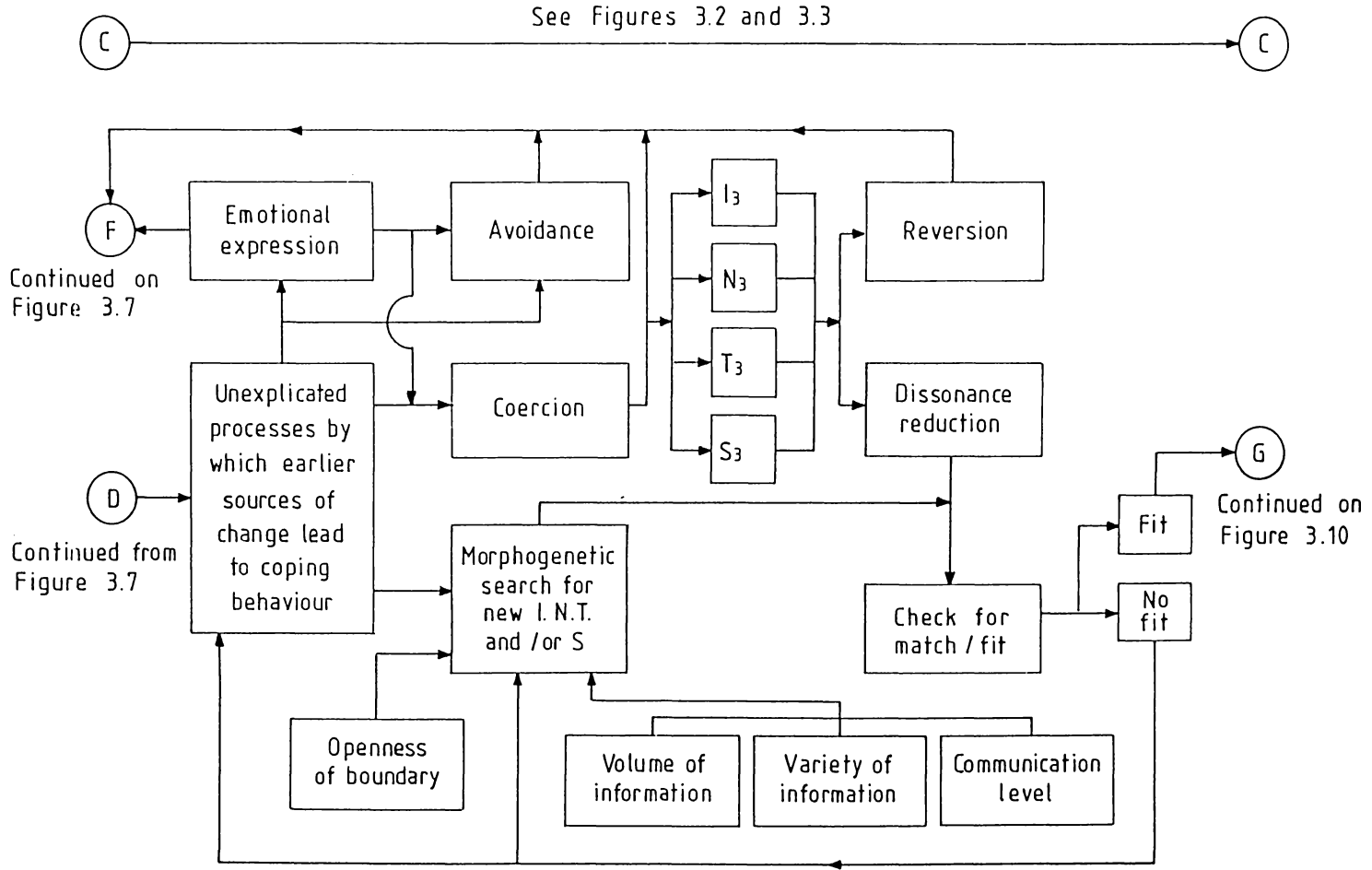
The part of the model, presented schematically in Figure 3.8 (which is an enlargement of part of Figure 3.4), and explained in this section, owes some inspiration to the work of Aldous (1978: Chapter 2).

In the previous section (and Figure 3.7) a change in one facet of the family system (S_1 to S_2) led to possible mismatch between aspects of these facets and thence to various manifestations (tension, conflict and/or pressure to change).

These are presented in the model as having various further possible and alternative outcomes. In the schematic representation, we enter the module in Figure 3.7 at connector (D). The social processes whereby tension, conflict and/or pressure to change lead on to the four possible coping behaviours is not explicated in this model [4]. The literature reviewed does not indicate ways in which the earlier manifestations of mismatch and these later coping behaviours could be articulated, although work in social psychology could clarify and elaborate these processes. However, for the purposes of this model unexplicated processes are assumed to mediate between the early manifestations of mismatch and the various alternative coping

[4] One of the useful consequences of building a model or conceptual framework such as in the present work is that attention can be drawn to areas in need of conceptual clarification, such as this, which might be overlooked in a more empirical approach.

Figure 3.8 Routes And Outcomes



behaviours.

It is possible to speculate that the various manifestations of mismatch are likely to be associated with various forms of coping behaviour but any evidence at present available is likely to be of a statistical association rather than a demonstration of processes that link, say, tension to avoidance or emotional expression, conflict to coercion, or pressure-to-change to morphogenesis. This is one of the areas where further conceptualisation and research is needed.

3.6.1 Negative Feedback

Aldous (1978: Chapter 2) identifies 'modification' as one of the fundamental systemic characteristics of families, suggesting that it is possible that family systems are less stable than other social systems because of 'age changes' (called 'maturation' in the model presented here), changes in plurality patterns (structural changes) and so forth. She presents a process she calls 'negative feedback' by which, over time, a family system is changed. At an earlier point in time ($Time_1$) the family system has patterns of interaction consistent with the norms shared by the family members (i.e. in model terms, I_1 matches N_1). At a later point in time ($Time_2$) maturation and/or transactions with other social systems lead to changed norms (N_2 differs from N_1) and later still ($Time_3$) mismatch is identified and there is pressure for change. There follows (at $Time_4$) conflict and tension, as pressure for change meets inertia, while further on (at $Time_5$) conflict management is undertaken via one or more of avoidance, emotional expression and/or coercion. Next (at $Time_6$), there is either homeostasis (reversion to old goals, less pressure, etc.) or change. In the latter case task performance is revised, norms are changed, and so on, and finally ($Time_7$) there is a new, temporary, stability (comparable to that obtaining initially), although the cycle (if not the content) is likely to be repeated.

3.6.2 Positive Feedback

Aldous (1978: Chapter 2) also presents a process she calls 'positive feedback' which is based on the developmental framework's assumption of the autonomy of the individual in the social setting (Aldous, 1978: Chapter 1). Under this assumption and process family members are regarded as being capable of creating new patterns of interaction, norms, transactions and structures, capable of innovation or the initiation of change, not simply of reacting to stimuli external to the system (as in the negative feedback process described above). The process of positive feedback is the same as negative feedback for the initial four steps (i.e. $Time_1$ to $Time_4$); however at the fifth step ($Time_5$) family members initiate 'morphogenesis', a search for new patterns of behaviour, structure or goals [5] which, it is suggested

(Aldous, 1978: Chapter 2), continues until a 'fit' is perceived by family members between the new and the continuing elements of the family system. It is further suggested (Aldous, ibid.) that the greater the variety and volume of information available to family members, and the more effective their patterns of communication [6], the more likely is their morphogenetic search for new patterns of behaviour (i.e. interaction and transactions), structure or goals (an aspect of norms) to succeed in locating these and achieving this 'fit'.

As previously mentioned, many of the elements used in this module of the present model of developmental change in families, and presented schematically in Figure 3.8, are initially derived from the work of Aldous (1978: Chapter 2). However whereas she presents two more or less linear sequences ('positive feedback' and 'negative feedback') with a seemingly inevitable progression through them, in the model set out here a more complex pattern is suggested. In the present model there are more points in the social process at which alternatives are available, and hence the model has branches. Also there is greater provision for 're-cycling' through the process, i.e. an outcome 'first time' is not inevitable.

It is now useful to define these specific components of the model. 'Emotional expression' is similar to 'uproar' in transactional analysis terms (Berne, 1964); it is the

[5] Further explication and elaboration of this concept might usefully draw on the 'circumplex model of marital and family systems' (Olson and Craddock, 1980). Using this model, with family dimensions of 'cohesion' and 'adaptability', it has been suggested (op. cit.: 62) that the family career category following the birth of the first child is characterised by 'connected and enmeshed' cohesion, and 'initially chaotic, later structured and rigid' adaptability. These are described as 'modal patterns' and require further investigation. This characterisation of early parenthood sounds rather like the earlier crisis literature. This may have arisen from a social work perspective and/or a failure to appreciate that the earlier 'crisis' studies (see section 2.3.2 and Appendix A) are not normative (in the statistical sense). This caveat does not, however, detract from the potential theoretical, conceptual and methodological utility of the circumplex model and the associated FACES measures. The utility of the circumplex model lies especially in two features: it encompasses a variety of empirical (and clinical) studies, and the conceptualised dimensions may be measured by means (the FACES measures) which have been carefully developed and widely used.

[6] This may be an area of conceptualisation for which recent work in the applied area of relationship counselling and family therapy might be a source of conceptual explication and elaboration.

expression in both verbal and non-verbal ways of emotions (such as anger, frustration, anxiety) generated at the point at which mismatch is perceived and the initial manifestations (tension, conflict, pressure to change) occur. Implicit in this concept is the assumption that emotional expression is a means of symptomatic relief and not a process whereby change is accomplished.

'Avoidance' is related as a concept to the 'tolerance' or 'imperfect integration' which systems can be understood as accomodating, this latter concept having been introduced earlier in the discussion of mismatch between facets of the family system. Avoidance is a means whereby the salience or level of 'symptoms' may temporarily be reduced, so that tension, conflict and/or pressure to change have a reduced salience for family members. Avoidance behaviour may mean that opportunities for interaction are reduced (for example by reducing occasions of propinquity) or that the content of interaction is managed so as to avoid focus on the areas of mismatch. Role compartmentalisation (section 3.7.17) is a cognate concept.

'Coercion' (force or compulsion) is used to capture the sense of a particular type of social process in which an unwilling actor is required to act, in response to the threat or use of negative sanctions. Gross et alia (1958) define sanctions (see section 2.2.2.2.9) as role behaviour the primary significance of which is gratification or deprivation, and they differentiate 'internal' sanctions (applied by the actor to himself or herself) and 'external' sanctions (applied to the actor by one or more others). In the present context coercion connotes external sanctions in which the role behaviour has the primary significance of deprivation. Aldous (1978: Chapter 3) suggests that members of family systems use a variety of means to influence each other's behaviour, such as exchange and the internalisation of norms and models, as well as sanctions. Raven, Centers and Rodrigues (1975) found that coercive power relations in marriage were but one out of five types used.

'Morphogenesis' (Aldous, 1978: Chapter 2) has been defined above (section 3.6.4; see also section 9.4) as a deliberate search-and-test process whereby:

- a) new patterns of interaction, norms, transactions and/or structures are sought; and
- b) tested against extant patterns in one of the other three dimensions for match or fit.

3.6.3 Coping And Changing

Having offered working definitions of emotional expression, avoidance, coercion and morphogenesis, these coping behaviours may now be connected into the model of developmental change in family systems. It is emphasised that suggested sequences and the connections between concepts indicated have only a face plausibility, and the investigation in later chapters of empirical data with the 'improvement stance' (Rodgers, 1973: 6; Dubin, 1969: 234-7; see section 2.2.1.2 earlier; see also section 11.5) could necessitate the modification of sequences and connections suggested here.

Emotional expression has been described above as one possible consequence of mismatch above the threshold. If symptomatic relief is all that is achieved, it is suggested that the underlying mismatch will persist. The social process which will occur then is a re-cycling through the (unexplicated) processes by which the first manifestations of mismatch lead to various coping behaviours. It is possible that this process of mismatch, emotional expression and re-cycling can be repeated many times, and families in such a situation may come to the attention of helping agencies.

However it is also possible, depending on the reactions of family members to emotional expression, that it will lead either to 'avoidance' or to its more deliberate use as a sanction for the purposes of 'coercion'. We thus turn our attention to these matters.

'Avoidance' may be a more effective means of symptomatic relief than emotional expression. For example, family members may practice compartmentalisation (a variable specifically identified in Figure 3.9, see section 3.7.17) of their role behaviour. However, as with emotional expression, the underlying mismatch persists. It is suggested that this is an inherently unstable situation, as it may be difficult to sustain role compartmentalisation without a break for an extended period of time.

'Coercion' has been defined above as the use of external and negative sanctions to modify the behaviour of other family members (i.e. to change interaction patterns or transactions). This has the short-term effect of eliminating the mismatch which, for our purposes, was the starting point of these changes. However, in the long-term there are two possible outcomes. One is that the sanctions do not prove to have continuing effect, the change does not 'take'. Thus there is a reversion to the earlier patterns of interaction, transaction etc. and mismatch re-emerges. Tension, conflict and/or pressure to change again manifest this mismatch, and lead on to emotional expression, avoidance, more coercion and/or morphogenesis.

The second long-term outcome of coercive change is something akin to dissonance reduction (Festinger, 1957). In the process the actors involved in the family system attempt to

resolve the dilemma of having arrived at a workable integration of I_3 , N_3 , T_3 and/or S_3 by a route, coercion, which is negatively valued. They do so by retrospectively redefining their route, for example as a choice, or perhaps as grudging acceptance which becomes willing (i.e. as something cognate with morphogenesis).

3.6.4 Morphogenesis

The final possible outcome of the unexplicated process by which mismatch and its early manifestations in tension, conflict and/or pressure to change leads on to coping behaviours has already been introduced above. Morphogenesis is deliberate problem-solving. It may be facilitated by others, but it is at the initiative of, and is the responsibility of, family members. It is an expression of the autonomy of the individual in the social setting, which is an assumption underlying the developmental conceptual framework (Aldous, 1978: Chapter 1).

Morphogenesis as defined here (Aldous, 1978: Chapter 2) is conceptualised as being facilitated by four variables. The first is volume of information available to family members. This depends inter alia on the frequency (or volume) of interaction between family members, and similarly of their transactions with other social systems. The higher either of these is, the greater (ceteris paribus) is likely to be the volume of information available. A related variable is the variety of information available: the more variety, the better is morphogenesis facilitated. The volume and variety of information are themselves related to the other two variables: level of communication between family members, and degree of openness of the family system's boundary.

Rausch, Goodrich and Campbell (1963; see Aldous, 1978: Chapter 3) found three results of effective communication in families. Information shared by family members about each other's knowledge and intentions reduced misunderstandings. Family solidarity or closeness, and separation from others (definition of their boundary), were emphasised. Feelings were shared, which was especially important in families' role-making, as agreement was facilitated on appropriate tasks, task-allocations and goals. Aldous (1978: Chapter 3) suggests there are three communications structures in families:

- a) 'switchboards' (multilateral communication);
- b) 'hub-and-wheel' ('star', 'asterisk') patterns; and
- c) 'linear' ('snake', 'chain') patterns.

The first type, switchboards, facilitate effective communication and hence morphogenesis.

Aldous (1978: Chapter 2) finally suggests that open boundaries facilitate morphogenesis, although this may seem to be contradicted by Rapoport and Rapoport (1964), who suggest that closed systems are more likely to achieve equilibrium while open systems experience perturbation (which may be characterised as problems). The family system has already been defined for our purposes (Rodgers, 1973: 161; see section 2.2.2.2.12 above) as a semi-closed system. The question might be resolved on the basis that the appropriate concept(s) to use might be those appropriate to the researcher's purpose(s) rather than one selected as the 'correct' characterisation of family boundaries.

There is another unresolved question regarding the whole concept of morphogenesis. Hill (1974: 313) has stated that there is very little evidence to indicate whether the operations of 'successful' families are primarily morphostatic (i.e. equilibrium-oriented) or morphogenic (i.e. growth process-oriented), or indeed a felicitous combination of both of these. Both morphostatic and morphogenic processes are included in the conceptual framework presented here. Thus empirical research on possible 'felicitous combinations' is facilitated by this framework.

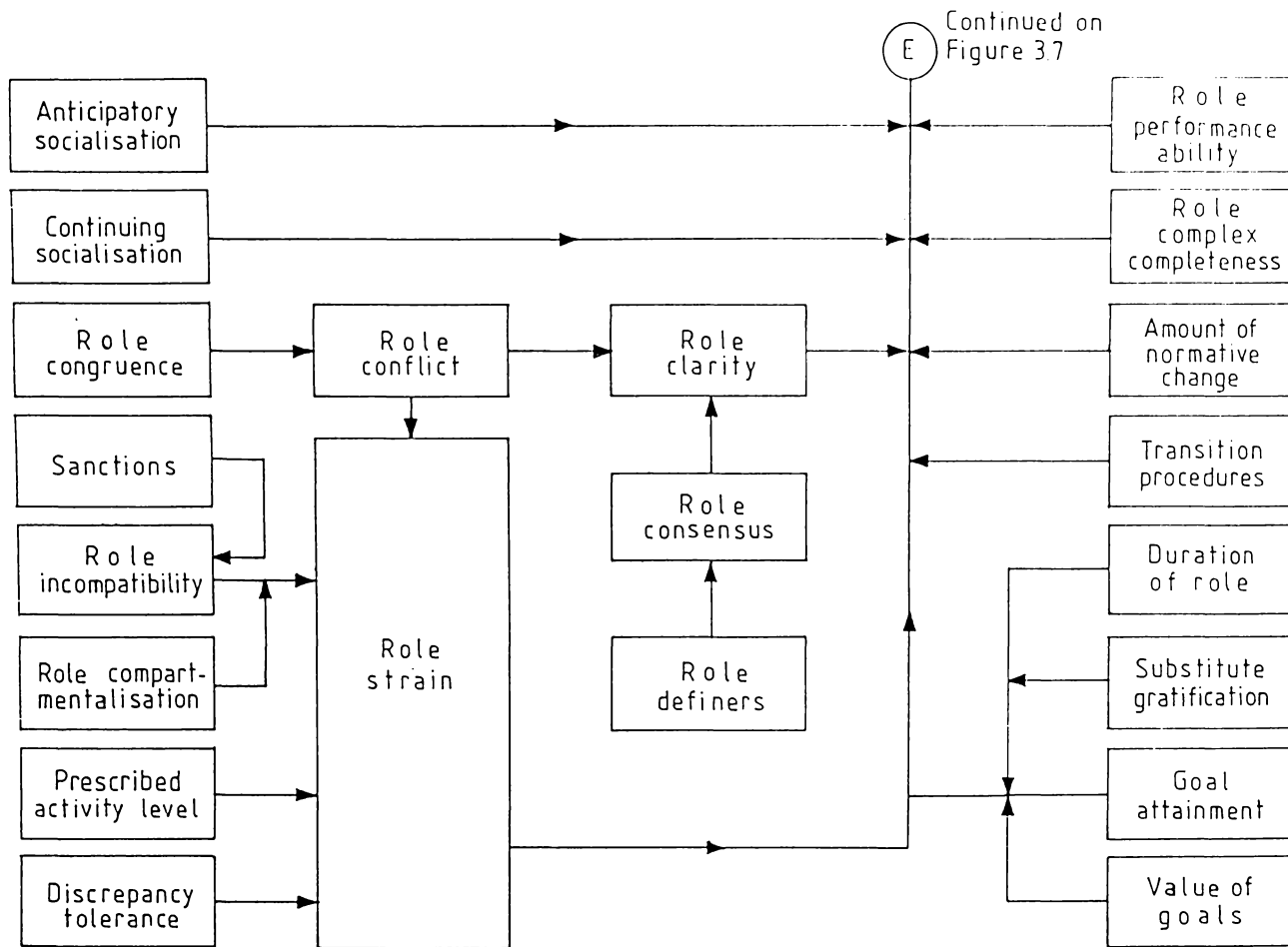
The process of morphogenetic search for new patterns of interaction (I_3), norms (N_3), transactions (T_3) and/or structure (S_3) is conceptualised as terminating when a match or fit is found between whatever the new element is and the other three facets of the family system. In terms of the schematic representation in Figure 3.8, the processes of change have been worked through to the connector (G) and the outcome, the new temporary equilibrium, is presented in Figure 3.10 (which is also part of Figure 3.4) and section 3.7 below.

3.7 Role Transition And Mismatch

It will be remembered (from section 3.2.3) that a connector (E) was used to indicate the influence of quite a large set of variables having to do with role transition on whether a change in one facet of the family system (S_1 to S_2 in the present case) leads to mismatch with other facets (i.e. I_2 , N_2 and/or T_2). These variables are described in this section (and shown schematically in Figure 3.9).

This section is based on the propositions advanced by Burr (1973: Chapter 6) to account for ease of role transitions. However the dependent variable has been redefined from ease of role transitions to mismatch above the threshold, and a number of additional variables have been integrated into the material.

There are several patterns of variables presented in this section and shown schematically in Figure 3.9. The simplest pattern is of one independent variable which influences the dependent variable. An example of this is



Adapted in part from Burr (1973)

N.B. Arrow symbol conventions (see Figure 3.2) are modified for Figures 3.4 or 3.9. In these two figures all horizontal arrows indicate direct influence and all vertical arrows indicate intervening influence (on the relationship indicated by the horizontal arrow).

Figure 5.9 Role Transition And Mismatch

- a) the influence of 'degree of anticipatory socialisation' [7] (the independent variable) on
- b) whether there is match, mismatch below the threshold, or mismatch above the threshold (these are the three possible conditions conceptualised for the dependent variable).

Then there are some variables which are arranged in a chain from a completely independent variable through one or more intermediate variables to the dependent variable. These 'intermediate variables' may be conceptualised as independent in respect of the dependent variable, but dependent in respect of those variables closer to the independent end of the chain. An example of this sort of arrangement of variables is the chain linking 'adequacy of role definers' (the completely independent variable) to 'degree of role consensus' and thence to 'degree of role clarity' (the intermediate variables) and finally to match etc. (the dependent variable).

A more complex arrangement involves an independent variable influencing a dependent variable but with the influence itself affected by one or more intervening variables. An example of this is the influence of 'degree of goal attainment' (the independent variable) on match etc. (the dependent variable) as modified by 'the value of goals' not attained, 'degree of substitute gratification' and length of 'time in the role' to which transition is being made (the intervening variables).

There are, finally, compound patterns involving two or more of the above arrangements. The variables affecting 'role strain' and hence the dependent variable illustrate a compound pattern.

The purpose of this section is to define the variables used and explicate their connections, as shown in Figure 3.9 (also Figure 3.2); a more detailed treatment of these propositions will be given in the data-based chapters which follow. The explication begins with a discussion of those variables forming the simplest pattern, that conceptualised as an independent variable influencing the dependent variable. It should be remembered in the following paragraphs that the dependent variable is always the three outcomes discussed above, i.e. match etc.

[7] When a phrase summarising a concept is first introduced, and until it has been explicated, it is given in single quotation marks in order to denote its 'special' or particular meaning.

3.7.1 Anticipatory Socialisation

The first variable with which we deal in this portion of the model is 'anticipatory socialisation'. Socialisation is of course a fundamental concept in several of the social and behavioural sciences (Nye and Berado, 1973: 389-394). Some of the notions associated with this compendious concept have been outlined by Duvall (1977: 9):

'[Socialisation] is the process by which individuals acquire the knowledge and develop the skills, attitudes and competence that enable them to function in society (in family, community, or the world at large). Socialization continues throughout life as new roles are played in each new situation or group that the individual enters. Socialization always takes place in interaction with others. Social pressures mould the newcomer so that he [sic] conforms to the expectations and the customs of the particular culture he [sic] is entering. Socialization is the process by which individuals are helped to

- 1) become acceptable members of the group;
- 2) develop a sense of themselves as social beings;
- 3) interact with other persons in various roles, positions and statuses;
- 4) anticipate the expectations and reactions of other persons; and
- 5) prepare for future roles that they will be expected to fill'.

There are some elements and implications of this passage which are not entirely consistent with other ideas used in the present research (e.g. the usage of 'roles, positions and statuses', or the implication that socialisation is perfectly effective) but it adequately represents the broad usage of this term.

Duvall (*ibid.*) refers to socialisation for new roles and more especially for future roles: this is more particularly termed 'anticipatory socialisation'. Cottrell (1942) suggested that the basic elements of anticipatory socialisation are

'emotionally intimate contact which allows identification with persons functioning in the [future] role ... imaginal or incipient rehearsal ... [or] practice'.

Burr (1973: 125) defines anticipatory socialisation as:

'the process of learning the norms of a role before being in a social situation where it is appropriate to actually behave in that role'.

3.7.2 Continuing Socialisation/resocialisation

Aldous (1978: Chapters 3 and 5) suggests that family roles in contemporary Western societies are increasingly based on improvisation rather than prescription, i.e. that the basic process is one of 'role-making' (Turner, 1962), in which patterns of interaction emerge through habituation to the improvised roles, rather than socialisation to given, extant roles. This suggestion links the concept of anticipatory socialisation to that of 'continuing socialisation'. This is an addition to the set of variables compiled by Burr (1973: Chapter 6) on role transitions. This variable was identified for the present purpose as a result of research (Maccoby et alia, 1962) which shows that mothers seek 'expert' advice and remember it as relevant at specific stages in the development of their child(ren), i.e. that their socialisation into the maternal role is on a continuing, need-to-know, basis.

Brim (1966) suggests that adult socialisation in respect of the knowledge, abilities and motivation for new adult behaviours is a continuing process, but with limitations. He argues that adult resocialisation (i.e. unlearning what is now redundant and then learning what is now relevant) is probably impracticable, and that people are admitted to most adult roles (but not parental ones) via a process of anticipatory screening plus social controls aimed at achieving overt conformity. This process, he argues, leads to breakdown in role performance under stress and 'last resort' adult resocialisation within such institutions as prisons and mental hospitals. It is argued by Brim (1966) that adult socialisation consists only [8] of the disaggregation of affects and behaviours organised by 'roles and episodes' and their aggregation and synthesis into new roles and episodes: the basic building blocks already learned are simply re-cycled.

Cogswell (1969: reported in Rapoport, Rapoport and Strelitz, 1977: 169-70) refers to the myth of unidirectional socialisation, the myth that there is a socialising agent (e.g. the parent) and a recipient of socialisation (e.g. the infant), and argues for a reciprocal concept of socialisation. This idea reinforces the relevance of the concept of continuing socialisation, as the socialisation agent is also being socialised.

In terms of the portion of the model described here and presented in Figure 3.9, the greater the amount and relevance of both anticipatory and continuing socialisation, the more likely is a match (or, at least, a mismatch below the threshold) between S_2 (the modified structure, with a

[8] The word 'only' is used to convey the sense that new affects and behaviours are unlikely to be added to the adult repertoire, and does not imply that continuing (adult) socialisation is simple or undemanding!

position added) and I_2 , N_2 and T_2 . This will, in later chapters, be elaborated and explored in the analysis of empirical data. In this section the variables making up this portion of the model have been defined and discussed, and an indication given of how it is envisaged they work within the model as specified.

3.7.3 Transition Procedures

The third variable with which we deal here is 'the importance and definiteness of transition procedures'. Role transitions not only need to be accomplished, they need to be seen to have been accomplished. Transition procedures are rites de passage, the 'methods or manners of acting' (Orsman, general editor, 1979: 860) in changing a role or from one role to another. They are used to 'designate' (Cottrell, 1942:610) the change in role, i.e. 'to mark or point out clearly' (Orsman, op.cit. 289) the change. In terms of the model, the more important and definite the transition procedures, the more likely is a match (or mismatch below the threshold) between I_2 , N_2 , T_2 and S_2 after a transition (i.e. the change in S_2 compared with S_1 due to the addition of a position).

'Roles' have already been defined (see sections 2.2.2.2.3, 2.2.2.2.6 and 2.2.2.2.9) as:

- a) part of a position (see sections 2.2.2.2.3 and 2.2.2.2.7);
- b) consisting of a more or less integrated or related subset of social norms (see sections 2.2.2.2.3 and 2.2.2.2.8);
- c) which subset is distinguishable from other subsets (roles) which form the position.

Roles have thus been defined in terms of norms. Norms have been defined (see sections 2.2.2.2.3 and 2.2.2.2.8) as patterned or commonly held expectations of behaviour (initiatives and responses) shared by the members of a group. This definition of 'roles' has thus been explicated (Dumont and Wilson, 1967) rather than operationalised (Burr, 1973: 6-8). This is because the objective of the definition is conceptual clarity (Aldous, 1978: Chapter 1) rather than ease of measurement (Burr, 1973: 8) [9].

With this preamble, we can now turn to the fourth variable, 'amount of normative change' involved in a transition. This variable is specified, for the purposes of the model, as the number of distinct norms involved in a transition, each weighted by its importance or centrality (Burr, 1973: 139-40). This variable is included in the model in terms of

[9] See section 2.2.2.2.4 for a discussion of explication and operationalisation.

the amount of normative change being in inverse relationship to the likelihood of match or mismatch below the threshold [10].

The fifth variable presented here has been added to the set proposed by Burr (1973: Chapter 6). 'Role complex' has already been defined (see section 2.2.2.2.11) as two or more sets of role clusters played concurrently by the incumbents of two or more positions in a family. 'Role cluster' was also defined as the cross-sectional set of roles enacted by a position incumbent at any particular point during the family career. The variable defined here is 'adequacy of the role complex'. There are a number of references in the literature (surveyed in Rapoport, Rapoport and Strelitz, 1977) to situations in which the 'needs' or reciprocal expectations of two or more actors in a social situation (e.g. a mother and her child) are inconsistent. This may be stated conceptually as:

- a) a situation in which the role-making process (Turner, 1962; Olesen and Whittaker, 1967; Aldous, 1978: Chapters 3 and 5) is incomplete or inadequate;
- b) i.e. the role complex (role clusters) of two or more positions at a given point in time (Rodgers, 1973: 19) is inadequate.

'Adequacy of the role complex' is a different variable from 'role conflict' or 'role incompatibility', which are introduced later. The concept may be linked to anticipatory and more especially to continuing socialisation. One of the basic activities of the family is socialisation (Nye and Berado, 1973: 8, 373-404), and this is carried out over a period of years. Hence, by definition, socialisation of family members will be incomplete [11] for the bulk of that part of the family career during which the family includes

[10] It is equally appropriate to state the relationship as: the amount of normative change is in direct relationship to the likelihood of mismatch above the threshold. However in the interests of consistency each of the variables in this section is stated in terms of its relationship to a match (or at least a mismatch below the threshold) of I_2 , N_2 , T_2 , and S_2 .

[11] Socialisation is never 'complete' (as 'continuing socialisation' clearly implies). However in families with young children even 'basic' socialisation will be rudimentary or incomplete. One of the most basic goals of primary (intrafamilial) socialisation must be that the infant should learn that there is much to learn. This 'metasocialisation' concept underlines the incomplete nature of the socialisation of young children. The complementary feature of this is the growing recognition of the enormous amount of socialisation which has typically been accomplished by the time a child enters formal education around the age of five.

immature children. Also, the use of sanctions within the family system, while present on all parts from the baby's birth, is only of limited utility. This is because of the unpredictable response of the infant; because of some constraints on the use of some more powerful sanctions within families [12]; and so on.

For these reasons alone it could be argued that the successive role complexes of the family system, especially towards the beginning (in terms of social process time) of family career stages marked by the arrival of new members, are likely to be incomplete/inadequate in some respects [13]. This seems to be less likely in other social institutions (e.g. educational, occupational, political, etc.) for a variety of reasons:

- a) the socialisation required may be simpler;
- b) socialisation is to some extent accomplished before actors enter these systems (i.e. the socialisation accomplished within families is often primary);
- c) inadequately socialised persons are more readily excluded from other social systems; and/or
- d) the sanctions available are more effective.

It is suggested for the purposes of the model that this variable, adequacy of the role complex, is directly related to the likelihood of a match (or at least a mismatch below the threshold) among the four facets of the family system.

3.7.4 Role Performance Ability

The sixth variable used in this portion of the model, and the last of the simple type (i.e. an independent variable related directly to the dependent variable) is another which has been added to the original formulation by Burr (1973: Chapter 6). It has been termed the 'level of role performance ability'.

[12] While there are some constraints, formal and informal, on the use of sanctions within families it is also true that the bulk of interpersonal violence and injury experienced in western urban-industrial societies including New Zealand occurs within families and at the hands of other family members (Social Development Council, 1980).

[13] By definition, sufficient members of all surviving societies must have achieved a basic minimum of physical nurture (met what have been termed the functional prerequisite of sexual reproduction: Aberle et alia, 1950). These remarks refer more particularly to other dimensions of role complexes.

Most of the propositions in the literature (reviewed by Burr, 1973: Chapter 6) seem to be based on the assumption that in the absence of structural constraints on role performance (such as 'role conflict' or 'role incompatibility', defined later) all actors in a social situation have a sufficient, and perhaps even equivalent, ability or capacity to sustain an adequate role performance. However, as Brim (1966) points out, satisfactory role performance is dependent on the relevant variables of knowledge, adequate ability and practice (frequently studied in KAP research on family planning [14]).

Anticipatory and continuing socialisation seem prima facie to be appropriate for handling a content of knowledge (e.g. knowledge of the appropriate norms) and probably motivation (to act upon the knowledge as expected), but not necessarily ability (or capacity). Sufficient ability/capacity to sustain adequate role performance is thus assumed in the theoretical formulations when there is a sound argument that it is empirically problematical.

Adequate role performance ability is incorporated in the model as being directly related to the likelihood of match etc. among the four facets I_2 , N_2 , T_2 and S_2 .

3.7.5 Role Definers

We may now turn our attention to a chain of variables which begins with the independent variable 'adequacy of role definers' and connects, via the intermediate variables 'degree of role consensus' and 'role clarity' (the latter also influenced by 'role conflict'), to the dependent variable, match etc. (see Figure 3.9).

Text references to 'roles', 'positions', 'norms' and so on tend to attribute these formulations to 'society' or 'culture' in terms ranging from caution (Nye and Berardi, 1973: 9-13) to the edge of reification (Winch, 1971: 3-19). The formulation of these norms (and hence roles, positions etc.) can be brought closer to the everyday world of human experience if the concept of 'reference groups' (Runciman, 1966) is used, and refined to the concept 'role definers' (Gross, Mason and McEachern, 1958). These role definers are persons forming a reference group in respect of role definitions. Some empirical research in non-family areas (reviewed in Gross, Mason and McEachern, 1958) may be interpreted as suggesting that these reference groups for roles may not provide clear, unambiguous and unitary definitions of roles. The consequence of this inadequacy of role definers would thus be a low level of 'role consensus',

[14] This is research on knowledge, attitudes and practice in contraception and family planning (see Westoff, Potter and Sagi, 1963; Ryder and Westoff, 1971; Westoff and Ryder, 1977; see also section 6.1).

the next variable in the chain.

3.7.6 Role Consensus

The usual usage of 'consensus' is 'a general agreement' (Orsman, general editor, 1979: 226) with the implication of unanimity, or at least nemine contradicente. However the usage in the role theory literature (Gross, Mason and McEachern, 1958) stretches this implication somewhat, as role consensus is conceptualised as a variable, i.e. there are degrees of consensus. It would be more appropriate to use the term 'degree of role agreement' but the above usage is now well-established.

'Role consensus', then, is defined as the degree to which there are clear, unambiguous and agreed norms held and stated within either the wider society or the specific group of role definers which is salient for the persons and/or roles in question. The level of role consensus is defined as variable; this variability was recognised by Cottrell (1942), especially in respect of 'role clarity'. It was also recognised by Parsons (1952) in respect of the variability of norms from full institutionalisation to anomie. Stouffer (1949) recognised that norms are not completely precise, and should not be thought of as 'points' or 'narrow bands' of prescription and proscription, but rather that some 'flexibility' or 'social slippage' is necessary in order to make group behaviour possible. This 'flexibility' etc. is obviously cognate with the 'tolerance' discussed earlier (section 3.5) in respect of mismatch below the threshold (see also section 3.7.19).

It has been widely assumed in the sociological literature (Gross, Mason and McEachern, 1958) that there is usually role consensus (i.e. a high level of agreement), and behavioural variability has been attributed to a variety of intervening variables between norms (expectations about behaviour) and actual role behaviour. The position is taken here, following Gross, Mason and McEachern (1958), that role consensus is empirically problematical, and that the degree (or level) of role consensus is an important variable which influences the actual role behaviours of actors in social systems.

To recapitulate, the adequacy of the group of role definers (persons forming a reference group in respect of role definitions) influences the level of role consensus (agreement in respect of role definitions), and this is incorporated in the model as a direct relationship: an adequate reference group of role definers will produce a high level of role consensus.

3.7.7 Role Clarity

The next intermediate variable in the chain from the independent variable, adequacy of role definers, to the dependent variable, ease of role transition, is 'role clarity', which is part of the formulation by Burr (1973: 127-8). Cottrell (1942: 618) defined role clarity as the explicit definition of the reciprocal role behaviour expected of the actors in a social situation, and Burr (1973: 127) added the aspect of lack of ambiguity and vagueness. A high level of role consensus clearly contributes to a high degree of role clarity, and this direct relationship links role clarity into the chain. And it is the degree of role clarity which influences the dependent variable: a high degree of role clarity is in direct relationship to match (or at least mismatch below the threshold) among the four facets of the family system. The chain of variables, from independent via intermediate to dependent, is thus: adequacy of the reference group of role definers, level of role consensus, degree of role clarity, and match etc.

3.7.8 Goal Attainment

We now turn to a more complicated arrangement of variables. In this pattern of variables there is an independent variable which influences the dependent variable, but there are also one or more intervening variables which modify the influence of the independent variable on the dependent variable. We begin with the independent variable: 'extent of goal attainment' (Burr, 1973: 133-4). Cottrell (1942) refers to a variable, the degree to which the playing of a specified role permits actors to realise dominant goals of their social world (subculture, reference groups). As Burr (1973: 134) points out, this is similar to the 'facilitation/ hindrance' variable used by Biddle and Thomas (1966: 60-61) in their review of role theory concepts and research. There is no explication in the literature of the sorts of goals to which this concept refers, but it would be reasonable to include such goals as enhanced social status, material acquisitions, and rewarding interaction (as subjectively experienced by the actor(s) concerned). It is assumed for the purposes of the model that there is a direct relationship between extent of goal attainment and the dependent variable, match etc. However, this relationship may be modified by one or more intervening variables, and the first one considered is that of 'the value of goals' sought.

3.7.9 Value Of Goals

Cottrell (1942) implies that 'the value of goals' is variable by his reference to goals valued within the actor's subcultural group. Burr (1973: 134) implies a 'relevance/irrelevance' dimension in which some of the actor's roles may be of little or no relevance to attainment of the goals valued by the individual actor. Thus the influence of the independent variable, extent of goal

attainment, on the dependent variable, match etc., is modified by the intervening influence of the value of the goals in question.

3.7.10 Role Duration

A second intervening variable is 'duration of role' which mediates the influence of the independent variable on the dependent variable. However, there is also a further intervening variable ('extent of substitute gratification', introduced below) which mediates the influence of this intervening variable on the relationship between the independent and the dependent variables. Reference to Figure 3.9 should clarify these relationships.

Burr (1973: 137) implies that the length of time in a role is an objectively measurable variable, but for the purposes of the model this is modified in two ways. There has already been reference to social process time (see section 2.2.2.2.2; Moore, 1963: 7; Rodgers, 1973: 13) which is relevant here. The idea that people organise their perception of the physical and social world suggests that the passage of time as measured by sundial, clock or calendar is not the most appropriate measure of role duration for the actor(s) involved. Time may fly, or drag. It is thus rather the perceived duration of the role which is captured by the 'duration of role' variable, and which is the intervening variable mediating the influence of the independent variable (extent of goal attainment) on the dependent variable (match, etc.). A further refinement of this variable not specified in the literature is suggested here: whether the perceived duration of the role is finite or non-finite (not infinite: all roles must end eventually). A finite role has a defined term; a non-finite role has no defined term.

For the purposes of the model it is suggested that ceteris paribus the longer the perceived duration of the role and/or the less definite its term is seen to be, the greater is the influence of 'hindrance of goal attainment' on the dependent variable (match, etc.). A concrete illustration may clarify this argument. The birth of her first child may be perceived by a woman as hindering the attainment of important goals. If she has a clear idea of the number of children she wishes to have (i.e. finite term of the mother role) and sees herself as an efficient contraceptive, and if this planned family size is small (short duration of the mother role) then the influence of hindrance of goal attainment on the dependent variable (match of new structure, S_2 , to N_2 (which includes valued goals), is likely to be minimised.

3.7.11 Substitute Gratification

The variable 'availability of substitute gratification' is a further or more remote intervening variable. It influences the effect of 'duration of role' (the intervening variable) on the relationship between 'the extent of goal attainment' (independent variable) and match, etc. (dependent variable). Reference to Figure 3.9 should clarify this. This variable, 'availability of substitute gratifications', is not explicitly defined (Burr, 1973: 138) but a definition can be inferred. It appears that the variable, substitute gratification, refers to a re-ordering of goals, changes in their value or salience, or the introduction of new goals (perhaps especially those which previously were latent or inactive but are cognate with previous goals now blocked or hindered).

A substantive example may clarify this definition. Where a woman has previously valued the goal of demonstrable competence in her paid employment, and the attainment of this goal has been hindered by the birth of her first child, then ceteris paribus the demonstration of competence in the mother role, for example by competence at breastfeeding within an unsupportive cultural milieu, would exemplify substitute gratification.

3.7.12 Role Strain

We now turn to the arrangement of seven variables which, directly or indirectly, influence 'role strain' and hence the dependent variable, match or mismatch below the threshold. The schematic representation in Figure 3.9 shows that there are both chains and intervening variables in this arrangement. It includes elements from Burr (1973: Chapter 6) and Gross, Mason and McEachern (1958) which have been rearranged and integrated for the purposes of this model.

Role strain is a more remote variable, i.e. it is not directly operationalised but is a construct inferred to be present for the purpose of mediating the relationships between other variables which are more directly specified and measured (Burr, 1973: 129-133). Role strain has been defined by Goode (1960, quoted in Burr, 1973: 129) as the stress generated within people when they either cannot comply or have difficulty complying with the expectations (norms) appropriate to their roles [14]. For the researcher's present purposes in regard to the model, it is proposed that

[14] The concept of role strain could be further developed, so as to be the central variable in that part of the model of developmental change covered by Figure 3.4, and also to fit into that part of the model covered by Figure 3.5, probably as evidence of match/mismatch below the threshold and/or mismatch above the threshold. This is another task for future theorising.

as role strain increases the likelihood of mismatch above the threshold also increases.

3.7.13 Role Conflict

One variable which is proposed as having a direct influence on role strain is the degree of 'role conflict', which can be related to the variable 'role clarity'. This was introduced a little earlier as part of the chain of variables from role definers through role consensus and role clarity to the dependent variable (match, etc.). As defined by Burr (1973): 128-131) and used in the present model, the concept 'role conflict' is used to refer to conflicting expectations in respect of a single role. The element of conflict refers to the inconsistency, mutual contradiction and/or impossibility of co-occurrence of role behaviour that meets the requirements of the salient expectations. It is assumed that the expectations (or norms) are of equivalent salience, supported by equivalent sanctions and so forth for role conflict to occur. Implicit within this formulation is the presence of conflict between reference groups of equivalent salience and legitimacy for the actor(s) concerned, and the presence of conflict about a given role in the internalised norms of the actor(s). Both the individual and the reference groups experience this role conflict. For the purposes of the model, the role conflict is that experienced by the actor. Gross, Mason and McEachern (1958) use the term 'intrarole conflict' to mean much the same as 'role conflict' here.

Role conflict is treated here as being the presence of conflicting expectations about one role, without further refinement. Gross, Mason and McEachern (1958) differentiate between perceived and unperceived conflict, and between legitimate and illegitimate conflict, and also conflict within and between roles. The dimensions of perception and legitimacy are not used in this model, and conflict between roles is termed 'role incompatibility' in the model presented here.

Role conflict is conceptualised as influencing both role clarity (see section 3.7.7) and role strain (3.7.12). Role conflict is formulated (following Burr, 1963: Chapter 6) as having an inverse relationship with role clarity, such that the greater the degree of role conflict the lower the degree of role clarity, and a direct relationship to role strain, such that the greater the degree of role conflict the greater the degree of role strain.

3.7.14 Role Congruence

Role conflict is presented in the model as influenced in its turn by the degree of 'role congruence', which has been incorporated in the formulation by Burr (1963: Chapter 6) from the work of Gross, Mason and McEachern (1958). The degree of role congruence is defined for the purposes of this model as the extent to which an actor perceives the incumbents of counter positions [15] as sharing with the actor the same or very similar expectations of the actor's role behaviour as the incumbent him/herself. Other definitions (reviewed by Gross, Mason and McEachern, 1958) substitute an observer for the incumbent or his/her reciprocal actor, or restrict the application of the concept of role congruence to social situations where the actor occupies two or more positions more or less simultaneously, or consider only legitimate expectations. These elaborations are not used here, but offer scope for future conceptualisation.

For the present it is suggested in the model that there is an inverse relationship between role congruence and role conflict, such that a low level of role congruence is associated with a high degree of role conflict (and role strain) and hence a low level of role clarity. Further conceptual explication and research may refine the relationships among the cognate variables of role congruence, role conflict, role clarity and role consensus, but for the present these four variables are defined and interrelated as shown in Figure 3.9.

3.7.15 Role Incompatibility

We may now turn our attention to the three variables - 'sanctions', 'role incompatibility' and 'role compartmentalisation' - which interrelate and influence role strain. We begin with the independent variable termed 'degree of role incompatibility' which is shown in Figure 3.9 as influencing the intermediate second-order variable role strain. It is useful to differentiate and distinguish between the concepts of 'role conflict' and 'role incompatibility', although to some extent the distinctions are arbitrary choices of perspective. Burr (1973: 131) follows Cottrell (1942) and Goode (1960) in identifying and defining role incompatibility as the degree to which the expectations accepted by an actor in respect of one role within his or her position are incompatible with the accepted expectations of one or more other role(s) within that position.

[15] Counter positions include those other roles with which his/her role is associated by virtue of reciprocal role expectations.

Thus, where a position may be understood as comprising two roles there may be conflicting expectations about either of these roles (or both) but there could still be compatibility between these roles, depending upon what expectations are accepted. There may be clarity in respect of the expectations of each role, but incompatibility between the roles. There may be clarity, no conflict and complete compatibility. It may be speculated that where there is role conflict, i.e. conflicting expectations about one or more roles, then there is less likely to be role incompatibility (on the grounds that it is improbable that two conflicting expectations about one role would both be incompatible with another role), and this could be investigated empirically.

Gross, Mason and McEachern (1958) refer to this concept as 'interrole conflict' (cf. 'intrarole conflict'), while Benedict (1939: 161-7) refers to 'discontinuities in cultural conditioning' where extant norms have to be unlearned (because they are now inappropriate, or refer to redundant roles) before new norms can be learned. This unlearning-relearning process is one way in which role incompatibility may be resolved [16]. For the purposes of the model the degree of role incompatibility is proposed as in direct relationship to the degree of role strain. However the degree of role incompatibility is itself subject to another variable, 'adequacy of sanctions', and its relationship to role strain is mediated by another variable, 'the degree of role compartmentalisation', and it is to these that we now turn our attention.

3.7.16 Adequacy Of Sanctions

It is difficult to locate the variable 'adequacy of sanctions' within this portion of the model since it can be argued that sanctions are relevant to several variables in the model. However, the variable is located in the formulation by Burr (1973) in a similar fashion, and sanctions are assumed to be most influential when there are alternative behaviours available. Sanctions have already been defined (section 2.2.2.9) as role behaviour the primary significance of which is gratification or deprivation, and can clearly be considered part of the power structure of families (Aldous, 1978: Chapter 3). The availability of sanctions varies between cultural milieux, and thus in a given situation some may be unknown, or even unthinkable, while others may be restricted to certain classes of actors or prohibited [17]. The influence of the adequacy of sanctions upon the likelihood and extent of role incompatibility depends on the distribution and force of those sanctions with respect to the incompatible roles. The utility of this variable in the model lies in sensitising the

[16] The earlier discussin of continuing socialisation indicates that this unlearning-relearning process is not easy.

researcher to the gratification and deprivation actors may be able to direct to others.

3.7.17 Role Compartmentalisation

The variable 'degree of role compartmentalisation' mediates the influence of role incompatibility on role strain in the model. This variable bears some resemblance to the 'social slippage' (Stouffer, 1949) or 'system tolerance' to which reference has already been made in the discussion of role consensus (section 3.7.6). Goode (1960) refers to the possibility of playing roles in different physical locations or social situations, and Burr (1973: 132) draws on this to define 'role compartmentalisation'. This may vary from the playing of different roles in different and insulated social situations (high compartmentalisation) to the simultaneous playing of different roles in the one situation (none). It is an open question as to whether physical location is relevant, as the significant issue is the social location and social separation, which may vary somewhat independently of physical location. This variable, role compartmentalisation, mediates the influence of role incompatibility on role strain as a high degree of role compartmentalisation would reduce the effect (raising the level of role strain) of a high degree of role incompatibility.

3.7.18 Role Activity Level

There are two further variables which as formulated in the model have a direct effect on role strain. The first of these is 'the prescribed level of role activity', defined by Goode (1960) as the sheer number of roles comprising the positions of which the actor is incumbent. This variable could be refined using the sort of weighting suggested above (see section 3.7.3) for the variable 'amount of normative change'. As formulated in the model, a threshold effect is suggested such that a level of prescribed role activity above the threshold is associated with a high level of role strain.

3.7.19 Norm/behaviour Discrepancy Tolerance

A further variable which has been added to Burr's (1973: Chapter 6) formulation, and derives some of its inspiration from the various definitions of 'role' reviewed by Gross, Mason and McEachern (1958), especially that of actual behaviour, or performance of the role. In this definition, 'actual role behaviour' or 'enactment' is distinguished from the norms which specify role expectations. The concept of

[17] Thus, the corporal punishment of minors in New Zealand is restricted to parents and teachers by law, but relatively uncontrolled within those groups, while corporal punishment has been prohibited in Sweden since 1978.

sanctions, dealt with earlier, carries the implicit suggestion that voluntary role behaviour may not always be completely consistent with the appropriate norms, i.e. that a discrepancy between norms and role behaviour is possible. The variable, then, is 'the degree of tolerance of discrepancies between norms and role behaviour'.

There may be social situations in which, or roles for which, there is little normatively prescribed tolerance of discrepancies. Rapoport, Rapoport and Strelitz (1977) illustrate this situation in their suggestion that there is a dominant modern view of parental behaviour which holds that no compromise is possible with the ideal of total dedication by 'good' parents. Such parents, in this view, recognise that children's needs are total and that neglect thereof leads to irreversible damage. This may be contrasted with the view (Group for the Advancement of Psychiatry, 1973: 131) that:

'Parents are not only vehicles for the care of their children. They were persons before the child arrived; are persons while they are parents; and will be after the children leave'.

The substantial differences implicit in the contrast between the norm described by Rapoport, Rapoport and Strelitz (1977) and the reality described by the Group for the Advancement of Psychiatry (1973: 131) would, in the absence of normatively-defined tolerance of such discrepancies, contribute to role strain. The variable 'role performance ability' introduced earlier is relevant here. Where such discrepancies as those between norms and role behaviour (just discussed) arise from a lack of role performance ability rather than by choice (however circumscribed or weighted), then the influence of the variable 'degree of tolerance of discrepancies between norms and role behaviour' becomes more salient for role strain.

Brim (1966) makes the point that in the socialisation of children the emphasis tends to be on the formal or ideal (as expressed in the folk saying, 'Don't do as I do, do as I say'). However, adult socialisation tends to include the implication that the informal, and workable, understanding of the situation may involve accepting some discrepancy between the formal norm and the actual role behaviour. Socialisation may thus in part be oriented towards a degree of tolerance of discrepancies between role behaviour and the norms originally taught as absolute.

This is an alternative to regarding the difference as another aspect of 'social slippage' (Stouffer, 1949), 'tolerance' or 'flexibility' (see section 3.7.6). This 'tolerance' is conceptualised as more overt, even deliberate and explicit, while the 'social slippage' is conceptualised as more inadvertent, less acknowledged, perhaps even covert.

It will thus be seen that seven variables, either singly or in association with others, by chain effects or mediation, influence the more abstract intermediate variable 'role strain' and hence the degree of match (or otherwise) between the four facets of the family system.

3.8 Completing A Cycle: Equilibrium Regained

This section includes the portion of the model which covers the completion of a developmental cycle, in which the temporary state of equilibrium is regained. This part of the model is presented schematically in Figure 3.10.

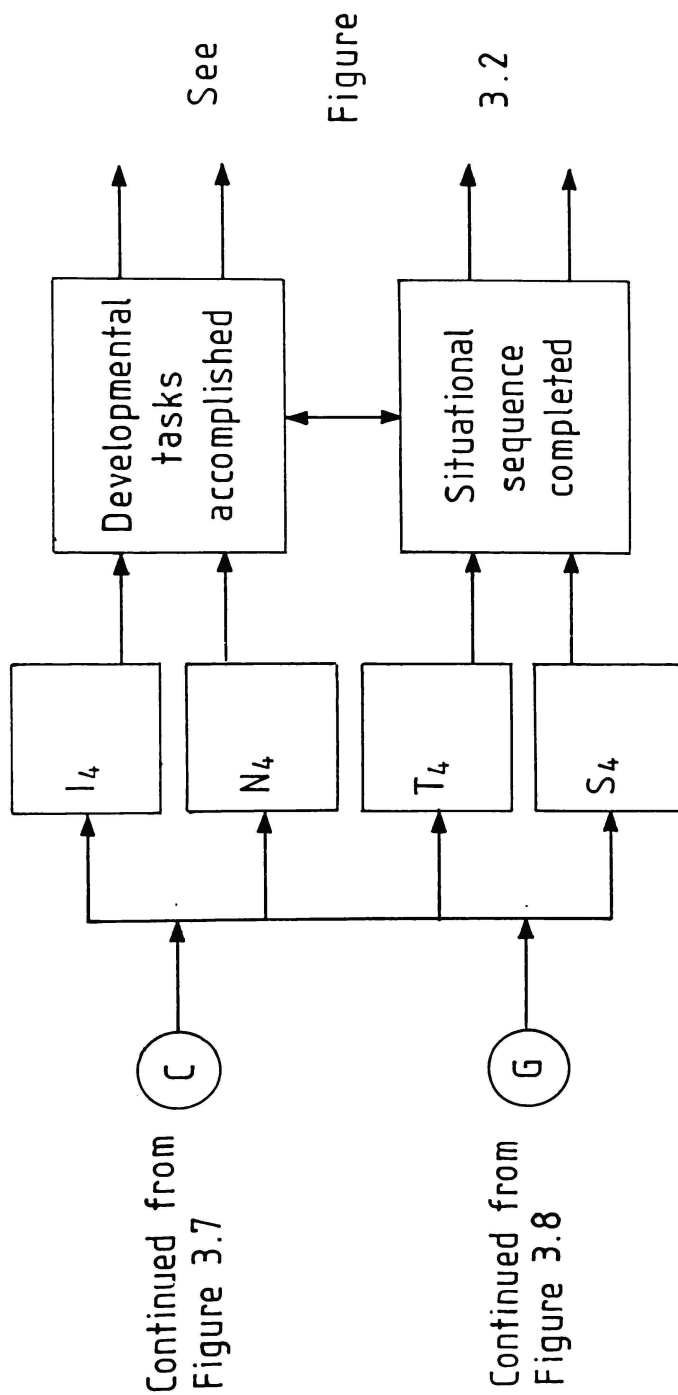
There are two points of entry to this portion of the model. The first represents the situation in which there is no above-threshold mismatch arising from an earlier change in one of the four facets (i.e. from S_1 to S_2 in the present research). Schematically, this is presented where connector (C) in Figure 3.2 links to connector (C) in Figure 3.7 which has already been described. It should be recalled that in Figure 3.6 a change was introduced, the birth of the first child (the addition of a position to the previous structure S_1 so that S_2 was different) such that there could be a mismatch at the later point in social process time between S_2 and one or more of I_2 , N_2 and/or T_2 . It was conceptualised as possible that the change in S_2 (compared with S_1) did not lead to a mismatch, perhaps because of other simultaneous changes (so that one or more of I_1 , N_1 and/or T_1 also changed and hence match continued), or led to a mismatch below the threshold (of perception, importance, tolerance). With either of these situations (match continuing, or mismatch below the threshold) many of the possible social processes described in Figures 3.8 and 3.9 are skipped, and attention moves to that portion of the model showing the completion of developmental change (see Figure 3.10).

The second point of entry into this portion of the model is where:

- a) above-threshold mismatch has led to tension, conflict and/or pressure to change (Figure 3.8, section 3.6); and thence
- b) to a variety of coping behaviours, including possible morphogenesis, or coercion plus dissonance reduction; and eventually
- c) to a new fit (Figure 3.8, section 3.2.4).

Schematically, this is shown by connector (G) which corresponds to connector (G) in Figure 3.8. This point of entry into the model is reached either by the coercion-plus-dissonance-reduction route or the morphogenesis route.

Figure 3.10 Equilibrium Regained



It is possible for families to recycle through the processes involving tension, conflict, pressure to change, emotional expression, avoidance, coercion and morphogenetic search without 'successful' outcome. Such families would be likely candidates for inclusion among those coming to the notice of helping agencies [18]. The literature suggests agreement, in that failure to accomplish earlier developmental tasks (see section 2.2.2.2.13) may impair or prevent accomplishment of later tasks (Duvall, 1977: 167-180), and hence lead to family problems.

Figure 3.10 bears a resemblance to Figure 3.5 and conveys the idea that the family system in temporary equilibrium after working through a developmental change (Figure 3.10) resembles the family system in temporary equilibrium before working through that developmental change (Figure 3.5). The concept of the family career (especially in its earlier formulation as 'the life cycle') with a series of successive categories (or stages: see section 2.2.2.2.2) contains the implication of a cyclical return to comparable stages. The model suggested here implies that the family system after the change from S_1 to S_2 (as presented schematically in Figure 3.10) is in the plateau phase of the next family career category (life cycle stage), which resembles the plateau phase of the last family career category (as depicted in Figure 3.5).

With interaction patterns etc once more stable and relatively well-integrated, matching or having adequate fit, the developmental tasks (see section 2.2.2.2.13) have been accomplished (Duvall, 1977: 177-180) and the sequence has been completed for the present. The family system has moved from one family career category to the next one, and may be conceptualised as again (albeit temporarily) in equilibrium.

3.9 Summary

This chapter has been used to present an overview, in terms of explicated concepts, of developmental change in families, presented in the broader context of the developmental conceptual framework (section 2.2.2).

The model has been described (sections 3.3 to 3.8) and schematically illustrated in one schematic simplification (Figure 3.1), three overview figures (Figures 3.2 to 3.4), and a further six detailed figures (Figures 3.5 to 3.10).

[18] This also suggests that the bulk of the family literature which is oriented to social pathology and social work intervention represents only one aspect of families and family change.

This model has been derived from the work of Aldous (1978) and Burr (1973), drawing also on contributions by Goode (1960), by Gross, Mason and McEachern (1958), and by Cottrell (1942). Elements from the work of all these writers have been integrated into the model, together with additional concepts developed specifically for it.

Concepts have been defined, and the basic characteristics of the relationships suggested. It has been emphasised that definitions and relationships have been stated or chosen among competing possibilities in an arbitrary manner to construct a plausible model. The 'improvement stance' (Dubin, 1969: 234-7; Rodgers, 1973: 5-7) has been adopted so that the investigation of the dataset can be used to 'tinker with the model' (Dubin, 1969: 236) rather than accept or (more likely) reject its simplified representation of some complex social processes.

The presentation may be incomplete and inadequate, but the general approach being attempted in the present work is to move between the extant literature, conceptual explication, an unsophisticated form of theory construction, and empirical research findings. Each is used to improve one or more of the others. This process is undoubtedly incomplete; indeed it should perhaps always be regarded as incomplete.

- a) The explication and interconnecting of concepts did not cease when empirical data-collection began;
- b) the literature available as the results are being written up is more extensive than when the empirical research was designed or conducted;
- c) the 'model' described in this chapter has been constructed with an eye to the dataset available;
- d) and so on.

A dynamic process has been captured in print; such is perhaps an inevitable feature of the 'improvement' stance.

What is the value of the material presented in this chapter? The systematic presentation of the concepts contained here, and their plausible interconnection, should facilitate the comparison of findings from different substantive domains of inquiry having a common underlying pattern, thereby contributing to the construction of more general theories. Also, this material constitutes a checklist, alerting the researcher in any particular domain of inquiry to a wider range of variables and hypotheses. For any given substantive domain of inquiry this material could facilitate the integration of different empirical findings (rather than the somewhat forced either/or choices which seem to be presented when findings apparently contradict one another).

The 'model' presented here is not an established set of law-like propositions, but rather an adaptable tool with a variety of uses. It will be put to some use(s) in the

present work and it is available to others for use, adaptation and improvement in the sort of strategies suggested by Dubin (1969: 234-7) and Rodgers (1973: 5-7).

4.0 CHAPTER 4: CONCRETE ILLUSTRATIONS OF THE MODEL

4.1 Introduction

This chapter provides a link between

- a) the widely applicable developmental conceptual framework (Chapter 2) and the conceptual framework or model of developmental change in families (Chapter 3) already presented; and
- b) the specific substantive data on the transition to parenthood (Chapters 6-8) in the later part.

The link is by means of concrete illustrations of components of the model or conceptual framework. These illustrations could have been included in the presentation of the model (Chapter 3), but they have deliberately been presented separately in order to underline the wide applicability of the model. The various sources of change to families built into the model have heuristic value for a variety of different substantive situations, such as for example:

- a) the wife-mother taking up full-time paid employment after a period of major responsibility for housework and caring work;
- b) adolescent and/or young adult family members leaving their family of orientation, especially at marriage or entry into paid employment;
- c) the death or other permanent departure of a family member;
- d) the retirement from paid employment of the husband-father;
- e) the fundamental religious (or other ideological) conversion of a family member.

As foreshadowed by the review of the literature on parenthood as crisis/ transition (Chapter 2), this general model is used to facilitate the investigation of a dataset focused on one source of change, the birth of the first child. The process is two-way of course, as the investigation of the data can help to identify elements of this conceptual framework in need of improvement. This chapter provides a 'translation' of the model into concrete, or 'practical', but not necessarily operational, terms - using first parenthood as the substantive focus of interest.

Having presented this translation, so that the model can be comprehended in a holistic and concrete way, the later data chapters (Chapters 6-8) present a systematic exposition of the data organised in terms of the main dimensions used in the model: structure, interaction, transactions and norms.

A later chapter (Chapter 10) uses these same data but organised so as to address both various issues raised in the literature (see Chapter 2 and Appendix A), and especially the central question of whether there exists a 'real' [1] social group of parents experiencing 'crisis' at or about the birth of their first child.

There follow a number of deliberately-created illustrations of the major features of the abstract model. Each of the following sections presents this translation of the abstract model into concrete terms for components of the model corresponding to Figures 3.5 to 3.10. in the description of the model already presented (Chapter 3).

4.2 A Stable System With A History

The first module of the model (see section 3.3 and Figure 3.5) introduces the four main dimensions of description and analysis used in the model, and in the organisation of the data chapters related more directly to the model (Chapters 6-8). The other main feature of the model (and the presentation of data) is its centring on the role transition between family career categories. The history of families prior to the current developmental transition or change is summarised by the headings of 'past developmental tasks accomplished', and 'past situational sequence'. This summary is needed because the model (and the research) covers only a segment of the complete family career.

The most simple of the four dimensions used is that of structure. There is considerable diversity of households in New Zealand (Swain, 1978c: 27), but the culturally normative pattern is used in the model. The initial structure, at S_1 comprises two positions: husband, and wife. This structure will change because the focus of the research is on the addition of a third position, child, and the modification of the initial positions to husband-father and wife-mother, but initially the structure is simple. The structural variants which might be shown by the data include absence of the husband-father, and additional household members.

The transactions characteristic of a married couple without children in the early years of their marriage are likely to include those with economic, kinship and recreational systems, with the medical and health care system added around

[1] The term 'real' is used to contrast with a 'construct' which is an artifact of the researcher's data manipulation. A 'real' social group for the purposes of the present discussion is one whose members recognise their existence as a group (or 'everyday' social category), and can more or less identify who is in the group (or category) and who is not. A 'construct' group may be identified by the researcher who manipulates the data (especially manipulation by multivariate analysis) but is 'known' only to the researcher.

the transition to parenthood. The use of the term 'system' follows Rodgers (1973: Chapter 3) and Aldous (1978: Chapter 2). A detailed exposition and critique is not presented here as the concept is not central to the present purpose, and alternative formulations include 'economic institutions', 'kinsfolk', 'recreational bodies' and so on. The notion of a system as a collection of interrelated elements, having a degree of organisation which facilitates their collation into a group, and a boundary which differentiates them from other collectivities, is implied by the present usage, and it avoids lengthier formulations.

It is likely (Department of Statistics, 1981: 18) that both partners will be in paid employment, and hence their transactions with the economic system (or economic institutions), such as time commitment, input of energy, attribution of priority, income and expenditure, will be high. There may well be patterned differentials in these characteristics between the husband and the wife. It is likely that one or both of the couple, in the early years of marriage, will only recently have left their family of orientation, and hence there may be a high level of transactions with the kinship system (frequent visiting or exchanges or letters/telephone calls, emotional intimacy, priority in times of stress) although again there may be patterned differentials. There is some evidence for the salience of kinship (Sussman, 1959; Sussman and Burchinal, 1962; Bott, 1971; for a review see Nye and Berardo, editors, 1973: 405-434) in urban industrial societies, although various factors such as geographical mobility (Nye and Berardo, editors, 1973: 417-30) may modify this. With minimal domestic responsibilities and relatively high levels of disposable income it is likely that married couples without children will have a high level of recreational pursuits. It is perhaps less appropriate to use the term 'system' here, as systemic characteristics are less evident. Such pursuits may be disrupted (or disruptive) when parental roles are assumed. The salience of the medical and health care system (which clearly does have systemic characteristics) during pregnancy, parturition and the post-partum period is self-evident.

The 'past situational sequence' is used, then, to summarise this structural and transactional history of families up to the point in social process time at which the model is used to focus attention on the transition to parenthood. There are theoretical and empirical grounds (Burr, 1973: Chapter 5; Otto, 1979; Lewis and Spanier, 1979) for expecting that a family's past situational sequence will influence processes in subsequent family career categories.

Interaction is the third dimension of description and analysis used in the model. Given a simple, two-position structure it follows that the pattern of interaction will be simple. There are other aspects of interaction than its pattern, and while the pattern may be simple these other aspects may be quite complex. However, with two positions there is one relationship while with three positions there

are three relationships; with four or more positions the number of relationships increases rapidly [2].

One of these other aspects of interaction is the pattern of communication and the communications skills used (Raush, Greif and Nugent, 1979), while two of the important dimensions of interaction in the present context are the stability and the quality of the marital relationships (Lewis and Spanier, 1979). The achievement of satisfactory marital interaction is one of the basic developmental tasks (see section 2.2.2.2.13) of married couples in the early years (Duvall, 1977: Chapter 9). A major aspect of the accomplishment of these developmental tasks is the identification, acquisition and practice of appropriate role behaviour as specified by norms, which are the fourth and last of the dimensions of description and analysis used in the model.

There are some difficulties in the operationalisation of this fundamental concept (see section 8.1), but at this level of concrete illustration there are few problems. The norms appropriate to a young married couple without children in New Zealand society have probably varied through time, and probably vary by age, social class, ethnicity and other variables. Elements for which there is likely to be a high degree of consensus probably include neolocal residence, economic self-sufficiency [3] associated with paid employment of the wife prior to children and such less clear norms as adoption of a more 'responsible' lifestyle.

The phrase 'developmental tasks accomplished' is used to summarise the patterns of interaction achieved, and the norms encompassed, up to the point in social process time at which the model is used to focus attention on the transition to parenthood. The theoretical ground upon which this is based, the proposition that past task accomplishment facilitates present accomplishment, and that failure to accomplish past tasks leads both to difficulties with present tasks, and unhappiness, has already been presented (see section 2.2.2.2.13). A concrete illustration is appropriate to illustrate the heuristic value of the family history summarised as 'past situational sequence' and 'developmental tasks accomplished', and this is presented below.

[2] The formula is $R = (P(P-1))/2$ where R is the number of relationships and P is the number of positions in the family.

[3] This self-sufficiency does not preclude potentially substantial material and other forms of assistance from the parents of the couple (Society for Research on Women in New Zealand (Inc.) and Swain, 1978; Denny and Nye, 1979 (which showed that families with first-born children were more helped by friends while those with second-born children received more help from the children's grandparents; Swain, 1983); cf. Webster, Fraser and Houston, 1977: 82; Webster and Williams, 1977: 80; see also Webster and Fraser, 1982).

Rossi (1968: 29-36) has suggested that there are four phases into which the duration of a role may be divided: anticipatory, honeymoon, plateau and disengagement. An optimum situational sequence might include the child role in the family of orientation reaching the disengagement phase prior to the honeymoon phase of the marital role, which itself precedes the anticipatory phase of the parental role. Where marriage is precipitated by ex-nuptial conception there is a telescoping of these sequences. Thus a 17-year old bride, five months pregnant, may well have to manage more or less simultaneously:

- a) disengagement from the child role in the family of orientation;
- b) the initial practice of the marital role; and
- c) anticipation of the imminent maternal role.

While ex-nuptial conception is the immediate outcome of sexual intercourse without effective contraception, each of these components is itself the outcome of a complex set of variables (Swain, 1975). These include:

- a) the couple's pattern of interaction (communication about their sexual wants and feelings, management of contraception, etc.);
- b) their norms (strength of proscription on ex-nuptial sexual intercourse, etc.); and
- c) even their transactions (exposure to human relationships education, etc.).

Similar influences apply to the continuation of the pregnancy to term (rather than termination), and to the choice of marriage (rather than single parenthood, adoption of the infant, etc.).

Where the situational sequence has been telescoped it is unlikely that developmental tasks associated with these telescoped events will have been accomplished satisfactorily, and hence tasks (incorporated in the model in modules illustrated below) are likely to be made more difficult and fraught. In terms of the model, the above can be stated somewhat differently. Where previous processes (e.g. disengagement from the family of orientation, acquisition of marital roles, etc.) have been accomplished satisfactorily up to the first pregnancy, then the period immediately prior to it is likely to be characterised by equilibrium. Where they have not, the transition to parenthood is likely to involve greater perturbation.

Whether the starting point of changes is in equilibrium or not will influence the working through of any changes, and hence the likelihood of reaching a further and equally temporary stage of equilibrium when the plateau phase of new roles is reached. It is with these matters that the

following illustrations are concerned.

4.3 The Sources Of Changes

With successful departure from the family of orientation and satisfactory accomplishment of the transition to marriage, couples are represented in the model (see section 3.4 and Figure 3.6) as being in a state of equilibrium when the changes flowing from the birth of their first child are experienced. Their marital roles are conceptualised as being at the plateau phase, and their parental roles at the anticipatory phase. It is explicit to the developmental conceptual framework that, over the long-term, equilibrium is likely to be temporary and should not be regarded as necessarily the normal or usual condition. Particular patterns of interaction are likely to change, new norms will be adopted and existing ones will be changed or abandoned. Patterns of transactions will change, and there will typically be increments (to be followed in due social process time by decrements) to the structure. In this section the addition of a third position, child, and the consequent modification of the existing positions to husband-father and wife-mother are illustrated. The model has been constructed so as to handle eleven sources of change (see section 3.4 and Figure 3.6), of which the above is one.

It should be recalled from the earlier theoretical treatment (section 3.3) that implicit in the various sources of change built into the model is the assumption that two of the four dimensions forming the social process time axis of the model, norms and structure, are most usefully regarded as relatively static. In other words, they are assumed to tend ceteris paribus to persist through time in a relatively stable, unchanging, state unless perturbed. This does not, of course, mean that they cannot change. The complementary assumption is that the other two dimensions, interaction and transactions, are essentially dynamic, tending to change. Again, this does not mean that they cannot persist through time in stable patterns or cycles.

We may now illustrate with a concrete example how the model is used:

- a) to handle the perturbations flowing from the birth of the first child; and
- b) subsequently to handle a new (but still temporary) equilibrium.

The model is used to suggest that a change in structure is likely to influence both interaction and transactions.

The model has been constructed on the basis that the birth of the first child may cause changes, although this need not be the case (see section 4.5 below). It is suggested that the change in structure (modification of two positions, addition of a third) is likely to have the following effects:

- a) an increase in the stability of marital interaction;
- b) a decrease in the quality of marital interaction; and
- c) a withdrawal on the part of the wife-mother from most transactions with the economic system.

These changes in interaction and transactions could then influence family norms:

- a) the early-marriage norm of 'togetherness' loses importance;
- b) mutual activities have lower value;
- c) separate activities have higher value.

Interaction would be likely to change in parallel with these normative changes, and the levels of satisfaction with marriage might fall further, and change in nature. Transactions might also change in parallel with normative changes:

- a) the husband-father takes over more responsibility for transactions with other systems, even if not strictly 'necessary'; and
- b) the wife-mother further increases her isolation and her focus on home and children.

Further normative changes might occur, such as emphasis on housework and caring work as the sources of personal value (however inconsistent with wider social patterns). These could be followed by an increase in the size of family desired by the wife-mother, as the children become a more significant source of her self-esteem.

The passage of time could have an influence also. As there are maturational changes in the children, family interaction could change. It is possible that wife-mother and husband-father will have more time and other resources available for their relationship (although the opposite argument is also plausible), while the complexity of interaction with the children increases through their adolescence. With these changes family norms are likely to change further in such areas as the allocation of family roles and decision-making processes. Finally, as the children leave home the structure is changed again, interaction is modified, transactions change (e.g. the wife-mother resumes paid employment, or there are more transactions with the extended family as the children marry and have children themselves). With these changes norms are likely to change again, reflecting and modifying these changes.

The previous two paragraphs represent neither a statement of the major developmental changes in families from childbearing to the postparental family career category nor any sort of

'ideal', desirable or even 'functional' pattern. They are, rather, a concrete illustration of the sorts of phenomena to which attention is paid in using the model of developmental change in families to investigate the empirical world of families undergoing the transition to parenthood.

4.4 Change Match And Mismatch

This section (which corresponds to section 3.5 and Figure 3.7 in the presentation of the theoretical model) presents concrete illustrations of the immediate consequences of the sorts of changes covered in the previous section. The previous pattern of conjugal interaction might have been characterised by relatively low levels of communication and relatively minor calls upon each other's time and energy, with traditional household role allocations and 'his and her' social worlds. These would be likely to match the new structure, and hence be on-going.

The couple's norms might emphasise this sort of interaction pattern, attaching importance to the wife-mother's domestic role performance and the husband-father's provider role performance, rather than to affective characteristics of the conjugal relationship. Such norms would remain consistent with the new structure. Similarly, the couple's transactions might be focused on the economic system in the case of the husband-father, and on the kinship system in the case of the wife-mother, which could well persist after the transition to parenthood.

Thus the change from S_1 to S_2 would, under these conditions fail to disturb the family's equilibrium situation. The system would continue until perturbed by some further change. Such a change might:

- a) affect norms (e.g. conversion of the wife-mother to the values of the women's movement); and hence
- b) interaction (e.g. the stability and/or quality of the marital relationship); or
- c) there might be a change in transactions (e.g. long-term unemployment of the husband-father); and hence
- d) changes in norms (e.g. the importance of the wife-mother having responsibility only for housework and caring work).

This illustration shows how a change in structure might not involve mismatch, and hence families may continue in equilibrium until changed by some other event.

Illustrations of the concept of mismatch are more difficult because the concept of threshold (see section 3.5) is also involved. Threshold was defined in three alternative ways: in terms of perception, of the attribution of importance, and/or of the utility of slippage. Mismatch below the

threshold might occur because family members do not perceive a mismatch between the new structure (S_2) and one or more of the other dimensions (I_2 , N_2 and/or T_2), or because while perceiving it they do not attach importance to it. Thus the antenatal behaviour of recreational recourse to the tavern or the sports facility might continue with the new parents not perceiving a mismatch, or seeing it but thinking it is not important. The third alternative is to see threshold in terms of slippage: they see there is a discrepancy between being parents and their outings, and agree that it is important, but feel that if they were to modify their behaviour and discontinue recourse to tavern or sports facility there would be even worse consequences, such as a deterioration in their conjugal interaction.

The consequences of either match or mismatch below the threshold are the same in terms of developmental change in families: the dimensions other than structure are not changed, and equilibrium continues until perturbed in some other way. The most complex processes may be thought to occur when mismatch above the threshold (i.e. perceptible, important and greater than useful slippage) occurs as a result of a change such as the birth of the first child. The various kinds of mismatch can be illustrated.

An above-threshold mismatch between the new structure (S_2) and the post partum interaction (I_2) would occur if one or both of the spouses wanted a frequency and/or quality of interaction similar to the antenatal pattern, and thus not taking account of such factors as:

- a) fatigue (especially for the parent - probably the mother - getting up to a wakeful child at night);
- b) the need for relative quiet while the baby is asleep;
- c) the greater logistical difficulty of spontaneous outings when the baby's paraphernalia must be transported; and so on.

An above-threshold mismatch between the new structure (S_2) and transactions in the post-partum period (T_2) could occur if the wife-mother continued in full-time employment while having the major responsibility for care of the infant, or even if the employment were part-time, and/or good child care facilities were available. Such a mismatch would probably be in terms of the time and energy available for parental and conjugal activities, employment, recreation and so on (i.e. there would be insufficient time and energy).

A similar mismatch between the new structure (S_2) and the post-partum norms (N_2) could occur as part of the above sorts of situations, which would be exacerbated if inapplicable antenatal norms continued to be applied.

The concepts of 'tension', 'conflict' and 'pressure to change' are suggested in the model (see section 3.5) as indicating symptoms or consequences of above-threshold

mismatch. These can be illustrated as follows. Tension covers a variety of phenomena:

- a) some are experienced directly and individually, and described in terms such as 'anxiety', 'nervousness', 'irritability', 'being short-tempered' and of course 'tension';
- b) some are characterised in terms more specific to the puerperium such as 'the new baby blues' or the more clinical 'post-natal depression' or 'puerperal psychosis';
- c) other symptoms may be experienced more indirectly, in psychosomatic phenomena such as hyperemesis gravidarum and perhaps even the HOP syndrome (toxaemia) or pseudocyesis.

The concept of 'conflict' incorporates fighting, illustrated by intemperate language or physical assault, and confrontation, the open recognition that family members pursue their own interests, which may not be mutually consistent, compatible or capable of simultaneous accommodation. There may be zero-sum situations where there have to be losers in order for there to be winners. Conflict as conceptualised is inevitable, and consensus is problematical. Conflict and confrontation are not pathological (although fighting may be), and may be part of the dynamics of family change. Indeed, 'confrontation' is a key technique in present-day counselling and personal growth activities and in this sense comes closer to the concept of 'pressure to change'.

This latter concept is even less precise in definition and use than is 'conflict'. Its connotations are deliberate action, reasoned argument and a 'rational' approach to change, the 'round table conference', self-conscious action, thought-out and low key, with expressions of affect muted. This bears a close relation to some of the older forms of counselling, and still finds expression in legislation concerned with marital problems and breakdown in New Zealand.

4.5 Routes And Outcomes

The phenomena conceptualised as tension, conflict and/or pressure to change (sections 4.4 and 4.5) are treated in the model as unlikely to persist for long periods of social process time. They are rather likely to lead to further 'coping processes' which are elaborated in this section (which corresponds to section 3.6 and Figure 3.8). This is a more complex module, and thus each of the component elements is illustrated individually before sequences of illustrations are worked through.

The first component of this module was not explicated in the theoretical chapter (section 3.6) because there are no indications in the literature reviewed earlier (Chapter 2 and

Appendix A) of the processes by which the symptoms of above-threshold mismatch lead to the various kinds of coping behaviours. Thus it is not illustrated here; it requires further work in terms of exploration, conceptualisation, explication and illustration - and then investigation.

'Emotional expression' is one coping behaviour. This may not be easy to differentiate in practice from the symptoms of tension (already described in section 4.4), especially the psychosomatic ones. The relevant difference is that the tears, verbalised anger or even physical expressions (such as shaking the partner) which constitute 'emotional expression' are forms of symptomatic relief, and hence are likely to persist while successful. Continuing relief of the symptoms of above-threshold mismatch allows the underlying state (i.e. the mismatch) to continue. Berne (1964) has described from casework, families which have developed elaborate, ritualised forms of emotional expression ranging from 'uproar' to alcohol abuse.

Another coping behaviour is 'avoidance', a concept cognate with role compartmentalisation (see sections 3.7.17 and 4.7, and Figure 3.10). Families in above-threshold mismatch may seek to avoid situations in which the mismatch is perceptible (or perceptible and important). Certain topics may not be discussed, or overt behaviours may be ignored; family members may avoid one another physically, or may resort to alcohol abuse in order to avoid situations of mismatch. Some avoidance behaviours may appear quite respectable, such as substantial involvement in community activities, or long hours spent in employment.

'Coercion' is the use of sanctions (see section 2.2.2.2.9) by one family member to force another to behave in a particular manner which, in the absence of sanctions, would be unlikely. Sanctions may take the form of force or the threat of force (widely used in families: see Pizzey, 1974; Renvoize, 1979), the withdrawal or threat of loss of affection or sexual intimacy, control of material resources or simply repeated verbal demands or complaints.

Finally, 'morphogenesis' is the deliberate search for and implementation of new structures, patterns of interaction or transactions, or norms. It connotes initiative and innovation, which are consistent with one of the basic assumptions of the developmental conceptual framework, that families are capable of creativity, are not simply reactors to external stimuli (Aldous, 1978: Chapter 2). Examples of deliberate searching for innovation in the face of above-threshold mismatch would include:

- a) the location and study of books and magazines offering information, advice or alternative suggestions pertaining to family problems;
- b) seeking and undergoing counselling which is oriented towards family problems;

- c) participation in courses such as 'parent effectiveness' or 'marriage enrichment';
- d) more informally, sharing with friends the more private areas of families and relationships, and receiving such confidences in turn ('going backstage' in Goffman's (1971) phrase), so that the immediacy and variety of others' problems and solutions can help solve one's own; and
- e) perhaps even (Day, 1983) viewing 'the soaps' (daytime television serials) as a source of ideas for dealing with family, relationships and other problems.

Four variables were suggested which facilitate morphogenesis. These were: volume and variety of information, level of communication efficiency, and degree of boundary openness. For the first two the relationship between level (of volume or variety) and positive contribution to morphogenesis is probably curvilinear. As the amount of information and its variety increase, so does the positive contribution; but the volume can become overwhelming, and the variety confusing. Suggestions that involvement with a number of social agencies can be one of the problems of 'problem families' would seem to stem from this area. A high-volume situation would probably involve numerous items of information, but their completeness would also be relevant, so that the disadvantages as well as the advantages of various choices are known. The variety of information probably relates to its 'differentness', so that some lateral thinking (DeBono, 1982) would be an important aspect of variety.

One of the most effective patterns of communication is probably the 'switchboard' or multilateral type, although overload would be a risk here, and individual use of 'I messages' (Gordon, 1975: Chapter 7) would be helpful. The fourth variable, degree of boundary openness, is probably relevant in so far as it facilitates the previous three. Examples of open boundaries would be families where visits to and by others were common, and family behaviour was modified little or not at all in the presence of visitors. A high level of transactions with other systems, perhaps especially the educational system, is also likely to be consistent with open boundaries.

The concepts of 'revision' and 'dissonance reduction' which were arranged in the model to follow from coercion may be illustrated by the following hypothetical example. Suppose that both a husband-father and a wife-mother are in full-time employment, with similar career commitments. With the birth of the first child the husband-father might use coercion (which might be quite subtle) to change the situation so that the wife-mother is responsible full-time for housework and child care. Reversion would occur if after a while the wife-mother returned to full-time employment, perhaps with domestic help and use of a child care centre. Dissonance reduction would occur if the wife-mother changed her goals, to emphasise her domestic and caring roles, and became active

in family-centred activities such as parent education organisations which offered similar scope for leadership and achievement to her previous career.

The process of 'checking for fit' between innovations and the new structure which precipitated the above-threshold mismatch might be illustrated by family members 'trying out', perhaps quite explicitly, new patterns of interaction or transactions. This would be for limited terms or under specified conditions, and then either the new patterns would be adopted or discontinued. The two results, 'fit' or 'no fit', are simplifications (as are all models) of the complexities of the real world in which degrees of compromise and slippage are typical.

As indicated at the beginning of this section, having illustrated each of the elements of this module separately, they may now be shown in a plausible concrete sequence. The mismatch used is between the new structure post-partum and the dual-career pattern of transactions with the economic system. The demands on the time and energy of the husband-father and wife-mother after the birth of their first child, the restrictions on their previous activities, new economic pressures, and so forth, are some of the perceived characteristics of the mismatch. It is perceptible, important and beyond the point which would be handled by useful slippage. An initial symptom is tension, and the adult family members cope with this by emotional expression (e.g. crying, criticism, sarcasm, anger; comforting, nurturance, reassurance). This brings short-term symptomatic relief, but the mismatch persists. Another coping behaviour, avoidance, emerges. The husband-father refuses to discuss what will happen at the end of the wife-mother's three-month maternity leave, and she avoids thinking about it. The mismatch persists.

In this hypothetical example the husband-father adopts coercion to change his wife's behaviour, trying to induce her to give up her career and become a full-time housewife and mother. He initially uses her sense of guilt, but moves to more coercive behaviour, and one episode of physical violence shocks them both. He enlists his mother-in-law's help in a campaign of persuasion, and provides a small car as a material incentive. The wife-mother obtains a further six months' leave without pay, and assumes full-time responsibility for housework and caring work. It appears that for the time being the mismatch has been reduced.

The wife-mother finds, however, that she is unable to achieve dissonance-reduction and accept her new situation, realising that she is simply unprepared to give up her career and accept full-time responsibility for housework and caring work. Reversion occurs: mismatch is present.

She is unable to work part-time, but persuades her employers to allow her a version of glide-time. At the same time she and her husband obtain some counselling, and improve their communications and problem-solving skills. They have

initiated a morphogenetic search for innovation to reduce the mismatch. A good quality child care centre is located, and the infant is enrolled there. By a combination of careful scheduling of both of their working hours, and re-allocation of domestic roles, both partners are able to pursue their careers while satisfying their standards of parental care and responsibility.

This is strictly a concrete illustration of one route through the module under discussion. It is not suggested that above-threshold mismatch will always be resolved, or that the sequence used for the illustration is culturally or statistically normative.

4.6 Role Transition And Mismatch

This section provides illustrations of the concepts presented in section 3.7 and Figure 3.9. While there are more concepts to illustrate than with some other sections, they are not arranged in such complex patterns, and hence the treatment is serial illustration without collated sequences as were used previously.

Anticipatory socialisation can take a number of forms. It is possible that the experience of being one of the older children in a large family of orientation could provide quite extensive experience of quasi-parental responsibilities and behaviour prior to assumption of the role as an adult. Babysitting as an adolescent might provide some experience (although frequently the young charges are asleep), and some sorts of vocational training might be relevant, such as Karitane (children's) nurse, kindergarten teacher, child care centre staff and the like. Another form of anticipatory socialisation could be courses in preparation for parenthood, parentcraft or the like, either at school or in the antenatal period. The degree of anticipatory socialisation as such, compared with information or psychotherapy, in such courses probably varies widely.

The concept of anticipatory socialisation is probably being stretched a little to include exposure to the media (books, magazines, radio and television), since it is in the nature of the media that communication is largely one-way. Transmission is from agent to audience, with little opportunity for audience feedback (except indirectly). Some other forms of anticipatory socialisation used to illustrate the concept permit a more active role to the person undergoing the socialisation.

The concept of 'continuing socialisation' is distinguished from 'anticipatory socialisation' by reference to its location in social process time rather than by reference to different means of socialisation. Continuing socialisation may be expected to be increasingly important as roles are improvised in changing circumstances rather than learned for an unchanging social milieu. Anticipatory socialisation precedes assumption of the role, while continuing

socialisation accompanies it. Most of the above illustrations would still apply, with the deletion of the family of orientation experience and the addition of socialisation of the parents by the infant! Maturation was identified in the model as one of the sources of change (see section 3.4), and as the maturation of the infant and child involves the discarding of obsolete parental role behaviour and the acquisition of new skills and techniques, the importance of continuing socialisation is underlined.

The rites de passages of the transition to parenthood seem to be neither important nor definite in New Zealand, although the phrase 'wetting the baby's head' (indicating the celebratory consumption of liquor by the father and others) suggests that such rites are not unknown. By a perhaps noticeable stretch of the imagination it could be argued that participation in antenatal classes (and especially the breathing and relaxation procedures, or rituals), is a form of rite de passage. This idea is reinforced by the suggestion (Kitzinger, 1967) that it is belief in the particular method, rather than the particular method per se, which is helpful. Similarly, it could be argued that paternal participation in labour and delivery is among other things a rite de passage. Other aspects of such rites might include changes of nomenclature, such as the mother-in-law's change from 'Mum' to 'Gran' or whatever. All in all, compared with some other cultures (Stephens, 1963), there seem to be very limited rites de passages, for parenthood in New Zealand, compared with the ceremonies and rituals for other transitions such as marriage or death [4].

The variable 'amount of normative change' is even more difficult to illustrate with concrete examples, as the amount is the product of each of the norms involved weighted by its importance. However an illustrative selection of norms likely to change at the transition to parenthood could include:

- a) those relating to housing (e.g. a change from a rented flat, perhaps shared, being appropriate to an owner-occupied house with a garden);
- b) employment (e.g. the wife-mother giving up employment, perhaps the husband-father emphasising security more);

[4] It is interesting to note that over the last generation or so in New Zealand there have been quite noticeable changes in the rites de passages of marriage and death. These range from diversification (e.g. the introduction of marriage celebrants) to privatisation (e.g. of mourning) and even greater theoretical insight (e.g. into the grief process). Changes in the rites de passages of childbirth are less obvious, especially as they may be in areas which are construed as 'medical procedures' or 'medical technology' rather than as rites de passages per se.

- c) recreation (e.g. lower priority for time, money etc.);
- d) contact with kinsfolk (e.g. more important); and
- e) domestic role allocations (e.g. greater number of roles, different allocations).

The variable 'adequacy of the role complex' is also relatively abstract, and as it was formulated for the present study there is thus little guidance in the literature for its illustration. However, we may begin with a focus on the positions of wife-mother [5] and child. We note that each position has an initial cluster of roles which are being improvised (i.e. the role-making process is incomplete in the early period of parenthood). Then it may be recognised that the expectations of the wife-mother and the needs of the infant may well be inconsistent, especially at first. This inconsistency, or reciprocal lack of realism, may be regarded as unavoidable in the case of the infant, and understandable in the case of the care-giver. It finds expression in the perception by some mothers of seemingly endless 'demands' from some infants, and in the sense of guilt reported by some mothers (Gavron, 1966) when they attend to any of their own needs. The Group for the Advancement of Psychiatry (1973) have described this situation as the mother's need for her baby being relative while the baby's need for its mother [5] is absolute. And yet:

'Parents are not only vehicles for the care of their children. They were persons before the child arrived; are persons while they are parents; and will be after the children leave ... Parents ... were once told to listen to their parents. They are now told to listen to their children. Both directives are valuable. They must, in addition, listen to themselves' (Group for the Advancement of Psychiatry, 1973: 131-2).

What is being described here is not role conflict (e.g. differing definitions of the maternal role), nor is it role incompatibility (e.g. between the maternal and employee roles). It is a potential weakness of role theory, and relates to the frequently recognised (Parsons and Bales, 1955) primary socialisation role of families. People begin life as plastic individuals, almost infinitely malleable (although there do appear to be some programmed basic infant

[5] The baby's need is in fact for a suitable caretaker, which - except for breastfeeding - could be the father, or indeed one or more others. However, in the context of the present discussion, it is the different needs of baby and mother which are relevant. It should be noted, however, that while the Group is empirically correct in making reference to the mother, for this is the culturally and statistically normative pattern in urban-industrial societies, this usage also illustrates those same cultural pressures in action.

behaviours, stimuli for their caretakers, with a definite biosocial character). For most people their primary socialisation is within the family, where they are equipped to handle further socialisation in other institutions (e.g. school, workplace). It is the family, more than any other social institution, which accommodates unsocialised individuals. Families cannot exclude unsocialised members, as other institutions (such as schools, or workplaces) may. There are many sanctions available to other institutions which are unavailable to families as their use (except for violence, unless gross [6]) is prevented by other agencies. Thus for families, more than other social institutions, inadequacy of the role complex is important. An illustrative simplification of this would be the parent's despairing complaint that his or her child has not read the childrearing books used by the parent, and doesn't know how children are supposed to behave!

The above is clearly related to the variable 'level of role performance ability'. The ability here could encompass intelligence, and perhaps motivation, or maybe ability to control one's emotional impulses, plus perhaps memory span, ability to generalise, and so forth. Parental roles are complex and demanding, more so than many others. And yet their assumption can be the by-product of sexual intercourse which is recreational rather than procreational in intent. There is social control over entry into most social institutions, but little or none for the institution of the family of procreation. Such formal entry controls as exist in contemporary urban-industrial societies are limited to:

- a) various minimum age of marriage restrictions;
- b) prohibitions - on marriage between some relatives, and on incest;
- c) the requirement of monogamy (or at least serial polygamy); and
- d) some medical restrictions, for example relating to sexually-transmitted diseases.

Social controls over mate selection (Goode, 1959b) are rather different. They influence choice of marital partner, rather than controlling entry into the parental role per se. Thus the range of parental abilities is wide, and hence those with limited abilities are likely to experience more problems than others.

We now turn to the concrete illustrations of chains and other arrangements of variables. The variable 'adequacy of role definers' requires illustration of the 'role definers'.

[6] The Crimes Act, 1961, specifically permits parents and school-teachers to use violence (corporal punishment) towards children (see Ritchie and Ritchie, 1981).

These are the reference group(s) for the definition of parental roles, and would include:

- a) the person's own parents;
- b) other significant adults from the person's childhood [7];
- c) other social contacts such as siblings, friends, neighbours;
- d) other new parents;
- e) parental models provided through the media; and
- f) 'experts' (but see Swain, 1975a) whose views are communicated to the new parents either directly (e.g. by the Plunket Nurse) or indirectly (e.g. the views of Dr Benjamin Spock as communicated through his books).

This list suggests that for each prospective and new parent there is likely to be a plethora of role definers. In addition, there is likely to be an increase in role improvisation given the changing social circumstances and the segmentation (by age, social class, ethnicity and other criteria) of a society like New Zealand. These factors make it increasingly unlikely that role definers and prospective actors will be from the same background. Hence the clear, unambiguous and specific definition of parental roles is increasingly unlikely. In addition there has been a lack of agreement between experts, and by experts over time (Swain, 1975a) which further reduces the chances of role consensus.

Role clarity is illustrated by explicit, unambiguous and specific definitions of expected role behaviour. The first characteristic ('explicit') is achieved by verbalisation without circumlocutions, metaphors or other such devices. Ambiguity is reduced when the definitions are formulated so that only one meaning is possible. Where several are available, even when one is more likely, the other possibilities may be seized upon. Specificity is achieved by relating the definition to actual details for the actor. 'Good mothers take care of their children' is far from explicit, unambiguous and specific. 'You should give up your job and spend more time at home with the children' is clear, although it could also be unwelcome. It might be widely agreed that parents should not 'spoil' their children, and that 'spoiling' has undesirable consequences, but it might not be clear what precisely constitutes spoiling. Does this mean that a crying baby should not be picked up? Does it mean that a child should not receive generous birthday gifts from grandparents? Does it mean that parents should be consistent in their requirements and prohibitions?

[7] A particularly important New Zealand example would be the tipuna (Maori grandmother) who informally adopts her mokopuna (grandchild).

We next turn to illustrate a series of concepts associated with goals. The first is the 'extent of goal attainment', the degree to which the enactment of a role (in this case, the father or mother role) permits or facilitates or enables an actor to realise goals important to him or her. Such goals might be:

- a) enhanced social status;
- b) closer relationships with one's own parents (e.g. via their transition to grand-parenthood);
- c) improved material circumstances (e.g. through family benefit capitalisation for home ownership);
- d) rewarding interaction with the child, vicarious enjoyment of achievements, and so on.

The influence of the above variable is modified by the 'value of goals' which it is presumed will differ. A hierarchy of goals (following Maslow, 1959) is assumed, and hence some may be restricted or sacrificed in order to attain others. The family benefit and its capitalisation notwithstanding, it is material goals which are most likely to be deferred or sacrificed especially during the early years of parenthood (Social Development Council, 1977a; 1977b).

Another variable which influences the above 'extent of goal attainment' is 'duration of role'. It may well be that entry into parental roles delays or frustrates valued goals, such as material improvement, geographical mobility or recreational activities. If the role duration is envisaged as short, or even finite, then the frustration can probably be accommodated. A couple planning to have a small family, say two children, would be planning a relatively short duration for the pre-school phase of their parental roles. Alternatively, even with a larger or more widely spaced family, if the use of quality child care facilities (Swain and Swain, 1983) is planned, then the period of greatest goal frustration is limited in duration. It is possible that for the role duration to be seen as simply finite (it must end some time) is a positive influence.

Finally in this group of variables there is the influence of the 'availability of substitute gratifications', i.e. goals which are substituted for the original, frustrated, ones. One way in which this might happen would be for a goal to be retained at an abstract level but translated at the concrete level into terms appropriate to the changed circumstances. Thus, a woman might have obtained gratification from vocational competence, but after becoming a mother and giving up paid employment she might find substitute gratification in competence related to labour, delivery and breastfeeding, and later in childrearing. The growth of Parents Centres and La Leche League in New Zealand, with a great deal of active support from well-educated middle class women, would (verified by more systematic evidence) support this example.

A large number of variables were organised around the more abstract concept of 'role strain', a more abstract variable inferred from several more directly operationalised ones in order to articulate or connect them. Any future reworking of the model (see section 11.6) could include breaking up some portions of the module shown in section 3.7 and Figure 3.9 (and illustrated in this section), starting with the portion connected to 'role strain'. For present purposes, however, the model 'as is' serves as the basis for these illustrations.

'Role conflict' has already been introduced, in the illustration of role clarity. One illustration of different, conflicting, expectations of the same role which are incapable of simultaneous satisfaction (i.e. role conflict) might involve different definitions of the wife-mother position by a woman's parents and by her peers. The former might define the mother role as the dominant, top-priority one, with even the spouse role coming second, and further specify its enactment as characterised by continuous presence in the home, personal responsibility for all the cooking, washing, sewing and so on. The latter (the peer group) might define the mother role rather differently, perhaps more like the view of the Group for the Advancement of Psychiatry (1973: 131-2) quoted above, which draws attention to the adult's variety of roles. This peer group might see enactment of the mother role in terms of quality time with the child, substitution of restaurant meals and travel for baking and sewing, and so on. Other role definers, such as the woman's husband, writers in magazines she reads, perhaps even the Social Development Council (1977a), could add to these conflicting definitions, all with some legitimacy for her. A similar sort of illustration could be provided for the father role, although there are likely to be fewer definitions of the father role (see Roberts, 1978).

Role conflict is subject to the influence of the degree of 'role congruence'. This refers to congruence of role definitions held by those in counter positions (cf. role consensus, which refers to consensus on role definitions by role definers, who may not interact with the actor beyond giving role definitions). For the wife-mother some of the most important counter positions would include: the husband-father, the children, her mother, other relatives, friends, and helping professionals.

'Role incompatibility' has been distinguished from role conflict and refers to conflicting expectations for different roles within the same position. The wife-mother position includes the wife role in relation to an adult male, and the mother role in relation to one or more immature children. There may be complete clarity about each role, with consensus among respective role definers and congruence among counter position incumbents. And yet there could still be role incompatibility, the two roles might not be capable of simultaneous enactment. A clear expectation of the mother role might be attendance on a child at night during sickness or nightmares. An equally clear expectation of the wife role

might be willing and frequent sexual partner. The incumbent of the wife-mother position might find these expectations incompatible, given the human need for 6-8 hours sleep a night.

It has been pointed out that 'sanctions' could be relevant to a variety of portions of the model (see section 3.7.16), but they were presented here, in connection with role incompatibility, because sanctions might be expected to be most effective where there are alternatives, and choice is possible. The choice in situations of role incompatibility is between roles.

In the illustration already used, the sanctions available to the husband (disappointment, anger, threat of other sexual partners or physical intimidation on the one hand, and happiness, sexual pleasure or material rewards on the other) might be more effective than those available to the infant or child (crying, ill-health or withdrawal of affection on the one hand, and peace, health and affection on the other). In such circumstances, then, the immediate role incompatibility would be likely to be resolved [8] in favour of the wife role, and presumably the mother role would be modified.

However a further variable, 'role compartmentalisation', may modify the influence of role incompatibility on role strain. This involves the arrangement of schedules and locations of role enactment so that incompatible requirements rarely or never clash. As illustration, a rescheduling of sexual intercourse to the afternoon when an infant is asleep, or to the morning when a child is at pre-school, might be possible and would tend to compartmentalise the roles of wife (i.e. sexual partner) and mother (i.e. night nurse). Such compartmentalisation may be practiced routinely when the evening meal is scheduled in two sittings, with the children dining before the husband returns home from his paid employment. This sort of compartmentalisation does not eliminate incompatibility, but does reduce its salience.

A further variable is the 'prescribed level of role activity', the number of roles forming a position. For a young married woman with children the list might be thus: wife, mother, adult daughter, daughter-in-law, sister, sister-in-law, neighbour, friend, employee, voluntary worker, political activist, domestic ... and for some of these roles there are several reciprocal roles and/or there are a variety of sub-roles.

[8] This illustration is not intended to suggest that the resolution process given is either the only possible one or indeed a desirable one. It is however a recognisable one, in terms of the writer's experience as a supervisor of marriage counsellors, for contemporary New Zealand.

Finally, there is the clumsily-worded 'degree of tolerance of discrepancies between norms and role behaviour' [9]. The concept of 'role behavior', not necessarily synonymous with the normative prescriptions and proscriptions, implies the possibility of discrepancies, tolerance of which may vary. Where there is clarity and lack of conflict or incompatibility in the normative definitions of roles, there may also be substantial tolerance of discrepancies between the norms and actual role behaviour. It is plausible to suggest that parents tolerate in each other a relatively wide degree of discrepancies. Norms for parental behaviour based on the view that children's needs are total, and that any neglect of them leads to irreversible damage (perhaps reinforced by such exercises as International Year of the Child), allow little or no compromise between:

- a) this ideal of complete parental dedication (the most total expression of which might be the 'continuum concept', Liedloff, 1976); and
- b) the realities of parenthood, well summarised by the Group for the Advancement of Psychiatry (1973: 131-2).

The Group (*ibid.*) suggest that tolerance of sometimes considerable discrepancies in parental consistency, nutritional provisions, discipline, intellectual stimulation and so on is required. While there is evidence of too much tolerance in some areas, such as physical assault on children (Ferguson, Fleming and O'Neill, 1972; Ritchie and Ritchie, 1981), it is possible that there is insufficient tolerance in others.

4.7 Equilibrium Regained

This section (which refers to that portion of the model presented in section 3.8 and Figure 3.10) illustrates the portion of the model in which the developmental tasks associated with the initial perturbation, the birth of the first child, have been accomplished, and the situational sequence completed, so that the family system is once again in equilibrium, however temporary. The parents have learned enough of their roles to be able to carry them out adequately, and have learned how to fit their parental roles in with their other roles satisfactorily. Their situation is appropriate to their roles and resources.

Their marital interaction may be satisfactory and stable, and the socialisation of their infant is proceeding, so that interaction with him or her is increasing. Their transactions with other systems have been worked out, perhaps with the husband-father having the main transactions with the

[9] The short term to use might be 'discrepancy tolerance', although this does not indicate the items between which there is a discrepancy.

economic system, and the wife-mother with the kinship system. Their norms are consistent with the other dimensions of the family. It is likely that they will have at least one more child, and this might bring further perturbation to the family system, but this lies in the future.

4.8 Summary

This chapter has presented concrete illustrations of the concepts used to construct the model of developmental change in families, so as to provide a link between the abstract model (Chapter 3) and the data chapters (more particularly, Chapters 6-8). It would have been possible to include the illustrations with the model chapter, but they were deliberately collated into this separate chapter in order to underline the wide applicability of the model. The model could be used in the investigation of a variety of substantive situations and hence it has been described in abstract, conceptual terms in Chapter 3.

The linkage has been by concrete illustrations, drawn from the area of parenthood. Plausibility has been the main criterion for the inclusion of illustrations.

There are several ways in which the later presentation of data (especially Chapters 6-8) could have been organised. Each of these ways is described briefly below, the choice is stated, and the reasons for that choice are outlined.

The first approach would be to follow the pattern used in the review of the literature (Chapter 2 and Appendix A), and this could involve a relatively large number of small chapters each presenting the data for one substantive area (e.g. problems of parenthood, pleasures of parenthood, antenatal preparation for parenthood, labour and delivery, effects on marriage, influence of social class, etc.). Some systematic reference could be made to the extant literature, and elements of the model might be related to these specific results if appropriate. The limitations of this approach are that an overall view would be inhibited, and the heuristic value of the model would be limited. These deficiencies reflect some of the limitations of the literature to date, and are sufficient grounds in the present work for not adopting this approach.

In contrast, a second approach could follow the theoretical model (Chapter 3) closely, with a data chapter corresponding to each module of the model (i.e. the first data chapter would correspond to section 3.3.1 and Figure 3.4 of Chapter 3, and so on). This format would have the merit of being obviously consistent with the organisation of Chapter 3, and thus would facilitate attention to related concepts within the model modules. However, as it stands the model covers developmental change in families, a substantial segment of social process time, encompassing in particular the transition from one family career category to the next. This second approach would involve much smaller segments of social

process time. Further, the division of the theoretical model into modules was primarily to facilitate exposition, and thus was of necessity arbitrary (although not haphazard). Hence this second approach could inhibit systematic treatment of processes which cross module boundaries. For these reasons this approach has not been adopted for the initial data chapters (Chapters 6-8) but it has been used in a modified form in Chapter 9. This re-presents in summary form data from the previous chapters but organised according to the model and oriented to a fundamental underlying question arising from the literature but not previously considered. This question is whether there is a 'real' crisis group of new parents, or is the term only applicable to the researcher's constructs obtained through data manipulation?

The third approach, which has been adopted for the next three data chapters (Chapters 6-8), begins with a focus on:

- a) the four main dimensions of description and analysis used in the model, i.e. structure, interaction, transactions and norms; and
- b) the transition from one family career category (ante-natally) to the next (post partum).

The developmental approach lends itself especially to the treatment of two of these, viz. interaction and transactions (Rodgers, 1973). Moreover, this third approach maximises the segment of social process time accommodated in the data presentation.

The structural dimension, for which there are fewest data, is included with the treatment of interaction (Chapter 6), since structure is one of the main influences on patterns of interaction. Frameworks for the organisation of data presentation in the chapters on structure and interaction (Chapter 6) and transactions (Chapter 7) are derived from the model (Chapter 3) and - where useful - from the literature (Chapter 2 and Appendix A). The chapter on the normative dimension (Chapter 8) was the most difficult one to handle in the present work, perhaps as a consequence of the methodology (strategy) originally chosen [10]. The problems and issues in the handling of normative dimension data are discussed in the introduction to that chapter (see section 8.1), and it may be sufficient here to note that the presentation of the data in that chapter (Chapter 8) is more substantive or topical [11] than the others.

[10] 'Chosen' is perhaps too 'active' a term; the methodology within which a researcher works may well have a substantial 'given' component (Sjoberg and Nett, 1968).

[11] The term 'topical' is used in the sense of being organised according to a scheme of substantive topics (rather than the meaning being 'contemporary' or 'current').

The organisation of the initial data chapters (Chapters 6-8) covers the broadest segment of social process time for which there are data in the present research. The family career categories in the extant literature (see section 2.2.2.2.2) provide this final organising principle for the main data chapters. While sets of family career categories differ, and there is disagreement about the boundaries of many categories, there is wide agreement that between the childless couple and the couple with their first child there is a clear and distinct transition. Hence each of the four main dimensions (structure, interaction, transactions and norms - and their subdivisions) is divided into antenatal and post-partum parts. Changes in structure, interaction, transactions and norms across this transition are highlighted. While the chronological time involved is small, the social process time is substantial, and the division into two parts of each analytical dimension is intended to reflect this.

There is one final characteristic of the data chapters that warrants a mention here. The strategic stance adopted, the underlying approach to the use of data, is that of improvement rather than proof (Rodgers, 1973: 5-7; see also section 2.2.1.2 and Chapter 5). The dataset is investigated with the objective of improving the utility of the model, rather than testing and if not supported by the data rejecting elements of the model. The data are presented and investigated rather than hypotheses being tested.

5.0 CHAPTER 5 METHODOLOGY AND RESEARCH DESIGN

5.1 Introduction

There has been a continuing interest in methodological issues and problems in family sociology (Komarovsky and Waller, 1945; Christensen, 1964; Hill, 1964; Rodgers, 1973) but, as the literature on parenthood as crisis/transition illustrates (section 2.3.2), methodological shortcomings have persisted. Family sociology lacks detailed accounts of the actual conduct of research, which are now appearing in other areas of sociology (Whyte, 1955; Hammond, 1964; Bell and Newby 1977), but reviews of the field describe the methodological deficiencies (Hill, 1964; Rodgers, 1973: 252-5).

The substantial improvement in the 'methods and materials' of family sociology attributed by Komarovsky and Waller (1945) to the period 1915-1926 was a growing tendency by scholars to conduct some sort of fieldwork at first hand rather than relying on the writings of travellers in other cultures and everyday experience of the scholar in his [1] own culture. It is true that by the 1960s quantification was widespread, and some sort of empirical verification was sought in respect of phenomena described by family scholars (Christensen, 1964: 9), but some important methodological shortcomings persisted (Hill, 1964; Rodgers, 1973: 252-5). While the goal of 'perfect' research is theoretically fraught, and beset with practical problems, there are technical deficiencies in much of the extant research literature which require at least caution in the use of the data and, where possible, improvements in research design.

The series of studies of parenthood as crisis/transition (section 2.3.2 and Appendix A) illustrates some of these technical deficiencies, and also the prevalent lack of caution in generalising and speculating on the basis of imperfect research. Each of the following deficiencies is not necessarily a fatal flaw, but the net effect is to raise doubts about the sorts of conclusions drawn from the research, especially the earlier items. The studies reviewed here are based on 'samples'. However:

- a) the special or working universe (Sjoberg and Nett, 1968) from which these samples are drawn is not always

[1] The pronoun 'his' is appropriate here as until quite recently family sociologists have almost all been male, with consequences for the discipline which have been both marked and disabling. See Bart (1971) for a general discussion, and Bernard (1973) for an illustration of some of the scholarly consequences of gender bias which is especially relevant to methodological considerations. The more extensive work of women anthropologists may well have contributed to the somewhat reduced gender bias in that discipline, which is a source of valuable materials for use in family sociology.

specified in sufficient detail; but

- b) it is implicit in the tenor of much of the discussion of results that the special or working universe is a normal/typical case (Sjoberg and Nett, 1968); and
- c) hence that generalisation to the wider society or to even broader human groupings is justifiable.

The size of a sample is not the only or even the most important criterion of methodological rigour, and it is possible to conduct good research with important conclusions using small and/or non-random samples (e.g. LaRossa, 1977). However larger samples (i.e. from say 100 upwards) offer some advantages such as the possibility of analysing subgroups, but most of the parenthood as crisis/transition research uses small samples. These vary from samples of 25 up to 65, with one (Russell, 1974) at 271 and another (Kirkpatrick, 1978) at 160. The sample size in the present research is 241.

In only three studies (Hobbs, 1968; Russell, 1974; Kirkpatrick, 1978) are the samples drawn at random from their special or working universe, and with some of these there are further problems, such as low response rates (e.g. 'about 25%' for Kirkpatrick, 1978: 61). It may or may not be important for a sample to be selected at random. In the study of social processes other criteria of selection may be more important. However, if the data are used for descriptive accounts of statistically normative behaviour (e.g. Duvall, 1977: 215) then random selection from a normal/typical special or working universe is important, and it is vital to emphasise any cautions in interpretation. The present sample may also be regarded as a form of cohort. It is based on complete (serial) coverage over seven months of all members of a normal/typical (Sjoberg and Nett, 1968) working universe (see section 5.3.5 for further details).

There are also problems of measurement. Here there has been quite a lot of work, and perhaps some progress, over the more than quarter-century of fieldwork in the parenthood as crisis/transition area. In particular, the replications and extensions of previous research (especially the series: Hobbs, 1965; Hobbs, 1968; Russell, 1974; Hobbs and Cole, 1976; Hobbs and Wimbish, 1977) have been useful in illuminating some of the limitations of techniques used to measure 'crisis' at first parenthood. The present research uses the checklists of 'problems of parenthood' developed by Hobbs (1965; 1968) and 'pleasures of parenthood' developed by Russell (1974).

The remainder of this chapter explores methodological issues and outlines the design of the present research. It would be useful to keep in mind that the research design described here was of necessity largely fixed early in the project. Large-scale structured-interview random sample surveys require considerable planning and preparation. This in turn makes it difficult or impossible to change the design once it

has begun to be implemented.

In the present project the researcher's growing sense of dissatisfaction with the frequently atheoretical and unsophisticated conceptualisation of the extant literature came to a head with the empirical finding of a lack of 'crisis' as measured. The originally planned multivariate data dredging strategy (Selvin and Stuart, 1966) was abandoned in favour of the present approach. This approach accords higher priority to conceptualisation and the construction of a conceptual framework or model than to an elaborate statistical analysis based on debateable foundations ('crisis' as measured by the Hobbs (1965; 1968) checklist). The more central goals of the present research are:

- a) the explication and interrelation of concepts in a plausible model of family phenomena; and
- b) their investigation and improvement through empirical research.

It is relatively less important to pursue the goals of refinement of quantitative research design and solution of technical problems in research methodology, although of course attention to these methodological matters can make a valuable contribution to the former, more central, goals.

5.2 Inherent Methodological Considerations

There are some methodological problems and issues (see sections 2.2.1.2 and 2.2.1.3) inherent in the developmental conceptual framework and approach to the study of families adopted in the present research. Hill and Rodgers (1964) identified three such potential problems:

- a) the operationalisation of highly abstract concepts such as 'family career' (see section 2.2.2.2 for a conceptual explication of the term);
- b) the duration of research; and
- c) data analysis.

These are considered in detail in the following sections.

5.2.1 Operationalisation Of Abstract Concepts

The concept of the 'family career' is built upon other concepts which can be arranged in ascending order of abstraction and distance from actual (observed or reported) behaviour. Thus 'norm', 'role' and 'position' are the least abstract ones, closest to actual behaviour. These are used to construct more abstract concepts, further from actual behaviour, such as 'role cluster', 'role complex' and 'role sequence'. These in turn are used to construct 'positional

career' and 'family career' (more abstract and remote from actual behaviour). Thus the more highly abstract concepts which are used in the developmental conceptual framework appear prima facie to be difficult to operationalise. This might account for the lack of empirical research on these higher-order abstractions, with the obvious exception of the 'family career' concept.

While problems of operationalisation are not confined to the developmental conceptual framework (or even family sociology) they are particularly acute for the more abstract concepts used in this approach. Much of family sociology is lacking in theoretical formulations but well supplied with empirical studies, albeit of variable methodological quality. While many problems are eliminated when concepts are defined in terms of the measures used, other problems (of validity, comparability and so on) are raised (see Piche, 1974, for similar problems in a different domain of inquiry). This first problem specified by Hill and Rodgers (1964), then, derives from the explication of abstract concepts in the developmental framework. That explication is, in its turn, a response to the problems of atheoretical approaches to family study.

The choice made in the present research is consistent with the argument by Rodgers (1973: 71):

'The concepts of a theory are stated in abstract terms, whereas research problems are always stated in concrete terms of observable behaviours. It is necessary to translate the abstract concepts of a theoretical formulation into the empirically based activities of a research problem. This interpretation is done by systematically moving through each of the concepts of a theory applicable to a particular research problem and by specifying what observable behaviour the investigator will take to stand for these concepts'.

Thus Chapter 3 presents 'the abstract concepts of a theoretical formulation', i.e. the model of developmental change in families, while Chapter 4 presents an initial specification or illustration of 'what observable behaviour the investigator will take to stand for these concepts' (ibid.). Chapters 6-8 present the data organised according to this conceptual framework or model. Chapter 9 initiates reconsideration of the conceptual framework or model in the light of the findings, and Chapter 10 presents the data relevant to the issue of 'crisis' or 'transition' which is central to the substantive literature (Chapter 2 and Appendix A).

5.2.2 Duration Of Research

The second methodological problem inherent in the developmental conceptual framework and specified by Hill and Rodgers (1964) is that the highest-order abstraction in the developmental conceptual framework, the 'family career', is intended to capture a series of events, or a process or cycle, which may persist for fifty years or more. The most fundamental characteristic of the developmental conceptual framework is that it is longitudinal, and research within this conceptual framework should follow the 'life' of the phenomena which are conceptualised. There are, however, practical problems in conducting 50-year research projects, although one British child development study has been in progress since 1946 (Douglas and Rowntree, 1948; Douglas and Bloomfield, 1958; Douglas, 1967; Douglas, Ross and Simpson, 1971).

The funding and administration of long-term research is not easy, and continuity of personnel would be a problem. The social organisation of sociological research as a professional activity militates against long-term research, which is unlikely to be conducive to career success for social research staff. There are problems of 'mortality' and 'conditioning' (Moser and Kalton, 1971) which would increase with the duration of the research. 'Mortality' in the present context refers to attrition, or the loss to follow-up of members of the original sample under study, and the difficulty of replacing these departures with otherwise comparable new sample members. 'Conditioning' refers to changes induced in the respondents by their exposure to the research. Such changes are unavoidable, unless unobtrusive or non-reactive methods (Webb *et alia*, 1966) are used, but the longer the period of exposure the greater the conditioning is likely to be. In the present research there was some evidence [2] that conditioning was present, and the duration of the fieldwork was only 38 weeks maximum!

A variety of research designs have been suggested to meet these problems (Hill, 1964; Hill and Rodgers, 1964: 204-7), including 'synthetic pseudo-longitudinal' designs, retrospective history-taking, longitudinal segmental designs with or without controls, and intergenerational panels.

Synthetic pseudo-longitudinal designs are those in which, at one time, samples are taken of successive cohorts, in the hope that:

- a) differences between younger and older ones will reflect developmental changes and not rapid or substantial social

[2] Conditioning is illustrated by remarks such as the following made when respondents were asked for comments on the research project, the interviews and so forth: 'The interviews do make you think', or 'I've learned a lot from your questions'.

changes (see also section 2.2.3.3) and

- b) that an older cohort now can show what a presently younger cohort will be like in due course.

Where there is stability in social patterns through time, such designs may be feasible, but this is not the present case. Indeed, some of the differences in results reported in earlier and more recent studies of parenthood as crisis/transition (section 2.3.1) may result from such social changes, rendering synthetic pseudo-longitudinal designs quite inappropriate.

Retrospective history-taking is fraught with difficulties, as the past is liable to re-interpretation in the light of the present. This is not to argue that a respondent's present recollections of the past are invalid as data. If the respondent's present behaviour (attitudes, values *etc.*) is influenced by his or her present recollections of the past, even if they are not 'historically accurate', then the data are valid. Bernard (1973) has made a valuable point in regard to what was thought to be a methodological problem of 'discrepant responses'. Spouses interviewed about their marriage were thought to be giving these 'discrepant responses' about many matters (excluding only the number of children they had). They are now seen as subtle pointers to something quite different: the very useful understanding of marriage as one phenomenon from 'his' point of view and another, perhaps overlapping, from 'her' point of view.

Where respondents give one answer at one point in time, and a different answer in regard to the same matter at another point in time, it would be hasty to regard one as 'accurate' and one as 'wrong', or even to assume that the data are thus shown to be unreliable (*cf.* Piche, 1974). These problems of studying the perhaps changing social construction of reality make retrospective history-taking a fraught enterprise, albeit one with considerable potential. However, where the researcher is interested in the respondent's social construction of reality at specified historical (or social process rather than chronological) points, rather than some later-stage present, retrospective history-taking is unhelpful.

Segmented longitudinal designs, with or without controls, are more promising. The procedure is:

- a) to partition the family career into successive categories, selected according to the researcher's requirements rather than any inherent divisions (although some arrangements of categories seem more obvious than others); and
- b) focus research attention on one family career category, or two adjacent categories and the transition from one to the next.

Other researchers may then focus on other categories and/or transitions. The issue here is whether the net results of several segmented longitudinal studies are the same as one prospective longitudinal study. The linkages in the former case are between aggregates, between one sample and another, while the linkages in the latter case can be between individuals, thus allowing more detailed analysis of changes. Control groups can be used with segmented designs in order to estimate the probability that the results from several segmented studies are equivalent to those from one prospective longitudinal study. The present research was initially designed as a segmented longitudinal design without controls.

Intergenerational panels are another sort of compromise design. They are longitudinal sample studies with the first fieldwork contact at an intermediate point between the beginning and the end of the family career (or period studied), so that the data for earlier periods are collected by retrospective methods and those for later periods by prospective methods. The chief problem with intergenerational panels lies in the retrospective portion of the design, for the reasons already outlined above.

All of the alternative designs available, including the prospective longitudinal design which encompasses a complete family career, have advantages and disadvantages. The task for the researcher is to evaluate these pros and cons in terms of the available resources and the objectives of the research, and to choose the design which represents the best return for the researcher's purposes within the researcher's resources.

5.2.3 Data Analysis

The third general methodological problem particularly salient for the developmental conceptual framework and specified by Hill and Rodgers (1964) is to do with data analysis. Conventional cross-sectional research designs may include data analysis which violates the assumptions upon which statistical procedures are based, such as random sampling and independence of data being compared. These problems are especially salient in the analysis of data from longitudinal studies. That ultimate mixed blessing, the computer, can be used to handle large volumes of data and statistical analyses, which emphasises the problem of choosing suitable methods of data analysis, including appropriate statistical routines. Hill and Rodgers (1964: 208) could only hope that suitable techniques would become available, but more recent discussions (Rodgers, 1973: Chapter 11) suggest that there are various possibilities. Analytical techniques such as Markov chains, game trees (Magrabi and Marshall, 1965) and life table techniques have more recently been used in sociology. These stochastic procedures seem to fit longitudinal research designs with successive (*i.e.* non-independent) datasets. The basic feature of stochastic procedures which is relevant to longitudinal designs is that

the analysis is concerned with the probability of 'B' given the previous occurrence of 'A', or with the probability of 'C' given the previous occurrences of 'B' and before that 'A', and so on. Such data sequences are fundamental to longitudinal research designs, and the understanding of such processes is basic to much of family sociology (and other disciplines).

The problem with these stochastic analysis techniques are that they are complex, unknown to many researchers [3] and less frequently available in computer software packages. It could be argued that a more basic problem is that sophisticated statistical treatments tend to require interval or higher-order data while much of the data collected in typical empirical studies in family sociology is nominal or ordinal (as befits the phenomena under study). However, such specific techniques as multiple contingency table analyses do not have such strict requirements, and their use is increasing in some areas of sociology (e.g. fertility, family formation, mobility) and especially in the related discipline of demography.

Rodgers (1973: 255) has asserted that:

'[The] ultimate promise ... of developmental theory may survive or may die on the basis of whether we can solve this problem [of data analysis]'

but at the present early stage of conceptual explication and model construction simple data analyses may be sufficient to suggest necessary improvements, while for the refinement of concepts and improvements of theoretical models in the future more sophisticated analysis (such as the use of stochastic techniques) will become more appropriate and indeed necessary.

5.3 Main Features Of The Present Research

The few detailed accounts of the actual history of research projects that have been published (Whyte, 1955; Hammond, 1964; Bell and Newby 1977) tend to emphasise the evolution of research from the initial ideas through the fieldwork, analysis and report phases. This may be contrasted with the

[3] Much research in the social sciences is or has been shaped by the social organisation of the social sciences (Sjoberg and Nett, 1968), e.g. conducted by the sole researcher who is unlikely to be interested and competent in conceptualisation, theorising etc. and in statistical analysis, especially these more recent and so far less well documented and packaged treatments. This may in part explain why published studies at best tend to focus on one or the other aspect, but that efforts to do both are infrequent and - when carried out - inexpert!

misleading static model of a fixed design which is executed as planned. 'Method' sections of research reports tend to have the latter character. Post hoc accounts of research designs suffer much the same problems as all retrospective history-taking (already discussed in section 5.2.2). There is a tendency to blur the distinction between original intentions and the result of the organic development of research as shown by the course it actually follows. The social construction (or reconstruction) of the past is a process to which social scientists are no more immune than their subjects!

The immediately following sub-section is intended to indicate briefly the original research strategy and then explain the main features of the research as it was conducted.

5.3.1 Changing The Strategy

When the research was originally planned the literature was less extensive, and some of the more recent theoretical writings and methodological innovations were not available. The strategy envisaged was:

- a) to gather a large and extensive dataset, with psychological, demographic and medical data as well as the sorts of variables typically used in sociology; and
- b) to conduct multivariate data-dredging exercises (using appropriate sophisticated computer programs) to explain a proportion of the variance in an identified dependent variable.

It was not possible with this topic (and probably is not possible with any topic) to collect all possible data in its social, demographic, medical and psychological aspects, and thus a subset of variables were actually measured. These were selected in order to provide some coverage of what were thought to be the major dimensions, the criteria for selection including:

- a) identification as important by expert or key informants in the exploratory research;
- b) previous coverage in the extant literature; and
- c) feasibility of coverage in a large-scale interview survey.

At this early stage the complete model of developmental change in families had not been formulated, although some elements (such as the module covered in section 3.7) were available.

When the fieldwork was in progress some more recent theoretical writings came to hand (Rodgers, 1973; Aldous, 1978; Burr et alia, 1979) which helped prompt a review and modification of the research strategy.

The initial work on the conceptual framework or model of developmental change in families began at the end of the fieldwork, which lasted sixteen months. This period was largely determined by:

- a) the rate at which the sample could be recruited (approximately 35 primigravidae per month booked-in to Campbell-Johnstone and agreed to join the research); and
- b) by the biological programming of pregnancy, parturition and the biosocial events of early childhood.

It took seven months to recruit the sample (n = 241), and the interviews were timed for 28 and 36 weeks of pregnancy, 2-7 days post-partum and 8 or 26 weeks post-partum (for reasons explained in section 5.4.2 below) so that the period from the first sample member's interview at 28 weeks of pregnancy to the last sample member's interview at 26 weeks post-partum was 68 weeks, or 16 months.

Continuing exposure to more recent theoretical writing in the field (Rodgers, 1973; Aldous, 1978; Burr *et alia*, 1979), and further reflection [4] on multivariate analysis and the basic strategy, prompted a major revision of the project.

Beginning with a few propositions about ease of role transition derived from one source (Burr, 1973: Chapter 6) a more general conceptual framework or model of developmental change in families was elaborated and revised. This, rather than the multivariate data-dredging, was to become the central focus of the research. The situation then was in some measure analogous to the secondary analysis of extant data (Hyman, 1972) rather than the empirical testing of hypotheses derived from a priori theoretical formulations.

The basic analytical stance was modified from proof (*i.e.* testing with a result in terms of 'right' or 'wrong') to improvement of the model via investigation of a dataset relevant to it (see section 2.2.1.3 on the stances of proof and improvement; see also Rodgers, 1973: Chapter 1). More

[4] A satisfactory account of any social research project must include mention of the broader context (including the researcher's situation) in which it is located (Whyte, 1955; Hammond, 1964; Bell and Newby, 1977; see also Becker, 1967). This is not, however, generally presented (or approved), especially in highly ritualised accounts such as those in theses. It is relevant to this methodological account of the present research at least to note here that a substantial period of suspension of the present project due to the researcher's ill-health undoubtedly contributed to the reflection on and reconsideration of the whole analysis strategy. This crystallised the decision to abandon the crisis-oriented multivariate data-dredging in favour of the model-oriented investigation of the dataset and conceptualisation of developmental change in families.

specific treatments of the analysis procedures are to be found in the introductions to the data chapters (sections 6.1, 7.1, 8.1 and 9.1) and also in Chapters 2 and 3. The remainder of this chapter is concerned with the major features of the present research design.

5.3.2 A Quantitative Approach

The data collected in the present research, and indeed in all but one (LaRossa, 1977) of the extant studies of the transition to parenthood, are quantitative. Many of the questions asked were pre-coded, with the range of possible answers anticipated and provided. Some of the data are inherently quantitative (age, length of marriage, planned family size). In some cases the answers were not anticipated, but post hoc coding was carried out, although such a process has some problems and limitations (McDonald and Blyth, 1971). One study of new parents used a more qualitative approach (LaRossa, 1977), and a brief description will point up some of the merits and limitations of the quantitative approach adopted in the present research. LaRossa (1977) conducted a holistic, in-depth study of sixteen selected cases using conjoint semi-structured interviews at twelve, twenty, twenty-eight and thirty-six weeks of pregnancy. These interviews were tape-recorded and transcribed, and a 'cut-and-paste' analysis using some 1,600 8"x5" cards was carried out. By comparison, the present research used a much larger sample, with separate structured interviews using questionnaires, less frequent contact with the sample (two occasions were the same) but including post-partum interviews, and completely quantitative coding of the responses.

LaRossa (1977) argued that he employed the above strategy because he did not want to impose his 'researcher's boxes' on the respondents. He identified structured pre-coded questions as imposing the researcher's categories and structure on the respondent, and of course he is correct. He is on more arguable grounds when he asserts that he avoids such boxes, as the use of some sort of structure or framework of categorisation cannot be avoided in research (cf. McDonald and Blyth, 1971). At least, by using as his conceptual framework an explicit conflict approach he imposes rather different, indeed contrasting, boxes from those used by other researchers in this area (cf. LeMasters, 1957).

A major advantage of a largely pre-coded, quantitative approach is that it facilitates the use of larger samples, although the present research is perhaps large-scale only by comparison with others in the domain of inquiry. As has already been pointed out (section 5.1), the size of sample is not the only criterion by which such studies should be evaluated, but larger samples do offer some advantages such as the analysis of subgroups. A quantitative approach also makes possible a more sophisticated statistical treatment of the dataset, although it is still possible to apply such techniques in violation of their basic assumptions. At the

technical level, the more sophisticated statistical treatments tend to require an interval level of measurement [5], while many variables in social research are likely to be ordinal or nominal. It is also possible with sophisticated statistical treatments to lose sight of the raw data, and hence overlook cautions which should be observed about perhaps inevitable limitations of the raw data. Statistical treatments of data are means to the researcher's understanding, and their use necessitates a quantitative approach. Understanding can also of course be pursued by more qualitative means, as LaRossa (1977) illustrates.

One weakness of quantitative approaches, typically associated with larger samples and pre-coded questionnaires, is that a degree of uniformity is imposed on the respondents, obscuring some of the diversity of human situations, relationships and behaviours. This uniformity is the inevitable corollary of generating additive data through the imposition of coding frames and categories of responses. There is thus perhaps a tendency to superficiality of treatment when the methodology used includes a larger sample, pre-coded questionnaires, and a quantitative approach. This contrasts with the characteristic 'in-depth' treatment in more qualitative strategies, which - by contrast - have difficulties arising from the lack of replicability of analysis, non-additivity of data, inability to generalise to specified universes (e.g. for purposes of formulating social policies), and so forth. The strengths and weaknesses of these two broad categories of social research style should thus seem to be complementary.

Whether or not it is inherent, there does seem to be an association between quantitative treatments and a goal of 'predicting outcomes' (Rodgers, 1973: Chapter 1). Many of the more elaborate statistical routines are concerned with prediction as a criterion of successful application of the routine. A focus on the explanation of processes likewise seems to be associated with more qualitative approaches. While this is not a rigid distinction, and the individual researcher should be free to choose his or her emphasis, the broad pattern is discernable.

The choice of a quantitative approach for the present research was associated with the initial strategy of multivariate data-dredging and the prediction of outcomes (e.g. ease of transition as the dependent variable). While a quantitative dataset is not in principle inconsistent with the investigation of a theoretical model, it does seem that qualitative studies like that by LaRossa (1977) will also be needed to improve some aspects of such models.

[5] This is less true now than before with the increasing use of such procedures as multiple contingency tables.

5.3.3 Prospective Design

The present research is prospective. This is not quite the same as saying it is longitudinal (which it is also). A prospective study involves fieldwork contact with the subjects prior to the event (or whatever) of particular interest, so that there are 'before' and 'after' data collected at the appropriate time. The first contact with the respondents in this research was at 28 weeks of pregnancy, before delivery but not before conception. An ideal prospective design would have involved initial fieldwork contact prior to conception, and perhaps even prior to any decision to conceive, but this was not practicable. The earliest point at which contact with virtually all primigravidae seemed feasible (according to expert informants during the exploratory research) was 28 weeks of pregnancy, when they were expected to have booked-in to Campbell-Johnstone Obstetric Unit but were unlikely to have commenced antenatal classes. During the fieldwork it became apparent that some women, especially those not married or de facto married, booked-in later than 28 weeks. If these women were otherwise eligible for the sample they received their 28-week interview late (up to 32 weeks) and then joined the sample. Less than 5% of the sample fell into this group.

For the whole sample some retrospective data were collected, for example about the respondent's childhood. The alternative to retrospective data collection raises the problem of long-term research already discussed (see section 5.2.2), although one British prospective longitudinal study begun in 1946 (Douglas and Rowntree, 1948; Douglas and Bloomfield, 1958; Douglas, 1967; Douglas, Ross and Simpson, 1971) has childhood data collected on the present generation of parents when they were children.

Virtually the whole of the extant literature on new parents reports retrospective research, with fieldwork typically conducted between a few weeks and up to five years after the birth of the first child. Apart from the obvious problems of incomplete recollection of pregnancy, parturition and the early post-partum period from a distance of up to five years, there are also the problems of retrospection discussed already (see section 5.2.2). A summary of the extant literature (see section 2.3.1 for a more extended discussion) is that parenthood changes the structure, interaction patterns, transactions and norms of most new parents. This is prima facie evidence for the likelihood of retrospective revision of recollections of the antenatal and early post-partum experience, and hence a strong argument for prospective studies. Nevertheless virtually all of the research reported in retrospective.

5.3.4 Longitudinal Design

The present research is longitudinal. This is not quite the same as saying it is prospective (which it is also). A longitudinal study is one which covers a meaningful portion of social process time. In the present research the meaningful portion comprises the third trimester of pregnancy, labour and delivery, the neonatal period and the early infancy period. It can be argued that the longitudinal coverage of the present research constitutes a meaningful portion of social process time, given:

- a) the practical arguments for segmented longitudinal research designs (Hill, 1961; Hill and Rodgers, 1964; Rodgers, 1973; see also sections 5.2.2 and 5.3.3); and
- b) the widespread identification in the literature (Duvall, 1977) of the birth of the first child as an important division of the family career into categories.

Much of the extant literature is cross-sectional rather than longitudinal, although the large-scale study by Geismar (1973) included a longitudinal subsample (n=175) within the overall study (n=555). As Rodgers (1973) makes clear, a longitudinal perspective is central to a developmental approach to research on families, but much of the literature does not have such a perspective.

5.3.5 Sample Or Population?

Sjoberg and Nett (1968) use the terms 'general universe', 'special or working universe' and 'units for study' to conceptualise the sampling process in its broadest scope. Most other texts (e.g. Moser and Kalton, 1971) confine the definition of sampling to the selection of units for study from some larger population. In the present research some care is needed in the use of the term 'sample' for the 241 respondents who were the source of the data reported in Chapters 6-9. The general universe to which the present data might be held to apply could be 'new parents', or 'new parents in urban industrial societies', or 'new parents in English-speaking urban industrial societies', or 'new parents in New Zealand', or 'new parents in and around Hamilton'. The somewhat casual usage in much of the literature tends to suggest one of the general universes specified towards the beginning of the list. More strict specifications would be towards the end of this list. If a relatively strict definition confining the general universe to New Zealand [6] is adopted, then much of the extant literature becomes less relevant to the present findings. Before a judgement about the general universe can be made it is necessary to describe

[6] The caution described earlier (see section 2.3.5) regarding the application of overseas findings to New Zealand should presumably also apply in reverse.

the special or working universe, its selection and the extent to which it is a 'normal or typical' case (Sjoberg and Nett, 1968) in terms of the wider society.

The special or working universe for this research was the population of new parents whose births were routinely booked-in to Campbell-Johnstone Obstetric Unit, i.e. those living in Hamilton or in the surrounding rural area closer to Campbell-Johnstone than to other maternity hospitals. This choice was made largely on practical grounds of access and convenience (as is frequently the case: see Sjoberg and Nett, 1968: Chapter 5), although some of the particular characteristics of Campbell-Johnstone Obstetric Unit (discussed in section 5.4.2 below) were taken into account in the choice. More particularly, the special or working universe comprised all primigravidae and multigravidic nulliparae [7] routinely booked-in to Campbell-Johnstone Obstetric Unit whose 28th week of pregnancy fell in the period 1 May to 30 November 1976 inclusive. This group also comprised the respondents in the research. Thus in a sense the 241 respondents do not comprise a sample, but a population. However from other perspectives they do constitute a sample (which could be described as non-random) of a larger population, or special/working universe (Sjoberg and Nett, 1968). Thus they could be described as a time-bounded non-random sample from the special/working universe comprising the cohort routinely booking-in to Campbell-Johnstone Obstetric Unit during 1976. To the extent that the date of conception may have some significance [8] then this 'sample' may not be totally representative of wider populations. An alternative design, to avoid the undue influence of seasonal and similar factors, might have involved random sampling throughout a twelve-month period, to achieve a sample of similar size. This would have further extended the fieldwork from 16 to 21 months, and raised issues of sampling error (while obviating other problems).

[7] Primigravidae are women pregnant for the first time; primiparae are women who have not previously had a live birth (but may have been pregnant before). Multigravidic nulliparae are women who have been pregnant before but who have not had a live birth. The terms 'primigravidae' and 'multigravidic nulliparae' are underlined following the sense of the Concise Oxford English Dictionary which treats 'gravid' as a foreign word; 'primiparae' is not underlined as the Concise Oxford English Dictionary treats 'primiparous' as an English word.

[8] For example, those conceptions taking place in January may, because of the prevalence of holidays, the Christmas and New Year consumption of alcohol, and so on, be less likely to be planned than those conceived in other months.

The separate issue of whether the special/working universe constitutes a normal or typical case as far as the general universe is concerned cannot entirely be resolved. There are some data available for both the 'sample' and regional and national populations, but there are a number of technical problems in making exact comparisons (e.g. the geographical boundaries used for various population data do not always coincide) and there are relevant matters for which hard data are not available. The detailed characteristics of the selection process and the 'sample' are set out below (section 5.4.2) but in terms of this discussion of the main features of the research it is plausible to argue:

- a) that on the basis of the procedures followed in this research, and the comparisons below (section 5.4.3) between sample characteristics and some national data, the results are not likely to be unduly misleading in respect of the general universe of new parents in New Zealand in the 1970s; and
- b) that a description of the normative characteristics of such a general universe is only a subsidiary objective of the present research, the primary goal of which is the investigation and improvement of a model of developmental change in families which has wider potential utility and/or applicability.

The special or working universes represented in the extant literature (see section 2.3.1) vary enormously. They include:

- a) white middle class urban families (LeMasters, 1957; Dyer, 1963);
- b) urban families more generally (Hobbs, 1965; 1968; Russell, 1974; Hobbs and Cole, 1976); 1968)
- c) college couples (Beauchamp, 1968; Uhlenberg, 1970; Bogdanoff, 1974);
- d) underprivileged families (Geismar, 1973; Tooke, 1974);
- e) black families (Hobbs and Wimbish, 1977); and
- f) one multistage random sample of a mid-western state (Kirkpatrick, 1978).

and all are within the continental United States of America.

In addition to this diversity there is a widespread lack of discussion of the special/working universes, of the general universe(s) to which they apply, and of cautions in generalisation deriving from the particular sampling procedures used in each case.

5.3.6 Truncation Bias

The most satisfactory coverage of social process time using the developmental conceptual framework, at least from a theoretical point of view, is the family career. However, for practical reasons segmented longitudinal research designs are usually chosen (at best), covering a portion of the social processes making up the family career. This raises the issue of potential truncation bias. Where the research design involves data collection cutoff points prior to the end of the social process under investigation there is a risk that measurement will thus be biased. By way of illustration, it is not possible to determine the mean duration of 'life sentences' of imprisonment by taking the mean of completed sentences, because continuing sentences are under-represented (even if their duration to date is counted) in the result.

In the substantive area of the transition to parenthood the conceptual equivalent of the complete life sentence in the above illustration of truncation bias is the process comprising:

- a) beginning to be exposed to unprotected sexual intercourse;
- b) experiencing conception;
- c) carrying to term and bearing the child; and
- d) rearing the child (to the age of 26 weeks in the present research).

Those not exposed to unprotected sexual intercourse will not enter the process under study. Those who are thus exposed may do so. Of the latter group, those who are more likely to conceive (due, for example, to greater fecundity, or more frequent intercourse) are more likely to be included in the final sample. Those who are more likely to carry to term (due, for example, to better maternal health) are more likely to remain in the sample.

On the argument so far, then, women with some characteristics are more likely to enter and remain in this time-bound sample than others with different characteristics. Were this to be the whole situation, it could be argued that the method of sample recruitment is a potential source of bias by tending to select certain women (fecund, sexually active and in good health) rather than others (sub-fecund, less sexually active, in poorer health). If it could be argued that the above variables are likely to be related to the substantive topic of interest (e.g. ease of transition to parenthood) then the results would be seriously in question as an indication of statistically normative patterns.

However the truncation bias is likely to be negligible in practice unless there have been major social changes affecting the relevant variables (e.g. fecundity, sexual

activity, health) in the period encompassing the present research. This is because while those of low fecundity, sexual activity and health are less likely than other women to enter this sample, and hence miss being represented in the data, they are replaced by those who missed an earlier (non-existent) sample but fall into the present ones.

The issue of truncation bias has been raised because on a priori grounds it is relevant in segmented longitudinal studies, but in the present research it has been shown to be of negligible import.

5.3.7 Data Collection Methods

The primary data collection method used in the present research was face-to-face interviews with respondents in their homes, conducted by trained interviewers, using structured questionnaires including both pre-coded and open-ended questions. This is the method used most frequently in other published studies, although in some of the smaller studies all of the interviewing was conducted by the principal researcher, and in one study (LaRossa, 1977) a more qualitative approach was used.

As with all other methodological choices the researcher faces (or avoids, but makes anyway) there are advantages and disadvantages with this approach. A structured questionnaire is inevitable where the sample size is large (n=241 in the present research) and a team of interviewers is used. Face-to-face interviews have the factor of interviewer effects, but postal surveys have other problems such as low response rates and lack of control over their completion (Moser and Kalton, 1971) which were judged to be more serious.

Data coding is a problem with all research, and until such new developments as linguistic coding (McDonald and Blyth, 1971) are shown to be practicable researchers will no doubt continue to use pre-coding, or open-ended questions and post hoc coding, according to pragmatic considerations. In the present research pre-coded questions were preferred, where the available responses could (in most cases) with some confidence be anticipated, or a priori arbitrary categories could be devised. These enhance the uniformity of interview experience by respondents, and help to limit the duration of interviews. Other questions, where these considerations did not apply, were open-ended and coded post hoc.

5.4 The Present Research In Detail

The previous sections have outlined the main features of the present research, and highlighted comparisons and contrasts with the extant literature. The following sections describe the present research in detail. Figure 5.1 below provides an outline timescale for the whole of the research, within which lies the scope of the present thesis.

Figure 5.1 Timescale of Research and Cognate Investigations

Cognate Investigations

1968-70	Early exploratory investigation of parent education and social influences on breastfeeding
1971-73	Methodological research e.g. use of multidimensional scaling in exploratory research
1974-75	Exploratory and pilot research

Pregnancy and Parenthood Research Project

1976-77	Design and fieldwork
1978	Two-year follow-up study (data collection)
1979-80	Data processing; analysis of perinatal data
1981-83	Project suspended; five-year follow-up cancelled
1984-85	Revised strategy; completion

The earliest investigations in this general domain of inquiry (1968-70) were concerned with the related topics of parent education, especially antenatal classes (*i.e.* characteristics of classes and participants, consequences of participation) and breast-feeding (activity rates, characteristics of breast feeding mothers, influence of husband-fathers, reasons for 'failure'). Aspects of these areas of interest were included in the later research, among a number of other topics.

The period 1971-73 was devoted to investigation of what were then relatively new multivariate techniques such as multidimensional scaling (Swain, 1974a). These were investigated because of the researcher's dissatisfaction with the social research techniques available for exploratory research (to the extent that exploratory research was ever included in most empirical studies in family sociology). Thus the substantive focus of these methodological investigations remained the transition to parenthood area (*e.g.* Swain, 1974b).

The substantive area of the present work was brought into sharper focus with the exploratory research in 1974-75. The following periods (1976-1985) show the present thesis research. Some material and findings from the exploratory research were incorporated in the final research design.

Detailed preparation (e.g. of questionnaires) occupied the early-1976 period. As has been outlined (section 5.3.5), the fieldwork was carried out in the period 1 May 1976 (the first of the interviews at 28 weeks of pregnancy) to 31 August 1977 (the last of the interviews at 26 weeks post-partum). The latter period of 1977, and 1978, were devoted to a two-year follow-up of the original sample, concerned largely with matters of an applied, social policy nature. These have not yet been analysed.

The initial data-processing was carried out during 1979-80, and further analyses (especially for Chapter 10) were conducted in 1984. The suspension of the project (and cancellation of a planned five-year follow-up) were because of the researcher's ill-health [4 above]. However this opportunity for reflection contributed to the strategy revision implemented in 1984. Further details as appropriate are set out in the several following sections.

5.4.1 Exploratory Research

Exploratory research conducted in the period 1968-75 included participant observation of antenatal classes in the United Kingdom and New Zealand, interviews with expert and key informants in both countries and elsewhere, a review of the literature (which continued right through the period covered in Figure 5.1), exploratory interviews with pregnant women and their spouses and with new parents, and the pre-testing and pilot use of instruments and questionnaires.

The general objective of the exploratory research was to cover as much of the variability of participants' experience of pregnancy and early parenthood as possible, and all aspects of the institutional accommodation of these experiences (e.g. antenatal classes). Towards the later stages (especially in 1975) the more specific objective was to pre-test instruments being devised for or incorporated in the research, and to pilot test the questionnaires and research administration immediately prior to the fieldwork.

Participant observation covered antenatal classes by hospitals and community organisations in both the United Kingdom (University College Hospital, London; the Royal Sussex County Hospital, Brighton; the National Childbirth Trust, London) and New Zealand (Campbell-Johnstone Obstetric Unit, Hamilton; Hamilton Parents Centre (Inc.)). This covered a variety of styles of classes and a variety of curriculum content.

Tape-recorded semi-structured interviews were conducted with a variety of expert or key informants, including social scientists specialising in the area, antenatal teachers, midwives, chief nursing officers, general practitioners with obstetric practices, paediatricians and officers of parent education organisations (such as Parents Centres in New Zealand and in Australia, La Leche League in New Zealand and the National Childbirth Trust in the United Kingdom). A

number of interviews were conducted with selected multiparae, using multidimensional scaling techniques (Swain, 1974b) to generate data on pregnancy and parenthood in relation to other significant life events.

The continuing review of the literature (see Chapter 2 and Appendix A) initially located little published material directly relating to the transition to parenthood and thus some effort went into locating more ephemeral items such as unpublished conference papers and the like. The volume of unpublished material has now increased, and as has already been pointed out (section 5.3.1) some of the more recent theoretical writing contributed to a revision of the basic research strategy. This changed focus, which now centres on the model or conceptual framework of developmental change in families, has in turn rendered a large proportion of the exploratory research less immediately relevant to the actual main-stage research.

The pre-testing and pilot research (1975) involved about 30 interviews conducted by the principal researcher on the wards (especially the antenatal ward) at Campbell-Johnstone Obstetric Unit. Draft questionnaires were revised as a result of both the researcher's experience and the direct comments of respondents, and the MAPI instrument (Blau Welkowitz and Cohen, 1964) was revised so as to excise colloquial American usages and replace them with wording understandable and familiar to New Zealand women.

5.4.2 The Main Stage

In 1976 a research grant was received from the Department of Social Welfare, followed by a grant from the Medical Research Council of New Zealand. Part of the latter was for the research reported here, and the remainder was for the two-year follow-up. These grants made it possible to conduct the research on the scale described, with an achieved sample size of 241, using a team of interviewers. The research was given the title 'Pregnancy and Parenthood Research Project' at the time of application for funding.

It has already been pointed out (section 5.3.3) that ideally the initial contact would have been prior to conception, so that the whole of the fertility decision-making process (Hass, 1974) could have been included in the prospective approach, but this was not practicable, and first contact was made at 28 weeks of pregnancy. Even this contact was only possible with extensive co-operation by Campbell-Johnstone Obstetric Unit staff, especially in the Antenatal Clinic. Typically, a woman's first contact with the medical and health care system is with her General Practitioner (see section 7.7.2). The recruitment of respondents through General Practitioners could have been several weeks earlier than through the C-J Antenatal Clinic, but the difficulties of working with a large number of General Practitioners rather than one institution ruled out this approach. The co-operation of Campbell-Johnstone staff was also vital for

the third interview, scheduled for between two and seven days post-partum when the woman was still at Campbell-Johnstone. Thus an important aspect of the exploratory research (which also benefited from Campbell-Johnstone co-operation) was the negotiation of interest, approval and co-operation at Campbell-Johnstone Obstetric Unit. This involved a number of groups:

- a) the Senior Nurse and her senior colleagues (for example the Supervisor of each of the three shifts, the head of the Antenatal Clinic and so on);
- b) the nursing staff (especially in the Clinic and the Delivery Suite);
- c) the senior medical staff (especially the obstetricians);
- d) the senior medical administration staff (especially the Medical Superintendent and Superintendent-in-Chief); and
- e) the Hamilton General Practitioners with obstetric patients (because Campbell-Johnstone, while being part of the Waikato Hospital, was also a 'General Practitioner annex' and, at the time of the research, General Practitioners were responsible for their own patients under normal medical circumstances).

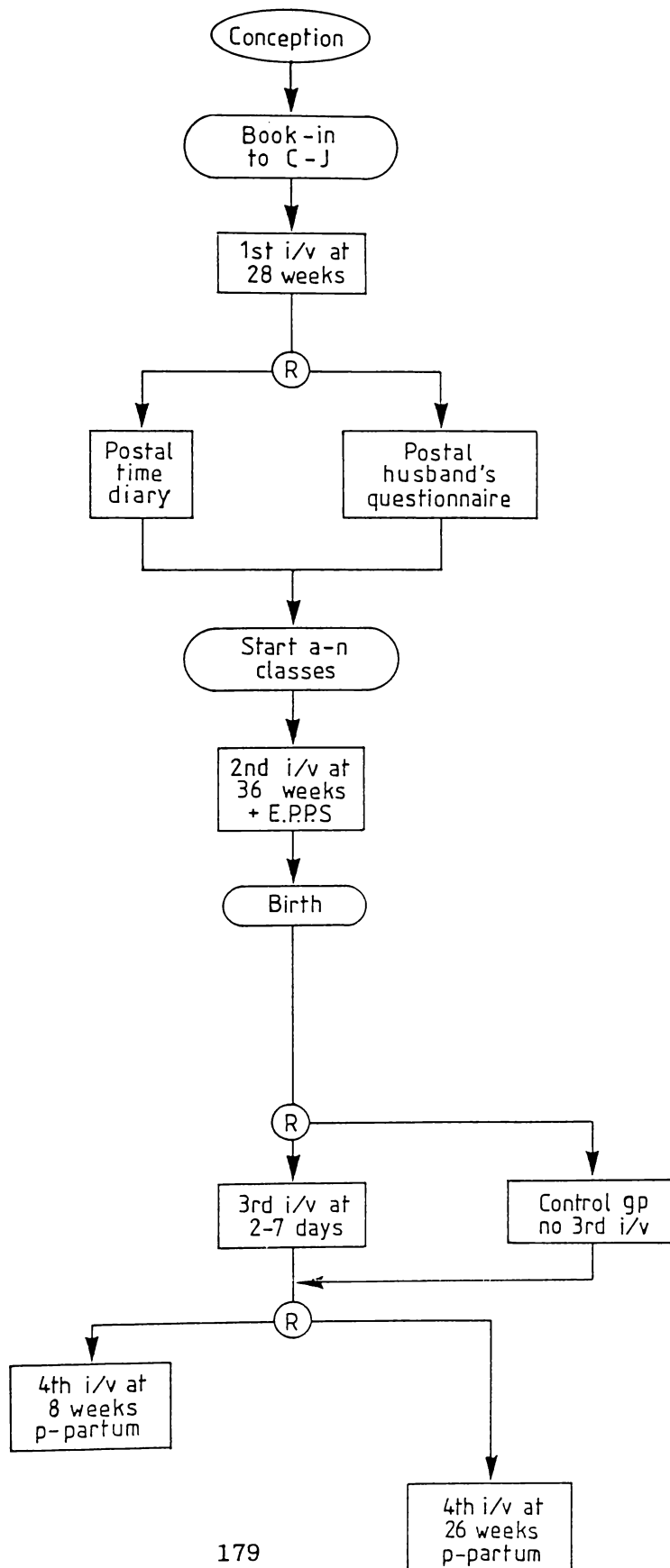
The initial contact was with a senior member of the nursing staff, who was invaluable in providing information on the appropriate persons (in terms of their positions) at Campbell-Johnstone to contact, and who both coached and sponsored the principal researcher (Whyte, 1955). A number of interviews were conducted with Campbell-Johnstone staff during the exploratory research (see section 5.4.1), which provided useful information and also served to introduce the research and the researcher to the Campbell-Johnstone staff. Several presentations were made to gatherings of staff, both on the research and in other areas of family sociology as a part of staff in-service training.

There was widespread staff interest in the research at all levels, and a number of specific areas of interest were identified to the researcher. Subsequently, the researcher provided data from the research freely to those who had expressed an interest. While approval of research was not necessarily universal, and some areas of concern were expressed to the researcher, complete co-operation was provided. This included the use of medical records both for administrative and research purposes, and access to Campbell-Johnstone for the researcher subject only to restrictions with a clinical basis.

The basic research design is shown in Figure 5.2 (following page).

Biosocial events over which the researcher had no control, and which partially structured the research design, are shown in oval symbols. These are: booking-in to Campbell-

Figure 5.2 Research Design Flowchart



Johnstone, starting antenatal classes, and the birth of the baby. Other research events the timing of which (in relation to the biosocial events) was under the researcher's control are shown in rectangular symbols. Arrows indicate the sequence of biosocial and research events, and a circle containing an 'R' indicates that a random allocation was made at that point.

It can be seen from Figure 5.2 (above) that eligible women are first identified when they book-in to Campbell-Johnstone, usually on referral from their General Practitioner and in most cases in the 26th or 27th week of pregnancy. Eligibility was based on the following criteria:

- a) pregnant;
- b) no previous live outcome (i.e. primigravidae or multigravida nulliparae without adopted or fostered children);
- c) less than 28 weeks since conception; and
- d) routine booking-in (i.e. address within Campbell-Johnstone catchment area, not a referral to Campbell-Johnstone from outlying maternity hospitals due to obstetric complications etc.).

A daily check was made with the Antenatal Clinic records, and brief details obtained for all women who appeared to be eligible for the research. The 28th week of pregnancy was calculated by subtracting twelve weeks from the estimated date of delivery shown in the medical records.

There were 414 women who appeared to be eligible for the research on the basis of their medical records, but 48 were later excluded from the research when it became clear that they were not in fact eligible (e.g. found to have adopted child; address incorrect and correct address outside C.J. routine catchment area). Thus the target sample, the total number of women identified as eligible for the research, was 366. The following percentages are based on this figure.

A total of 60 women declined to participate in the research (16.4%). The nature of the research was made clear to all eligible women, and it was emphasised that participation was entirely voluntary. While the approval of Campbell-Johnstone was cited the interviewers were instructed to make it as easy as possible for women to decline to participate if for any reason (or none) they did not wish to be involved. Those women who agreed to participate signed a short statement that they had been informed of the nature of the research and had agreed to participate.

A further 65 women were classified as non-contacts (17.8%) because either initial contact could not be made (at least three calls at different times and on different days) or because contact was lost during the course of the research (e.g. moved and no address left). Thus the final sample

comprised 241 women (65.8% of those initially thought to be eligible). The first interview was conducted at 28 weeks of pregnancy and covered the maternal attitude to pregnancy measured by the MAPI (Blau Welkowitz and Cohen, 1964), together with background social and demographic data. Questions were asked about knowledge of various topics such as labour, delivery and breastfeeding, sources of information and the like. The full questionnaire used in the first interview appears in Appendix B.

The first 20 or so interviews were conducted at the Antenatal Clinic, as it was felt by Clinic staff that this would prove most convenient to all concerned, combining the interviews with the women's regular visits for checkups and, later, classes. However, this arrangement proved impracticable. It had not been clear when arranging to conduct the fieldwork at Campbell-Johnstone that the women tended to arrive in groups for their checkups (due, for example, to the use of public transport), and proceeded in groups later to their ante-natal classes. This meant that in practice some interviews could not be fitted in. In addition, informal feedback from some respondents suggested that conducting interviews at the Clinic led to an association of the research with Campbell-Johnstone which was close enough to lead to some reluctance to answer some questions frankly. Thus all subsequent interviews (the balance of some 220 of the first interviews, and all later ones) were conducted in the respondent's home, unless an alternative venue was requested.

The timing of the second interview had to meet several requirements:

- a) be as late in the pregnancy as possible;
- b) be after exposure to most or all of the antenatal classes; but
- c) be before there was any serious likelihood of the birth intervening (remembering that estimated dates of delivery are not exact).

The 36th week was chosen to meet these criteria. At this interview some further general information was sought, together with detailed information about antenatal classes and repeat measures of knowledge and sources of information, for comparison with the earlier interviews. The questionnaire used in the second interview appears in Appendix C.

The timing of the third interview was dependent upon the date of delivery, as will be apparent from Figure 5.2 (above). The involvement in both research administration and interviewing of a senior member of the Campbell-Johnstone staff was very helpful here. Daily records could be scrutinised, and the appearance of sample members noted and advised to the researcher. Where there were obstetric problems or other considerations which made interviewing inadvisable these decisions could be taken at the time on an

informed basis. Interviews were conducted in the post-natal wards between two and seven days post-partum. This third interview was focused largely on labour and delivery, and included some data obtained (with permission) from medical records. The full list of topics covered in the third interview appears in Appendix C.

A small group (n=30) was randomly selected post-partum and did not receive the immediately post-partum interview. There was a strong suggestion from the exploratory research (see also Brant, 1970) that where women have an opportunity for a detailed discussion of their labour and delivery in the post-partum period with an interested but somewhat detached person (e.g. a counsellor, or an interviewer) their later recollections of labour and delivery are significantly more positive than for those who do not have such a 'therapeutic' interview. It was also suggested, though not on the basis of systematic research, that later caretaking behaviour is enhanced by such a 'therapeutic' interview. The control group members who did not receive the post-partum interview (in order to test whether their later post-partum responses (at 8 or 26 weeks post-partum) were significantly different from those of the bulk of the sample [9]) had as much background material as could be obtained from medical records and key informant interviews included to fill some of the gaps left by their lack of an immediately post-partum interview. These data are included with data obtained by interview where possible and appropriate.

The scheduling of the final interview of this part of the research was difficult. There was no clear indication from the literature as to when 'crisis' might be most likely to occur, or as to when most new families might be expected to have 'settled down'. The solution was to divide the sample again at random (see Figure 5.2 above), conducting half of the final interviews at eight weeks post-partum and the other half at twenty-six weeks post-partum, thus covering two points in social process time suggested by the literature. Rossi (1968) has suggested that there is a 'honeymoon stage' in the transition to new roles, including parental ones, and that difficulties may become salient after that stage. There was some suggestion from the exploratory research that there was a 'settling-in' period immediately after returning home from Campbell-Johnstone (i.e. in the second and third weeks post-partum) when short-term problems might be salient. Thus the eight-week interviews were expected to fall into the period after short-term settling-in problems but before the end of the honeymoon stage. The interviews at 26 weeks were expected to capture the stable, 'plateau' stage (Rossi, *ibid.*) of the parental role. Any problems still being experienced would be difficult to describe as short-term settling-in problems, but rather as medium-term to long-term failure to achieve a satisfactory transition, i.e. failure to accomplish all the appropriate developmental tasks.

[9] It turned out that they were not significantly different.

Should the data from eight-week and 26-week interviews prove to be similar in overall patterns, then the tentative basis of the timing of the last interviews would be called into question [10]. The timings used were chosen on the basis of such information or conceptualisation of the post-partum period as was available at the time of designing the research.

The coverage of topics in the fourth interview was extensive. There were measures of the problems (Hobbs, 1965; 1968) and pleasures (Russell, 1974) of parenthood derived from the literature, and questions on such topics as the new mother's employment wishes and plans, the family's housing and the parents' marriage. There was a separate additional section for single women. The questionnaire used in the fourth interview appears in Appendix E.

All of the completed questionnaires were checked by the interviewer after the interview, before being handed in to the Project office. These checks would cover such matters as questions accidentally left out (or included) where there were options, unclear annotation of precoded questions, and similar points. Where problems were discovered these could sometimes be resolved by a further contact with the respondent. After being handed-in by the interviewers, completed questionnaires were double-checked by one member of the Project staff, under the supervision of the principal researcher. These checks included the field checks plus a scrutiny for apparent inconsistencies between answers, and similar problems.

The open-ended questions were coded by that same person, under the direct supervision of the principal researcher. A random sample of 30 questionnaires was drawn for each open-ended question. All of the answers were listed on slips of paper. These were then sorted into categories by the principal investigator and the coder. This aspect of coding is unreliable in the technical sense (Moser and Kalton, 1971) and there are also more fundamental questions which can be raised about the post hoc coding process (McDonald and Blyth, 1971). However, coding frames were devised for each question in the conventional manner, and these were then checked against a further sample of questionnaires. Any problems of categorisation were discussed by the coder and the principal researcher, and resolved. These coding frames were then applied systematically to all of the questionnaires.

[10] The data were virtually identical, except for items which count events which occur at regular intervals (e.g. contacts with the Plunket Nurse), and thus with the exception of such items were combined in the results presented in Chapters 6-9. This does suggest post hoc that the 8/26 weeks split does not capture different phases (in the social process time sense) of the family career.

The earlier data processing (1979-80) involved tabulations and cross-tabulations (including breakdowns) with frequencies and percentages, and other statistics in the case of cross-tabulations. These were all performed using the SPSS software package on the University of Waikato Burroughs B6700 computer [11].

A twelve-page report was prepared and posted to all members of the sample as an appreciation of their participation in the Project (Swain and Gibb, 1978).

5.4.3 Characteristics Of The Sample

There were some characteristics shared by the whole sample (n=241) as a result of the recruitment criteria used. Thus, all were primigravidae or multigravidic nulliparae (i.e. a live birth resulting from this pregnancy would be their first child). All were expected to deliver their babies in the period 1 May to 30 November 1976. All were resident in Hamilton or in surrounding small communities or rural areas, which comprised the routine catchment area for Campbell-Johnstone Obstetric Unit, Waikato Hospital, Hamilton.

Other characteristics of the sample present few surprises. The sample members were young, with a mean age of 22.8 years, and a modal age group of 20-24 (42.7%). Only a few (4.1%) were aged 30 or more. The bulk of the sample were married (83.9%) or de facto married (6.7%) with a small group of single women (8.7%) [12]. There was a significant but not unexpected association between age and marital status ($p < 0.0001$) [13], with most of the single women aged under 20.

[11] One of the practical difficulties of this research was that three different computer systems were installed serially at the University of Waikato during the term of this research. The initial planning was in relation to an IBM 1130; this was replaced by a Burroughs B6700 at the time of the initial data processing; and this in turn was replaced by a DEC VAX for the more recent data processing and for the text processing.

[12] The proportion of single women was expected (on the basis of expert/key informant interviews in the exploratory phase of the research) to have been greater. It is possible that single women were over-represented in the non-contacts (17.8% non-contact rate; see section 5.4.2).

[13] The 'p' values quoted are exact, rather than using the '< ...' conventional values. Where $p < 0.0001$ the value will be stated as 'p < 0.0001' because SPSS software only prints 'p' values to four places of decimals (values < 0.0001 are actually printed as 'p < 0.0000').

Almost nine out of ten of the sample (87.1%) identified themselves as pakeha, with almost all the remainder self-identified as Maori (11.2%). There was an association between age and ethnicity, with the pakeha sample members tending to be older, but this was not significant ($p = 0.2207$). There was no relationship between ethnic group and marital status.

While most of the sample claimed a formal affiliation with a religious group (67.2% Protestant, 17.0% Roman Catholic, 5.4% other), only just over a quarter (27.8%) were practising members. Of those who were practising members of their church, a third (32.8%) were Roman Catholics. Even so, only half the Roman Catholics (53.7%) were practicing. There was no association between age and formal affiliation, but older sample members were more likely to be practicing church members ($p = 0.1048$). There was a significant association between formal religious affiliation and ethnicity, largely deriving from the greater likelihood of Maori sample members being members of churches other than the Roman Catholic and major Protestant ones.

Turning to education, the sample members had spent on average 3.5 years in secondary school, with the great majority (84.3%) leaving after four years or less. Almost three-quarters had some sort of educational qualification (71.4%), most typically a vocational one (42.7%). One in ten had University Entrance or higher qualifications (10.3%). There was a not unexpected, but significant, relationship between age and education ($p < 0.0001$), with the younger sample members more likely to have had shorter educations and less likely to have some sort of qualification.

Compared with national data (Department of Statistics, 1977: 163) larger proportions of the sample were in professional or managerial occupations (16.6%) and small proportions were in manual occupations (18.3%). The largest group were in trained clerical occupations (28.2%), but other groups included untrained clerical (16.2%) and minor professional/managerial occupations (13.3%).

Across these occupational divisions there was a tendency for the younger women to give up their employment earlier than older ones ($p = 0.0189$), which was probably linked to the significant relationship between age and occupation, with older sample members more likely to be in higher-status occupations ($p < 0.0001$). However, it was the younger sample members who were more likely to express an intention of returning to paid employment, although this relationship was not statistically significant ($p = 0.2799$), and there were no significant relationships between age, intended schedule for return to work or reasons for such a return.

The sample members places of births were varied, underlining the mobile nature of the population of Hamilton (Vandenberg, McCreary and Chapman, 1965). Thus only one in five (21.6%) had been born in Hamilton, with a few more from other Waikato towns (14.1%). Substantial proportions of the sample came

from other North Island towns (26.1%), Auckland (7.9%), the South Island (6.2%), Wellington and district (5.0%) and the rural North Island (4.1%). Quite a large minority (14.9%) were overseas-born. Not surprisingly, the older sample members were more likely to have moved around ($p = 0.0015$).

With regard to the sample members' obstetric histories, for most of the sample (88.0%) this was their first pregnancy, and for most of the rest this was their second (9.1%). There was, of course, a significant relationship between age and number of pregnancies: the proportions at each age group having had only this pregnancy were: up to 19, 93.1%; 20-24, 87.4%; 25-29, 84.3%; 30+, 80.0%. Almost all of the previous pregnancies had ended in a miscarriage (93.3%, twentyeight out of thirty). The average age of menarche was 12.6 years, with a mode and median of 13 years, and three-quarters of the sample reported that their menstrual cycle was regular (76.3%).

Turning to the husbands (where appropriate: $n=218$), their mean age was 26.2 (mean age of the married women: 23.2 years). Their occupations were also skewed towards higher-status categories compared with the national data (Dept. of Statistics, op. cit.), with almost one quarter (21.6%) in professional/managerial occupations. The largest occupational categories other than this were skilled manual (24.5%), minor professional/managerial (13.3%), unskilled manual (11.6%) and trained clerical/sales (10.4%).

It is not possible to provide national data for primigravidae and multigravida nulliparae for 1976, so that exact comparisons are impossible. Cautious reference to national data has been made where the disparities between this sample and the total population are substantial. As the working universe was not chosen on grounds of national representiveness, and there is a case for Hamilton (Vandenberg McCreary and Chapman, 1965; and indeed Campbell-Johnstone (Ritchie and Ritchie, 1978) being atypical in some ways, generalisations from the present data to the national level should be made cautiously, if at all.

5.5 Summary

This chapter has outlined some methodological considerations which are especially salient in the developmental conceptual framework, and has described some of the specific methodological deficiencies of the research to date on the transition to parenthood. The main features of the present research have been identified: it was quantitative, prospective and longitudinal. The issues of truncation bias, and whether the coverage was of a sample or of a population, were covered. Data collection and data processing (including editing and coding) were described.

A timescale for the research (Figure 5.1 above) and a chart showing the main design features of the research (Figure 5.2 above) were presented and explained. The research was then

described in some detail, including an outline of the exploratory research conducted prior to the Pregnancy and Parenthood Research Project. Sample details such as total sample, refusals and non-contacts were given. The sequencing of interviews and other data collection methods was described, and the reasons for choices were outlined.

An account was given of the changes which have been made in the research over the seventeen years [14] from early exploratory research to the present.

[14] See Figure 5.1 and section 5.4 for an outline of the various activities comprising these seventeen years from 1968 to the present. It is of course possible to describe the project which forms the basis of the present work as extending over only five years (1976-77, 1979-80 and 1984). It feels like seventeen years. This may be understood using social process rather than chronological time concepts.

PART II

Chapter 6: Structure and Interaction

Chapter 7: Transactions

Chapter 8: Norms

Chapter 9: The Data and the Model

6.0 CHAPTER 6: STRUCTURE AND INTERACTION

6.1 Introduction

This first data chapter deals with two of the four major dimensions of description and analysis used in the model of developmental change in families: structure, and interaction. The data relating to the structural dimension are presented first, with antenatal data (from the interviews at 28 and 36 weeks of pregnancy) and post-partum data (from the interviews at 2-7 days and 8/26 weeks [1] post-partum) respectively being contrasted. Next, data relating to the interaction dimension are presented, with antenatal and post-partum data for each of seven aspects of interaction (derived from Rodgers, 1973: Chapters 5-6) contrasted.

Data from post-partum interviews at eight and twenty-six weeks (random halves of the total sample) have been aggregated in most instances, provided that there is little or no difference between distributions for the two interviews. For all variables where the passing of time might be expected to influence the data (e.g. number of times the Plunket Nurse has been seen, or method of infant feeding), and for all variables where - for whatever reason, or none - there are differences of more than one or two percentage points between the 8-week and 26-week interview groups, these groups are disaggregated and separate results are presented. There are very few instances of the latter; the date of interview appears to have had little influence on variables not in the former category.

The structural dimension has already been defined (see section 3.3) as the number and arrangement (spacing, age and sex patterns) of positions within the family. It should be noted that this is a more specific and limited definition than that used in the structural-functional conceptual framework (McIntyre, 1966) in family sociology. Moreover, although the considerable body of demographic research in the area of knowledge, attitudes and practice of contraception and family planning (as exemplified by Westoff, Potter and Sagi, 1963; Ryder and Westoff, 1971; and Westoff and Ryder, 1977) is acknowledged, this area is not - for practical reasons - covered in the research reported here.

The structural dimension is the simplest and most straightforward of the four, and it is the dimension within which occurs the particular change, from conjugal dyad to parental triad, with which the present research is concerned.

[1] The third interview was conducted in Campbell-Johnstone Obstetric Unit, Waikato Hospital, no earlier than two days and no later than seven days post-partum. The fourth interview was conducted at either eight or twenty-six weeks post-partum, allocation being random.

As Rodgers (1973: 45) has pointed out, the importance and implications for other dimensions of structure and structural changes are perhaps so obvious that they may be taken for granted and overlooked. Forty years ago Bossard (1945: 293) pointed out the relationship [2] between the number of family members and aspects of their relationships. It will be obvious that an arithmetic increase in the number of members produces a geometric increase in the number of relationships. However coalitions must also be considered (Caplow, 1968) and these also increase in number and variety [3] with increases in membership.

As Rodgers (1973: 45-7) also points out, there are additional structural variables not considered in the above formulae (Bossard, 1945; Kephart, 1950). These refer to spacing, sex and age patterns. In addition, the family (like a number of other social groups) is a group some (but only some) of the members of which have the power to exercise control over its size. This means that where propositions about group size and interaction derived from other areas of sociology (e.g. the work of Simmel) are used this should be kept in mind.

Spacing patterns refer to the temporal relationship between marriage and the first birth, and between births. Sex patterns refer to the relevance of the actor's sex to his or her 'role characteristics' (Rodgers, 1973: 46). Different patterns of sex of child(ren) imply different implications for family interaction. Age patterns refer to the distribution of ages, and age gaps, between family members, especially between parents and children and between the children themselves. Again the implication is that different age patterns imply different patterns of interaction.

This spacing of births for married women in New Zealand is short compared with some other societies, such as Canada, and has been reducing for some time (Sceats, 1982). This may have particular implications for the dynamics of New Zealand families which have yet to be explored.

Turning to the interactional dimension, this is more extensive and complex in substantive content than the structural. It is useful to find a basis for the

[2] He used the formula $R=(2P-P)/2$ where P is the number of family members and R is the number of paired relationships. An alternative formula also used is $R=(P(P-1))/2$.

[3] Thus with three family members there are, in addition to three paired relationships, three possible 2:1 coalitions. With four family members there are six paired relationships, three possible 2:2 coalitions and four possible 3:1 coalitions. If 'neutrals' are envisaged then the number of possible coalitions increases further so that four people might also have four 2:1:N (where N is neutral) coalitions; and so on.

organisation of data presentation and/or analysis where the dataset is so extensive. Bennett and Tumin (1948: 49) have offered a set of six functions 'necessary' for the survival of any society. Rodgers (1973: Chapters 5-6) uses these to organise his discussion of 'interactional analysis' within the developmental conceptual framework. It is recognised that there have been alternative listings (Aberle *et alia*, 1950), and criticism of such formulations (Davis, 1959), but such sets of functions have been found to be useful by some sociologists dealing with families (Reiss, 1965; Bell and Vogel, 1968: 7-34). No suggestion is made that functional prerequisites have more than a heuristic value in the present context. Their use to organise the data on the interactional dimension is on the same basis as their use by Rodgers (1973: 25):

'As a convenient way of classifying group activity, it does seem useful to examine the family relationship [sic] in light of these functional prerequisites'.

The headings and subheadings used by Rodgers (1973: Chapters 5-6) are:

- a) recruitment (biological reproduction, adoption, mate selection);
- b) maintenance of biological functioning (nutrition, health and medical care, sanitation and shelter);
- c) socialisation;
- d) division of labour (allocation of roles, role careers);
- e) maintenance of order (power and authority, family disorganisation, conflict resolution); and
- f) maintenance of meaning (marital adjustment, values).

For the organisation of the present chapter these headings and subheadings have been revised on both theoretical and practical grounds. Some of the headings (e.g. mate selection) are theoretically inapplicable, given the focus on the first two family career categories and the transition to parenthood through which families move from the first to the second. Others (e.g. sanitation) are omitted on the practical grounds of inability to cover every possible topic; these are headings which hardly seems to warrant major attention. Other topics (such as biological reproduction and socialisation) have been elaborated, on the ground of theoretical importance to the substantive area in question. Health and medical care, although included by Rodgers (1973) under interaction, are conceptualised as another social system and dealt with under transactions (Chapter 7).

Thus the adapted headings used here in the breakdown of data on interaction into subsections are:

- a) recruitment: biological reproduction;
- b) biological functioning: nutrition;
- c) biological functioning: shelter;
- d) socialisation;
- e) division of labour: allocation of roles;
- f) social order: power, authority, conflict; and
- g) maintenance of meaning: marital adjustment.

6.2 The Structural Dimension

It will be recalled (Chapter 5) that the criteria for recruitment to the sample were:

- a) routinely booked-in to Campbell-Johnstone Obstetric Unit (i.e. excluding cases of obstetric difficulty from outside the routine catchment area);
- b) no previous live birth;
- c) estimated date of delivery within a specified period.

There were no other criteria, such as marital status, intact neolocal nuclear family, or whatever.

At first contact (at 28 weeks of pregnancy) this sample were predominantly married (83.8%) or de facto married (6.6%). Some were single (8.7%) and very few were separated or divorced (0.8%). A review of administrative records (the data were not collected directly at interviews) indicated that virtually all of those who were married or de facto married (these categories will be combined and called 'married' from now on) were living in separate neolocal households. The few who were at some time living with others were doing so on a temporary basis (e.g. they had recently moved to Hamilton and were seeking accommodation). The single women were more likely to be living with their own parents or in shared accommodation, and administrative records for non-contacts suggest that the latter pattern was especially marked for them.

At the post-partum interviews the proportion married (including de facto married) had risen slightly (to 93.4%), reinforcing the culturally normative picture presented ante-natally.

Almost all of these women had at least some siblings: the median number was four (mean: 3.3), with a range from none (2.9%) to eight or more (6.6%). Two-thirds of these siblings (63.1%) already had at least one child.

Pregnancy was not a novel experience for all of the sample: a minority (12.0%) had experienced a previous conception, usually only one (9.2%) and almost all (11.6%) reportedly resulting in a miscarriage/spontaneous abortion.

In three cases (1.2%) twins were born, but in all other cases the structural change was consistent with the model, viz. at S₁ there was the addition of a further position, that of first child, to the family structure. Administrative records and inferences from other questions (e.g. about sources of help with housework and caring work post-partum) reported elsewhere indicate that there were virtually no other structural changes post-partum. In a small minority of cases female kinsfolk might live-in and assist for a short period, but there were no other changes.

At 28 weeks of pregnancy most (92.9%) of these women were able to indicate their planned family size, which ranged from just the child of the present pregnancy (1.7%) to five or more children (4.1%). The median planned family size was two, chosen by half the sample (51.0%), and the mean was 2.68 children.

There were only slight changes in planned family size post-partum. Slightly more planned to have only the one child (3.7%) but the median was still two children, chosen by half the sample (49.0%), while the mean was slightly lower (at 2.62) than its ante-natal level. The distributions are shown in Table 6.1 below.

Table 6.1 Planned Family Sizes

No. of chn	Antenatal %	Post-partum %
1	1.7	3.7
2	51.0	49.0
3	22.8	21.6
4	13.3	10.4
5	1.2	1.7
6	2.5	1.2
7+	0.4	1.2
Don't know	7.1	11.5
	100.0	100.0

Notes: n=241

With regard to sex patterns (and excluding the twins) the births were equally divided between boys and girls. Only one in ten of the new mothers reported that the sex of the baby was not preferred (9.1%) and most of these added that this did not matter (7.9%).

There was a fair degree of uniformity in the spacing and age patterns of the sample. For the married women the mean period between date of marriage and estimated date of delivery was 2.5 years, with one-quarter (23.9%) falling in the first year and a similar group (22.0%) in the range from 1 to 2 years.

The ages of the women at 28 weeks of pregnancy ranged from 15 years (only two cases) to 39 years, with a median age of 24 years (mean 22.8). A large minority (40.7%) were aged between 22 and 25 years. The married women ranged in age from 16 to 39 with a mean age of 23.6, while the range for single women was from 15 to 29 with a mean age of 18.2 years. The ages of the husbands (as appropriate) ranged from 18 to 42 years, with a median age of 26 years (mean 26.2), *i.e.* the husbands were 3.4 years older than the married women on average. These data correspond quite well to those for the national population (Swain, 1978b), which is consistent with the possibility of regarding this special or working universe (Hamilton and the surrounding Waikato) as representative of the general universe of New Zealand society.

The post-partum picture complements the earlier one. Given the recruitment criteria (Chapter 5) the sample members are relatively homogenous and correspond closely to the culturally normative pattern represented in the initial modules (sections 3.3 and 3.4, Figures 3.5 and 3.6) of the model of developmental change in families.

6.3 The Interactional Dimension

6.3.1 Recruitment: Biological Reproduction

To some extent any allocation of specific substantive topics among subheadings, and even between major dimensions such as transactions and interaction, is arbitrary. One aspect of this topic has already been covered earlier in this chapter (section 6.2), *i.e.* the structural change from dyadic to triadic family structure. Another aspect, the physiological processes associated with the transition (*i.e.* pregnancy, labour, delivery and the clinical aspects of the puerperium) are dealt with in the next chapter on transactions with the medical and health care system (see sections 7.7.1 and 7.7.2). This section is confined to interactional aspects of recruitment by biological reproduction, of which the most obvious are family planning and contraception.

We begin with the deceptively simple question as to whether, for married or de facto married couples, this pregnancy was planned. There is some debate in the demographic literature as to the appropriate conceptualisation of this area, and the precise definition of such terms as 'planned', 'wanted' and 'desired' as applied to conceptions, pregnancies and children (Hass, 1974).

Four categories were used in the present research:

- a) both the decision to conceive and the timing were planned (or deliberate);
- b) the decision to start a family was taken but the timing was not deliberately planned;
- c) neither the decision to start a family nor the actual timing were planned but the conception is acceptable; and
- d) neither were planned or deliberate and the conception is regarded as accidental and not necessarily desired.

Of course these categories are open to criticism, and perhaps a permutation of the categories used by Hass (1974) would be more exhaustive (i.e. wanted, unwanted, ambivalent or unmotivated for each partner). The substantive focus of this research is not fertility decision-making (Hass, 1974), however, but the transition to parenthood.

The results using the above fourfold categorisation are set out in Table 6.2 below, from which it can be seen that only just over one-third of the married women in the sample (37.6%) completely planned their pregnancy.

Table 6.2 Planning of Pregnancy: Married Respondents Only

Category	%
Planned conception and timing	37.6
Planned conception but not timing	35.8
Planned neither but conception acceptable	18.8
Planned neither and conception accidental	7.8
	100.0

Notes: Married and de facto married only; n=218

Predictably there was a highly significant ($p < 0.0001$) difference in planning by marital status. Nineteen out of 22 (86.4%) single, legally separated or divorced respondents fell into category (d) above (pregnancy was neither planned nor deliberate, and the conception is regarded as accidental and not desired). There were also significant ($p < 0.0001$) differences in planning by age. Of those aged up to 19 (n=58), almost half (46.6%) said their pregnancy was an accident, while this was so for only a few of those aged 20-24 (5.8%, n=103) or 25+ (3.8%, n=80). The influence of marital status here should be noted. Almost one-third (31.02%) of those aged up to 19 were not married or de facto married, while the proportions for those aged 20-24 and 25-29 were much smaller (1.9% and 3.8% respectively).

Answers to questions as to whether the woman and her partner (where appropriate) were looking forward to the new baby (at 28 weeks of pregnancy) may have been subject to bias towards the socially desirable response. The married women reported themselves overwhelmingly (93.7%) to be definitely looking forward to the new baby, and reported their husbands as only marginally less enthusiastic (89.9%).

The data in Table 6.2 on family planning may be regarded as consistent with contraceptive behaviour prior to the conception. The question was, 'What sort of contraception, if any, were you using before you decided to have the baby (or become pregnant)?' Results are shown in Table 6.3 below.

Table 6.3 Contraceptive Practice Prior to Pregnancy

Category	% Total	% Married	% Single
Pill	67.2	70.6	34.8
Condom	2.9	2.8	4.3
Spermicide	2.1	1.8	4.3
I.U.D.	0.8	0.9	0.0
Diaphragm	0.4	0.5	0.0
Injection	0.4	0.0	4.3
Other*	1.7	1.8	0.0
No contraception	24.5	21.6	52.3
	100.0	100.0	100.0

Notes: *Including combination of methods.

Sample n=241; married n=218; single n=23

Clearly, the married members of the sample may be classified into three groups:

- a) more than two-thirds (70.6%) reported the use of a relatively effective method of contraception;
- b) almost one-quarter (21.6%) reported no contraceptive use at all;
- c) a very small proportion used methods of contraception other than the contraceptive pill, and would experience a range of rates of contraceptive failure which would in most cases be relatively low given use according to instructions (which is not always the case).

One-third (34.8%) of the unmarried group (n=23) stated that they were using the contraceptive pill prior to a pregnancy which most (82.6%) said was an accident. Clearly 'use' is a concept which requires careful analysis.

Cross-tabulation of pregnancy planning (Table 6.2) by contraceptive practice (Table 6.3) indicates that the largest groups in the sample were those who completely planned their pregnancy and had previously been on the pill (25.3%), and those who intended to conceive but did not plan the timing and reported that they had previously been on the pill (24.9%). The other half of the sample fell into all possible permutations, varying from those who reported that they had been on the pill and whose pregnancy was an accident (7.1%) to those who planned their pregnancy in all respects but had not used any form of contraception previously (5.0%). As Hass (1974) suggests, the area of fertility decision-making requires careful and detailed theorising and investigation, and only broad patterns can be elicited by a few simple questions.

Almost half of those who attended antenatal classes (44.3%) reported that family planning and contraception was not covered at all in their antenatal classes, while two-thirds of the sample thought the topic was essential (37.8%) or very important (27.6%). This is clearly an area of socialisation for which formal provisions were inadequate.

At the last post-partum interview (8/26 weeks) the bulk of the sample planned to have more children, with planned family sizes ranging from two (49.0%) to four or more (14.5). Three-quarters of the sample (73.9%) intended to use contraception in the 12 months after the birth of their child, typically the contraceptive pill or injection (75.3% of those intending to use contraception, 55.6% of the sample). The main grounds for not using contraception for the next 12 months were:

- a) the wish to conceive again (60.3% of those not intending to use contraception, 15.8% of the sample);
- b) the feeling or knowledge that there was incompatibility between some forms of contraception, and lactation (23.8%, 6.2%); and
- c) various other reasons cited infrequently, one of which was the husband's objection to contraception.

One of the items in the Maternal Attitude to Pregnancy Indicator (MAPI) (Blau, Welkowitz and Cohen, 1964) may give some indication of the sample members' view of family planning. Well over half of the sample expressed agreement (56.4%) or strong agreement (5.0%) with a statement that 'at least half the babies born in New Zealand are not planned'. This suggests a normative view that it is not at all unusual for an unplanned conception to occur. Such a view may facilitate those answers which indicate a lack of planning when responding to a direct question about planning of the present pregnancy.

A related area is that of sexuality. A majority of the sample reported that this topic was covered 'not at all' at classes (55.9%). Those who reported that the topic was

covered felt that it was handled 'not very well' (40.4%) or 'O.K.' (39.4%). However over two-thirds attached some importance to the topic, ranging from 'quite important' (30.2%) through 'very important' (25.3%) to 'essential' (18.7%).

Post-partum almost four out of ten of the sample reported themselves bothered somewhat (29.5%) or very much (8.7%) by being sexually less responsive. Three-quarters were not bothered at all by feeling generally more distant from their husband (74.7%), so it may be concluded that the perceived or presenting problems were specifically sexual. Reduced sexual responsiveness of the husband was not a problem at all for most (84.2%) of the sample. Three-quarters of the married members of the sample reported that they and their husband 'always' (23.0%) or 'usually' (52.2%) agreed about their sexual relations (frequency, scheduling). Most of the remainder 'sometimes agreed and sometimes disagreed' (22.1%). Disagreements were reported to be resolved 'sometimes' consistent with the wife's wishes and 'sometimes' the husband's (71.9% of cases where there was 'sometimes' disagreement).

It would thus appear that in this area of biological reproduction, conjugal interaction was characterised by some problems in regard to contraception and sexuality, but that for the bulk of the sample such problems as did arise did not have serious results by the time of the post-partum interviews.

6.3.2 Biological Functioning: Nutrition

The initial material here refers to antenatal attitudes and plans in the area of infant feeding. We begin with two items from the MAPI. Almost seven out of ten sample members 'agreed' (52.3%) or 'strongly agreed' (17.0%) with the statement that breastfed babies are healthier than bottled babies, and even greater proportions 'agreed' (65.6%) or 'strongly agreed' (22.0%) with the statement that breastfeeding does not ruin the nursing mother's figure. It is thus not entirely surprising that an overwhelming majority (91.3%) 'definitely intended', at 28 weeks of pregnancy, to breastfeed their baby. The married women in the sample reported that three-quarters (74.8%) of their husbands definitely approved of and supported this intention.

Eight weeks later (after some antenatal classes) slightly more (93.4%) 'definitely intended' to breastfeed, supported by a greater proportion (82.3%) of the husbands. It is plausible to suggest that the classes contributed to these increases because:

- a) well over half (56.0%) of the sample identified their classes as the most important single source of information on breastfeeding;

- b) three-quarters felt that they either 'definitely' (44.0%) or 'with qualifications' (34.9%) knew enough about breastfeeding by 36 weeks.

While Antenatal Clinic staff were identified as the most important source of information on breastfeeding by only a few (7.1%) of the sample, nevertheless a large majority 'agreed' (64.7%) or 'strongly agreed' (20.3%) that Antenatal Clinic staff took the time needed to explain breast care and breastfeeding to them. Just under half 'agreed' (43.2%) or 'strongly agreed' (6.2%) with the same statement as it was applied to their General Practitioner.

Half the sample (49.4%) had 'frequently' (defined as more than six times) given a baby a bottle before their own was born, and a similar proportion (46.9%) had 'frequently' spoon-fed a baby. This topic is further considered under the heading of socialisation below (section 6.3.4).

At the antenatal stage, then, there was overwhelming endorsement of breastfeeding and intention to breastfeed. At the final post-partum interview virtually all of the sample (94.6%) had breastfed their baby at some time, while over half (56.8%) had bottle-fed with cow's milk formulae and a quarter (22.0%) had bottle-fed with other formulae. Fruit juices had also been given by four out of ten (41.5%), while less than one in ten had offered water by itself (6.2%) or other drinks (9.5%). Clearly multiple patterns predominated, and only a small proportion of the sample (8.7%) were entirely breastfeeding their baby at the final interview.

Among solids, warm cereals (e.g. porridge) predominated (63.5%) with fresh vegetables (50.6%), bottled/tinned/preserved fruit and vegetables (48.5%) and fresh fruit (47.3%) also well represented. Meat and fish (44.4%) were also well in evidence. About one-third (35.3%) gave biscuits, cakes and/or rusks while about one-quarter (26.6%) gave bread with something spread on it. Dry bread (19.5%) and cold cereals (e.g. corn flakes) (15.4%) were not widely given. There was considerable uniformity across the sample in the feeding methods to which the sample babies had been exposed, including breast (94.6%), spoon (79.3%) and bottle (71.8%).

Whatever these babies were fed (which has been shown to be diverse), and however they were fed (almost all of them were fed several ways), almost all of the sample enjoyed (29.5%) or very much enjoyed (62.7%) feeding their babies. Aspects of feeding especially frequently mentioned as 'likes' included:

- a) the sense of closeness (19.1%);
- b) the sensual pleasure of breastfeeding (14.5%);
- c) ease of method (whether breastfeeding or bottlefeeding: 14.5%); and

d) seeing the baby enjoying his/her feeds (10.8%).

More than four out of ten (42.8%) could find nothing to say about 'dislikes' in the feeding area, but two out of ten (22.3%) identified a total of nine 'dislikes' in regard to breastfeeding, while a similar proportion (22.0%) identified a total of six 'dislikes' in bottlefeeding. More than one out of ten (12.4%) gave one of a total of three negative comments on feeding solids. Notwithstanding these specifics, however, most of the sample felt overall that infant feeding was 'very easy' (50.2%) or at any rate 'quite easy' (34.9%).

Infant feeding is one of the more demanding parental tasks, but there is no indication here of the sort of problems or lack of pleasure which might contribute to 'crisis' for these new parents.

It has been pointed out above that there was overwhelming antenatal approval of breastfeeding, and an equally overwhelming proportion of the sample themselves intended to breastfeed their infant. The great majority of the sample (94.2%) breastfed their infant for at least a short while, but by four weeks almost two out of ten (17.8%) had been weaned, and by eight weeks one-third (32.8%) had been weaned.

Of those interviewed at 8 weeks post-partum (and thus perhaps less liable to error in recalling the age of weaning, compared with those interviewed at 26 weeks), the proportion reporting weaning by 4 weeks (17.2%) and by 8 weeks (31.7%) were very similar to the results for those interviewed at 26 weeks (17.8% and 32.8% respectively). Data from those interviewed at 26 weeks may thus be taken as reasonably accurate. They indicate that the cumulative totals who had weaned their babies from breastfeeding increased steadily:

- a) 4 weeks (17.8%);
- b) 8 weeks (32.8%);
- c) 12 weeks (45.9%);
- d) 16 weeks (49.0%);
- e) 20 weeks (55.1%);
- f) 24 weeks (58.2%).

The effects of truncation bias (see section 5.3.6) make it inappropriate to calculate mean durations of breastfeeding, although it can be stated that the median duration is about sixteen or seventeen weeks.

In addition to truncation bias, it should be noted that there are difficulties of definition with breastfeeding, as the term may be understood by respondents as referring to breastfeeding only, breastfeeding with supplements, or feeding by other means with some/occasional breastfeeds. In the above data only 'breastfeeding' (however defined by the

respondent) is counted, and age at complete weaning from the breast is recorded.

Given the high levels of antenatal intention to breastfeed already outlined, it might be expected that relatively early weaning would be somewhat traumatic. There is no indication that it was, so perhaps even a few weeks' breastfeeding was sufficient to satisfy the majority of sample members' aspirations in regard to breastfeeding.

Those mothers who were bottlefeeding typically shared this task with others (82.7% of those bottlefeeding) but most of these babies were cuddled extensively during feeding (92.5%, but including those breastfeeding and hence cuddling). Bottlefeeding was usually shared with the husband (80.1% of cases where there was a husband and there was some bottlefeeding), other members of the family (68.7% of bottlefed infants) and to a lesser but still quite considerable extent with friends (50.0%). Notwithstanding those cuddles, one-quarter of the sample (24.5%) had sometimes propped a baby up to feed itself.

The infant feeding area illustrates how antenatal intentions and even post-partum positive attitudes do not necessarily translate into predictable behaviour. At the same time, however, there is little evidence that infant feeding was a major problem for the great bulk of the sample, who seem to have come to terms with the difference between their attitudes and intentions on the one hand and the realities of their early childrearing behaviour on the other. Such a process of 'coming to terms' may help to explain the more general lack of 'crisis' experienced by this sample as a whole.

6.3.3 Biological Functioning: Shelter

When asked about possible changes expected to their own or their husband's lives after the baby's birth very few of the sample women (2.1%) mentioned aspects of their accommodation (such as needing a bigger house or moving to a State house) at the earlier antenatal interview (at 28 weeks of pregnancy). None mentioned housing directly when asked the same question at the later antenatal interview (at 36 weeks). The post-partum data may account for the lack of salience of accommodation antenatally:

- a) four out of ten (43.2%) were in an owner-occupied house;
- b) another two out of ten (17.8%) were in a private rented house; and
- c) another one out of ten (10.0%) occupied houses under other arrangements.

This suggests that accommodation was by and large satisfactory. Indeed, most of the sample (84.6%) rated their accommodation as adequate for their needs.

Two out of ten were in a privately-rented flat (17.0%) or owner-occupied flat (2.1%). A small proportion, predominantly single women, were sharing with friends or relatives (9.4%). It might be assumed that a house was preferable to a flat, that owner-occupancy was preferable to renting, and that a separate establishment was preferable to sharing. Such assumptions would suggest that perhaps a sizeable minority of the sample might feel that their accommodation was in some way unsatisfactory. However the bulk of the sample (84.6%) said that their present accommodation met their needs. Those who did not feel it met their needs most frequently cited 'lack of space' (54.9% of those not satisfied, 8.3% of the sample) as the problem, with an owner-occupied house as the most frequent solution (60.5% of those not satisfied, 9.5% of the sample).

6.3.4 Socialisation

Winch (1971: 101) defines socialisation, differentiating it from education, and his usage is convenient for the present purpose:

'"Socialisation" will be used to refer to the general process of training people to enact the roles that constitute the social positions they occupy, are about to enter, or aspire to. "Education" will routinely refer to more or less formalized socialization, especially to instruction in the classroom'.

The more formal preparation for parenthood undertaken by most of the sample in antenatal classes organised by Campbell-Johnstone Obstetric Unit Antenatal Clinic or by Hamilton Parents Centre (Inc.) will be dealt with under the heading of transactions with the educational system (see section 7.4). To some extent what is summarised here as socialisation in the family of orientation might, at least in part, have been covered under the heading of transactions with the extended family system (see section 7.6), especially since socialisation may be continuing as well as anticipatory (see sections 3.7.2 and 3.7.1 respectively). It has already been pointed out (section 6.1) that the arrangement of data is by categories which are intended only to be of heuristic value, and hence the allocation of data on specific topics to particular sections will inevitably be arbitrary to some extent. Thus this section begins with data pertaining to socialisation into elements of parental roles in the family of orientation.

Virtually all of the sample (97.1%) had at least one sibling and an average of 3.3 brothers and/or sisters (median = mode = 3). Three-quarters of the sample (75.1%) had the opportunity of looking after siblings because they had one or more younger than themselves. Of these one-third (33.1%) did so 'a lot' while one-sixth (19.3%) did so 'to some extent'. One sixth did so 'very occasionally'/'not really' (16.6%) while almost one-third were quite clear that they did not

look after younger siblings 'at all' (30.9%).

More generally, the sample were asked about experience of looking after babies, and children, prior to their own pregnancy. Over one-third (38.2%) had 'a lot' of experience looking after babies, and slightly more (43.6%) had 'a lot' of experience looking after children. Similar, slightly smaller, proportions had 'some' experience with babies (30.7%) and children (34.4%). The remainder reported 'none'.

On more specific parentcraft tasks, the proportions of the sample who had frequent (six or more times) experience prior to their own pregnancy were, at least for some tasks, quite high. Between two-thirds and three-quarters of the sample had held (72.6%), cuddled (71.0%) and played (66.4%) with babies on six or more occasions prior to their own pregnancy. It will be noted that these are activities which maximise enjoyment and do not require any skills.

However, around half of the sample had frequent previous experience of many of the tasks associated with feeding, body functions and sleep. Thus:

- a) about half had bottlefed (49.4%), spoonfed (46.9%) and burped (51.9%) babies frequently;
- b) rather similar proportions had frequently changed wet (51.9%) and soiled (48.1%) nappies (diapers);
- c) slightly smaller proportions had put a baby to bed frequently (44.0%), tried to soothe one when crying (43.2%), studied a baby closely (42.7%), got a baby up (46.1%), dressed him or her (49.0%), wrapped a baby for an outing (43.2%) and then taken him/her out (47.7%); and
- d) between one-third and one-quarter of the sample had frequently bathed (33.6%), groomed (39.4) and oiled or powdered (34.4%) a baby.

The parentcraft tasks with which the sample had had least experience included those associated with health, in which group are included:

- a) taking a baby's temperature (15.8%), taking a baby to the doctor or Plunket Nurse (5.0%) and giving medicine (22.8%); and also
- b) the tasks of washing nappies (diapers) (24.5%) and cutting a baby's nails (12.0%).

It should be noted that the measure of 'frequent' experience is six or more occasions prior to the respondent's own pregnancy, and that proportions amounting to between one-half and three-quarters of the figures given above for 'frequent' experience were found for 'occasional' experience (between one and six times). Thus the proportions with 'no'

experience were relatively small.

Following the suggestions regarding role transitions made by Burr (1973: Chapter 6) it might be suggested that the important difference in terms of experience of these parentcraft items is between none and some. Most of these new parents had at least some experience of most parentcraft activities.

However, it can also be seen that the socialisation of the sample into parentcraft tasks is patterned. The most rewarding, least demanding and least skilled tasks are experienced frequently by the largest proportions of the sample. The more routine tasks are frequently experienced by somewhat smaller, but still substantial, proportions. And the most fraught tasks tend to be experienced frequently by the smallest proportions of the sample. The underlying rationale for this pattern may not be unlike that proposed by LeMasters (1974) for the mythology of parenthood: it helps to sustain recruitment to this demanding social role.

There is little provision for formal continuing post-partum socialisation in parental roles, but considerable scope for informal agents (extended family, friends and neighbours) to offer role models, information and advice, as illustrated above in the proportions of bottlefed infants who were sometimes fed by other than their mother - who thereby can observe others' behaviour. Half the sample reported themselves bothered 'not at all' by advice from in-laws (56.4%, married respondents only), and one-third (31.6%) only 'somewhat'. Almost three-quarters (71.0%) reported themselves as doubting their adequacy as a parent 'not at all', and most of the rest (25.3%) only 'somewhat'. These data may be taken to suggest that respondents typically found their socialisation to be adequate - although this inference is not conclusive.

In addition, as Brim (1966) has pointed out and Cogswell (1969: 1) has elaborated, the prevailing model of socialisation within the family is uni-directional, from parent (especially mother) to child. Yet Cogswell (1969; see also Rapoport, Rapoport and Strelitz, 1977: Chapter 4) shows that socialisation into the parent-child role complex is reciprocal, with 'novice' and 'agent' influencing one another.

Earlier research by Lomas (1967: 132) suggests that the innate temperament of the infant is relevant to post-partum depression, as well as the psychological and physiological state of the mother. Caplan (1961: 86) has described the parent-child relationship as circular or two-way, with the baby unpredictable (inadequacy of the role complex) but the parent (i.e. mother) relatively predictable. Lewis and Rosenblum (1974: 9) have shown how the infant can be the source of the formation and regulation of caregiver behaviour, and Richards and Bernal (1971) have shown that basic infant behaviours such as sleeping and crying vary widely and not wholly in response to maternal behaviour.

These conceptualisations and research reports suggest, therefore, that in addition to informal agents of continuing socialisation some attention should be paid to the infant as initiator, which would be consistent with the basic assumption of the developmental conceptual framework (see Chapter 1) that the actor is initiator as well as reactor.

What about the babies themselves? When asked to describe their baby most of the mothers confined themselves to endearments such as 'gorgeous' or 'lovely' (89.6%), but one in ten (10.4%) offered mixed descriptions such as 'dear but difficult' or 'usually fine but sometimes scratchy' and the like. A checklist of descriptions was also used, in order to obtain more specific and comparable accounts of the mothers' perceptions of their babies. Four out of ten of these new mothers described their babies as 'very active' (42.5%) and one-quarter (24.1%) described theirs as 'noisy'. Some specifically identified sleeping less than expected or hoped (12.0%) as a characteristic, but other descriptors were checked by one in twenty or less.

It would be plausible to interpret these results as consistent with the idea that babies can have a socialising effect on their caretakers, and hence perhaps more research attention should be paid to continuing socialisation for parental roles within the family. It is plausible to suggest that human evolution has probably been shaped in part by the inherited behaviours of babies in modifying their caretakers' behaviour in adaptive ways to maximise their own survival interests. The interaction conceptual framework (Stryker, 1964; Schvaneveldt, 1966) emphasises looking to the actors' definition of their situation. We should not be too quick to deny even the neonate status as an actor in the family situation.

6.3.5 Division Of Labour: Allocation Of Roles

The bulk of the data on role allocations relate to the post-partum period. Some antenatal data provide a basis for some inferences about role allocations. One MAPI item comprised the statement that very often a father pays more attention to the new baby than to his wife, with which two-thirds of the sample 'disagreed' (61.0%) or 'strongly disagreed' (6.6%). Another MAPI item was a statement that most fathers cope very well with their new babies, with which most of the sample 'agreed' (75.5%) or 'strongly agreed' (8.3%). These items may suggest an antenatal expectation on the part of the sample that the assumption of new roles by the father, and hence the allocation of roles between the two parents, will not be problematical. The widespread view that most women feel that being a mother is the happiest thing in their lives, with which eight out of ten 'agreed' (57.7%) or 'strongly agreed' (26.1%), suggests perhaps an antenatal willingness to assume the mother role and derive satisfaction from it (i.e. accept the bulk of the specific roles attaching to parenthood).

There is already a certain amount of New Zealand research on role allocations within families (Brown, 1959; Brown, 1968; Fletcher, 1978) but these deal in rather general terms across the full spectrum of domestic roles. The present research has parental tasks as the specific focus, with data collected on role allocation between the two parents (where appropriate) only when both parents are available [4].

A few parental roles were shared equally (under the above conditions) between the parents in the great majority of sample families:

- a) cuddling the baby (92.9%);
- b) playing with the baby (88.9%);
- c) more generally keeping an eye on the baby (70.4%).

One or two other tasks with perhaps a little more goal-oriented content were shared equally by roughly half to two-thirds of the sample:

- a) trying to soothe a crying baby (65.0%); and
- b) getting the baby up after a nap (52.2%).

More than a dozen other tasks were predominantly the mother's responsibility, even when both parents were present, in most families. The baby's health and cleanliness were in this latter group. Tasks which were usually or always the mother's responsibility included:

- a) changing wet (71.3%) or soiled (80.0%) nappies (diapers) and washing them (90.7%);
- b) bathing the baby (82.3%), oiling/powdering (83.7%) or grooming (81.9%) him or her, and cutting his/her nails (85.4%); and
- c) as well as dressing and undressing the baby (72.1%).

Health care was similarly the mother's responsibility even when both parents were present. This involved:

- a) taking the baby's temperature (69.0%);
- b) taking him/her to the doctor (76.5%); and
- c) giving medicine (68.6%).

[4] Given the predominant pattern of contemporary New Zealand society, i.e. male breadwinner and female caretaker, these data clearly indicate a very marked bias indeed in total parental task activity allocation to the mother.

The pattern was less clear for tasks associated with feeding and sleep:

- a) for three-quarters of these mothers feeding the baby was their responsibility (74.3%); but
- b) the baby might be handed to the father for burping (only 55.3% the mother's responsibility);
- c) two-thirds of the mothers (66.4%) put the baby to bed; but
- d) only one-third (37.6%) always or usually got the baby up; and
- e) a little over half were responsible for taking the baby out (56.7%).

Table 6.4 Parental Task Allocation (%)

Parental task	Alw. moth.	Usu. moth.	Both equ.	Usu. fath.	Alw. fath.
Cuddle baby	0.9	5.3	92.9	0.4	0.4
Play with baby	0.9	7.1	88.9	2.7	0.4
Keep an eye on baby	1.8	15.9	70.4	8.4	3.5
Soothe crying baby	6.2	27.0	65.0	1.3	0.4
Get baby up after nap	8.4	29.2	52.2	5.8	4.4
Changing wet nappIES	27.9	43.4	28.8	0.0	0.0
Changing soiled nappies	50.4	29.6	19.9	0.0	0.0
Washing nappies etc.	78.8	11.9	8.0	0.9	0.4
Bathing the baby	58.0	24.3	15.9	1.3	0.4
Oiling/powdering baby	52.7	31.0	16.4	0.0	0.0
Grooming the baby	52.7	29.2	15.0	1.8	0.9
Un/dressing the baby	27.0	45.1	27.9	0.0	0.0
Cutting baby's nails	72.6	12.8	9.7	3.5	1.3
Taking baby's temp'ture	57.1	11.9	28.3	0.4	0.4
Taking baby to the dr.	62.8	13.7	23.0	0.4	0.0
Giving medicine	45.1	23.5	29.2	1.3	0.0
Feeding the baby	35.8	38.5	23.9	1.3	0.4
Burping the baby	13.7	41.6	42.0	2.2	0.4
Putting the baby to bed	25.2	41.2	31.9	1.3	0.4
Getting the baby up	8.4	29.2	52.2	5.8	4.4
Taking the baby out	17.3	39.4	38.5	4.4	0.4

Note: Rows sum to 100.0% horizontally; n=226.

The table above has been arranged to match the text, with

tasks grouped both by likeness of data patterns and similarity of tasks. The first two groups have predominantly 'both equally' responses. The next three groups have 'always mother' plus 'usually mother' percentages which are around 75%. The last group is miscellaneous.

The general pattern is clear. The mother is usually or always responsible for the majority of the parental tasks, especially those with a specific content or perhaps a less appealing character. This is the case even when both parents are present. The fathers' tasks are the more general and perhaps enjoyable ones. This pattern is consistent with the picture of the 'fun father' in studies of childrearing patterns where the children are older (Ritchie and Ritchie, 1970). The mothers' evaluations of this pattern of role allocation in parental tasks can perhaps be inferred from their responses to a general question on how helpful [5] their husbands have been since the baby's birth. Over half of the sample (55.5%) rated their husband as 'very helpful', and most of the remainder (31.0%) as 'quite helpful'. This leaves one in ten of the husbands (11.8%) rated as only 'some help' or 'unhelpful'. A further series of questions throws some light on the general reactions of these mothers to the predominant overall responsibility they clearly have for most parental tasks. Six out of ten stated that looking after the baby was enjoyable without qualification (60.6%) and a further one-third said that while it was hard work it was also a pleasure (32.4%). A few were clearly unenthusiastic about their role, but accepted it (5.8%) and very few described it as burdensome and/or unwelcome (1.2%).

These findings may parallel the discussion by Bernard (1973) of the striking differences between married women's responses to questions about their happiness (very few describe themselves as unhappy) and more 'objective' or indirect measures of their health and well-being (most, especially housewives, fare badly on such measures).

For some of the tasks discussed above (such as soothing a crying baby) there is a growing academic awareness that they are both complex and fraught (Kirkland and Peters, 1978; Kirkland and Brennan, 1980). Reactions to the baby's crying were a little more diverse than for many tasks. Two-thirds

[5] The use of the word (and concept) 'helpful' in the interview question illustrates the point made earlier (section 2.2.1.2) about feminist critiques. This research was designed in an earlier and different 'climate of consciousness', one in which feminist perspectives were (even) less widely understood by social researchers. It is now clearer (at least to the present researcher) that the terms 'help', 'helpful' and so on are not neutral. They have built-in the implicit assumption that the 'proper' allocation of task performance responsibility is to the mother, and that any contribution by the father is ex gratia. See Gavron, 1966; Oakley, 1970; 1979; 1980.

felt concern (62.2%) while some felt frankly worried (9.5%) or angry (4.1%). However one-quarter were not really bothered (16.2%) or not at all worried (7.9%). What do they do when the baby cries? One-quarter, largely corresponding to those who were not bothered or worried, simply accepted crying as normal behaviour for their baby (22.4%). The largest group coped by following appropriate routines (e.g. checking for discomfort, nappy (diaper) change, hunger etc.) without undue stress (43.6%). Another group sometimes handled crying in the same way but felt at times that they could not cope (34.1%).

It is perhaps in this datum (the 34.1% of the sample who reported that they handle crying routinely but also feel at times that they cannot cope with it) that the closest approach is made to a sense or possibility of 'crisis'. It is, however, an isolated finding.

Specific handling of crying babies was investigated. Most of these new mothers, faced with a crying baby, would check nappies (diapers) (83.8%) and offer a feed (88.8%), and they would pick up the baby and cuddle him or her (83.4%). A majority (61.8%) would check for other specific problems. After that most would expect the baby to have stopped crying, but a few would ignore crying (12.0%) and some would scold (14.5%) or even smack (2.1%) the baby. These latter groups would almost all have tried at least one of the more frequent methods of coping first before resorting to the latter behaviours.

The overall picture presented by the above data is of the bulk of the sample coping with their parental tasks adequately or better in their own eyes, and in ways mostly consistent with the sorts of descriptions offered by New Zealand authorities in the childrearing area (Begg, 1970; Ritchie and Ritchie, 1970). This view is confirmed by the sample's overall rating of their own degree of coping with motherhood. Two-thirds felt that they were coping 'very well' (63.5%) and most of the rest rated themselves as coping 'fairly well' (26.6%). However there was still a group, one in ten (10.0%) this time, who only rated themselves as 'having their ups and downs' or 'not always coping'.

6.3.6 Social Order: Power, Authority, Conflict

Less than two out of ten (19.0%) of the sample spontaneously identified a reduction in independence as one of their expectations for the post-partum period. This is inconsistent with the widespread assumption that taking-up the mother role full-time and terminating paid employment are associated with a loss of conjugal power (Burr, 1973: Chapter 9; Scanzoni, 1979; but see Pool 1978 for a contradictory view based on Canadian data). However a similar proportion of the sample (19.4%) expected a loss of independence for their husband post-partum, so the interpretation of this datum is unclear. Further, assumption of the mother role could be envisaged as increasing the

repertoire of means by which a woman can influence her husband's behaviour, further complicating the dynamics of conjugal power.

A large minority (41.5%) of the sample intended, antenatally, to return to paid employment. They did not use terms such as 'independence' or 'status', which might be indicative of a desire for greater conjugal power, to describe their reasons for this intention. However, those (a quarter of the sample (22.3%); half (54.0%) of those intending to return to work) who said they intended to resume employment 'in order to retain an outside interest', might have had this area of conjugal power in mind.

The bulk of the data refer to the post-partum period. They show the extent of disagreements, outcomes when there are disagreements, and the seriousness that is attached to disagreements.

Over three-quarters of the sample couples 'always' or 'usually' agreed on the eight topics upon which they were questioned. There were some variations in the extent of 'complete agreement', from half the sample (46.5%) on 'demonstrating affection' to less than a quarter (20.8%) on 'what is right and proper', but in each case the proportion who 'usually agreed' brought the subtotal up to three-quarters or more. There were some areas where 'disagreement' sometimes occurred:

- a) 'relations with in-laws' (disagreement at least sometimes: 33.2%);
- b) 'what is right and proper' (28.7%);
- c) 'family finances' (25.2%); and
- d) 'sex' (24.8%).

Table 6.5 Agreement/Disagreement Between Spouses (%)

Topic	Alw. agree	Usu. agree	Agr/ dis.	Usu. dis.	Alw. dis.
Demonstrating affection	46.5	39.8	12.4	0.0	1.3
Friends (who, when see etc.)	31.4	47.3	19.5	1.8	0.0
Family finances	29.2	45.6	21.7	3.1	0.4
Recreation/hobbies/outings	25.2	54.4	17.7	2.2	0.4
Sex (how often, when)	23.0	52.2	22.1	1.8	0.9
General outlook on life	22.1	58.4	18.1	1.3	0.0
Relations with in-laws	21.7	44.2	27.9	5.3	0.0
What is right and proper	20.8	50.4	26.5	2.2	0.0

Notes: Rows sum to 100.0% horizontally; n=226.

What were the outcomes of these disagreements? Where there were disagreements about in-laws, in three-quarters of these marriages (74.7%) they were (according to the respondents) resolved by sometimes accepting the wife's view and sometimes the husband's view. In most cases of disagreement (82.7%) it was not a problem. Similarly, most disagreements about 'what is right and proper' (78.1%) were resolved by compromise and this issue was almost never (95.3%) a problem.

Compromise was a little less likely over 'family finances' (71.4%) and the husband was a little more likely to win these disagreements (17.9%). These disagreements were a problem in one-quarter of the marriages (25.0%) in which they arose. Disagreements on sex were mostly resolved by compromise (71.9%) although again the husband was more likely to win (19.3%) than the wife (8.8%). In almost one-third of marriages where sex was sometimes in dispute (29.8%) this was a problem. However the topic for which disagreement was a problem most frequently, sex, was so only for very few (7.1%) of the sample and thus can hardly be described as serious. It should be noted as cautionary that where both husbands and wives have been asked these sorts of questions 'discrepant responses' have been noted. These were initially attributed to methodological problems, but it is now accepted that Bernard's (1973) explanation in terms of 'his and hers' views of marriage is appropriate. These data report 'her' view.

The overall pattern is of relatively low levels of disagreement (cf. LaRossa, 1977) with conflict resolved most typically by compromise, and the suggestion that the husband has an edge over the wife in power (i.e. influencing decisions his way).

6.3.7 Maintenance Of Meaning: Marital Adjustment

A variety of data offer the possibility of inferences about marital adjustment. One MAPI item suggested that many women feel they will lose their husband's interest when they are pregnant, but eight out ten of the sample 'disagreed' (58.5%) or 'strongly disagreed' (21.2%) with this item. Two-thirds 'disagreed' (61.0%) or 'strongly disagreed' (6.6%) with the statement that very often a father pays more attention to the new baby than to his wife. Nine out of ten (91.7%) were 'definitely' looking forward to the new baby, and almost as many of their husbands (where appropriate) were also said to be 'definitely' looking forward to the new baby (89.9%).

However when asked an open-ended question at the first interview about expected changes resulting from the impending birth only a small minority made any reference to the marriage that could be interpreted as positive (7.5%). Some of the more frequent answers suggest indirectly that changes which could lead to marital stress were expected. Examples of the latter responses would include:

- a) 'disruption', 'many changes', 'considerable changes to routines' (50.2%);
- b) 'having more work to do' and 'being busier' (27.8%); and
- c) having less sleep (14.9%).

A similar open-ended question in respect of expected changes to the husband (where appropriate) found that four out of ten wives (39.7%) expected changes for their husbands, especially:

- a) less independence or more limited activities (24.7%); with
- b) husbands staying at home more (16.9%); and
- c) a few finding themselves busier (12.8%); but
- d) very few were expected (literally) to lose any sleep over these changes (4.6%)!

Eight weeks later (at 36 weeks of pregnancy) the expected changes were less diverse, with greater concentrations of responses for each one. Half the sample expected changes to domestic routines (55.6%) and less freedom (54.4%), while around one-quarter expected less sleep (28.2%) and changes in themselves as persons (23.2%). No other change was identified by more than one in ten of the sample.

With regard to the husbands, the married sample members most frequently saw their husbands assuming more domestic responsibility (44.8%) and having less freedom (35.7%). One-quarter of the sample expected them to undergo emotional or personality changes (25.3%) while another quarter saw changes in terms of greater financial responsibilities (23.2%). On a positive note, some of the sample (16.6%) expected their husbands to be happier while a small proportion (7.1%) expected a change for the worse in the conjugal relationship.

In summary, at the antenatal interviews the pattern was for direct open-ended questions to elicit answers indicating positive attitudes to the conjugal relationship as they moved into parental roles, but for other data derived from less direct open-ended questions to suggest that expectations for other changes implied possible sources of conjugal stress. Expectations seemed to come into clearer focus, with less diversity of views, as pregnancy proceeded. The post-partum data indicate the outcomes in terms of conjugal adjustment, with the wives reporting that they were making more of the adjustments.

The data in the previous section for disagreement and conflict resolution suggest that these marriages were not unhappy. An open-ended question was asked to discover the sample members' evaluations of their marriages at the time of the last post-partum interview (8/26 weeks: see Chapter 5).

Most of the sample described their relationships either as 'very good' (42.0%) or 'close' (39.4%). Again around one in ten (12.4%) used relatively negative descriptions such as 'O.K.', 'changed for the worse' or 'distant'. Some answers indicated post-partum improvements (3.5%) or indicated that they were unwilling or unable to describe their marriage (2.7%).

Asked specifically about the post-partum happiness of their marriage:

- a) just over half described it as 'very happy' (55.1%);
- b) while a further quarter (26.7) rated it as 'about as happy as most' marriages;
- c) leaving one-quarter who rated it as 'less happy' than their view of the typical marriage (16.4%); or
- d) plain 'unhappy' (1.8%).

These happiness ratings reflect a somewhat less ecstatic picture, perhaps more realistic. The comparison between the open-ended responses and the ratings may be explained by the apparent paradox in research on marriage in which some responses to general questions refer to the ideal (or myth: Bernard, 1973) of marital happiness while others in answer to more specific questions reflect perhaps more realistic stresses and strains. Another specific question about problems encountered recently in the marriage found that only a small minority (18.7%) reported 'no problems', although the largest group (62.2%) reported 'minor problems'. 'Major problems' were being encountered by two out of ten (19.1%) but three-quarters of those with 'major problems' (74.4%, or 14.2% of the married sample) were 'coping' with their problems, and only a minority of those with 'major problems' (25.6%, or 4.9% of the married sample) considered they were 'not coping adequately' with them.

More specifically, an open-ended question was asked post-partum about the perceived effect of the new baby on the marriage. The most frequent responses were that:

- a) the baby had 'added to the happiness of the marriage' (40.3%);
- b) 'brought a shared interest' (17.3%);
- c) 'made the marriage into a family' (15.0%); or
- d) 'made the marriage more binding' (12.8%).

Almost all of the responses were positive, with only a few saying that their 'activity was curtailed' (9.3%) or answering to the effect that the marriage was 'worse' as a result (4.9%).

Thus it appears from this series of questions about the sample members' marriages that most were reported as happy, with relatively few major problems, and that at least in the early post-partum period the new baby is reported as having a largely positive impact on the relationship. Questions of validity are, however, highly relevant to this substantive topic.

6.4 Summary

This chapter deals with the related dimensions of structure and interaction. In structural terms the sample is (to some extent by definition, of course) relatively homogenous, and conforms closely to the two categories of the family career outlined in the model of developmental change in families. Childbearing is initiated by conjugal pairs in separate neolocal families, typically two to three years after marriage. They typically expect to have two children, and to continue in the antenatal patterns they have already established.

The interactional dimension is dealt with under a number of separate headings. Recruitment of new family members by biological reproduction is apparently a somewhat fortuitous event, although not unexpected in the majority of cases as most of the sample members have experience with effective contraception. Post-partum planned family sizes show little change from antenatally, and contraception is reported to be widely practiced where there are no reasons to discontinue (e.g. lactation, planned conception). Sexual relations, while not without problems for some, are not a major cause of difficulty.

The nutrition aspect of the maintenance of biological functioning shows virtual consensus among the sample antenatally on the desirability of breastfeeding their baby, and their intention to do so, but the post-partum experience is somewhat different. While almost all of the sample had initiated breastfeeding, one-third had weaned their infants before eight weeks. Whatever the pattern of infant feeding, this part of the mother role was widely described as enjoyed. The shelter aspect generated little spontaneous comment, and the bulk of the sample were satisfied that their accommodation (most typically an owner-occupied house) met their needs, although some found their accommodation too small post-partum.

Socialisation into parental tasks (as distinct from education, dealt with as a transaction in Chapter 7) was potentially available to many in their family of orientation because of the presence of younger siblings. For others with older siblings, many with children, there were similar opportunities as young adults. Varying majorities (depending on the precise task) of the sample had had experience in various parentcraft tasks, especially those which maximise enjoyment of babies but have only a limited skill content. Post-partum there is some evidence consistent with the notion

that the infant is an active agent of parent socialisation, as well as the passive recipient of long-term parental socialising behaviour.

As regards the parental division of labour, the post-partum allocation of parental tasks primarily to the mother was perhaps foreshadowed by the pregnant women's more general views and expectations of the mother role. As with socialisation into parental roles, the new fathers tended to be most involved in those activities which were most enjoyable and had the least skill content. At least half of the sample of new mothers said they were reasonably content with the pattern of role allocation.

The antenatal data on the maintenance of order (power, authority and conflict resolution) foreshadow the later data. There is some indication that a proportion of the sample associated their withdrawal from the paid workforce (see Chapter 7) with the loss of power or independence, and were not pleased at the prospect. However their post-partum data on disagreements suggest that mostly these couples were in agreement. Where they disagreed they would resolve this on the basis of mutual compromise, although the husbands had an edge in moving decisions their way. At any rate disagreements were not described as a major problem.

These data are related to the maintenance of meaning (marital adjustment) which shows different results according to the format of the question. Open-ended questions yield answers indicative of little less than universal bliss, while questions more specifically about marital happiness indicate that while over half are very happy others see themselves as no happier, or perhaps less happy, than others in their position. Most of the sample were prepared to say that they had some marital problems, mostly minor ones or major ones with which they were coping. A few did appear to be in difficulty.

The model or conceptual framework of developmental change in families seems an appropriate way of organising a varied and detailed dataset pertaining to structural and interactional dimensions of families in developmental change.

7.0 CHAPTER 7: TRANSACTIONS

7.1 Introduction

This chapter follows a format similar to that of the previous one. This introduction outlines the chapter organisation, and there follow six substantive topic headings, derived from Rodgers (1973: Chapter 7). Each presents antenatal and post-partum data relevant to the particular aspect of the transactional dimension in question. Comparisons are made between antenatal and post-partum data under each heading.

The differentiation of a transactional dimension of description and analysis is based on the assumptions that the family as a semi-closed system (section 2.2.2.2.5; Rodgers, 1973: 161) may be treated as organisationally distinct, and that other social institutions are similarly distinct. Such assumptions may usefully be applied to complex, urban-industrial societies such as New Zealand (although they may not apply to other 'simple', 'non-western' societies). The members of a family system in this view have dealings with people, 'offices', and so forth, conceptualised as other systems. The concept of 'conjunctive roles' (Rodgers, 1973: 161-164), those roles played by the same actor within different systems (such as those of breadwinner within a family and worker within an economic institution) is central. Such roles may be one of the main channels of communication and influence between families and the wider society.

Rodgers (1973: 162) identifies as 'some of the major transactive relationships' those of families with the economic, governmental/political, educational, religious and extended family systems. In this chapter these subheadings, with the medical/health care system added, are used to organise the analysis and presentation of data. The bulk of the data relate to the economic, educational, extended family and medical/health care systems. Antenatal and post-partum data are compared under each of these headings.

7.2 Economic System

Rodgers (1973: 162-9) has outlined both production and consumption roles of family members in their transactions with 'the economic system'. The latter received particular attention in early work on and within the developmental conceptual framework (see section 2.2.1.1), but the more recent literature has been focused largely on the former (see Young, 1977: 32-36), which has also been more the focus of the present research.

One useful concept, 'conjunctive roles', has been provided by Rodgers (1973: 162-6) to link the family and economic institutions (which he combines in the term 'economic system'). Typically, the husband-father has the 'manifest, dominant and obligatory' (Rodgers, 1973: 163) breadwinner role within the family which is conjunctive with the 'employee', 'entrepreneur' or similar role in an economic

institution. For the wife-mother perhaps her typically secondary breadwinner role can usefully be linked to her conjunctive 'reserve labour force' role in 'the economy'.

Other useful terms have been introduced. Rapoport and Rapoport (1965: 382), have identified an isomorphism [1] of family career and occupational career. Farber (1961) has described their 'intercontingency' [1], which is especially pronounced for women in New Zealand (Pool and Crawford, 1979).

Other researchers have argued for a more unidirectional influence. Scanzoni (1965a; 1965b) describes the influence of occupational roles on the family, while Whyte (1956) and Hochschild (1969) describe the potential importance of other family members for the person(s) in paid employment.

A variety of studies and reports (Young, 1977: 32-33) have documented the increased participation of married women, and especially married women with dependent children, in the paid workforce of urban, industrial societies. Such participation has been especially marked between marriage and the birth of their first child, and also after the last child has started school. Past labour force participation increases the likelihood of later participation, while more highly educated women tend to have the most pronounced double-peak employment pattern as already outlined (Young, 1977: 33-36).

In a pattern consistent with the emphasis made earlier on child rearing rather than parenthood (see Chapter 2), the bulk of the published research on the paid employment of married women with dependent children has been concerned with the consequences for the children (Nye and Hoffman, 1963) rather than the implications for the women concerned.

The findings from the present research are broadly consistent with the overseas data. One-third of the respondents (31.6%) were in paid employment at 28 weeks of pregnancy, and virtually all of the remainder (66.3%) had worked at some time previously. The following Table 7.1 shows the work history of the sample.

[1] 'Isomorphism' is used here with the meaning 'having [the] same .. form, exactly corresponding in form and relations' (Sykes, general editor, 1976: 574) or 'of or having the same shape' (Orsman, editor, 1979: 580). This should be distinguished from the concept of 'intercontingent' family and occupational careers (Farber, 1961; Pool and Crawford, 1979), which refers to their mutual influence and/or accommodation.

Table 7.1 Employment History

Category	%
Never worked	2.1
Stopped before marriage	1.2
Stopped at marriage	3.7
Stopped after marriage, before pregnancy	9.5
Stopped as soon as pregnancy confirmed	7.5
Stopped 3rd or 4th months of pregnancy	13.7
Stopped 5th or 6th months of pregnancy	17.4
Stopped 7th month of pregnancy	13.3
Still working at time of interview	31.6
	100.00

Notes: n=241.

It is clear from this table that for the great majority of the sample (83.5%) a paid employment role was manifest until pregnancy was confirmed, and that for a substantial minority (31.6%) it continued to be manifest during pregnancy. However the great majority of the latter intended to stop working in the eighth (20.3%) or ninth (6.6%) months of pregnancy, leaving only a small minority of one in twenty (4.7%) whose intention antenatally was to continue to work after their baby was born.

These women were employed in about forty different occupations, especially:

- a) clerical/receptionist (Census four-digit codes 39nn; Department of Statistics, 1971 (Volume 4): (12.9%);
- b) nursing/health care (codes 07nn; ibid.)(12.4%);
- c) secretarial/typist (codes 32nn; ibid.)(10.4%); and
- d) sales (codes 45nn; ibid.)(9.5%).

Table 7.2 below shows the more general overall occupational classifications of the sample women as made by the interviewers in consultation with the respondents.

Table 7.2 Occupational Classification of Respondents

Occupational Category	%
Professional/managerial	16.6
Minor professional/executive	13.3
Trained clerical/sales	28.2
Untrained clerical/sales	16.2
Skilled manual	8.3
Unskilled manual	10.0
Domestic	4.6
Unclassifiable	0.8
Never worked	2.1
	100.1

Notes: n=241.

A greater proportion of the sample had professional/managerial and similar occupations (29.9%) than is the case for the female workforce as a whole in New Zealand (7.3%: Department of Statistics, 1981a: 33 [Table 18]); and correspondingly fewer had untrained/unskilled jobs. Some of the literature on parenthood as crisis (e.g. LeMasters, 1957) suggests that middle class women experience greater problems. Indeed Jacoby (1969; see section 2.3.4) argues that social class accounts for much of the variation in published studies of parenthood as crisis. In the light of Table 7.2 above it might be suggested that high crisis scores are to be expected in the present research. This is not the case (see section 10.3).

There are several variables which explore aspects of the commitment of the sample to their occupational roles. The great majority (85.5%) always worked full-time (i.e. over 30 hours p.w.) and half the rest sometimes worked full-time (6.2%). The modal period in their present occupation was 5-10 years (33.2%); the distribution is shown in Table 7.3 below. At this stage (28 weeks) about one-third (30.3%) intended to work again at some stage after their baby, typically (13.7%) within the first year. The distribution is shown in Table 7.4 below.

Table 7.3 Period in Occupation

Period	%
Under 1 year	12.9
1-2 years	14.1
2-3 years	14.5
3-4 years	8.3
4-5 years	8.7
5-10 years	33.2
10-15 years	6.2
Never worked	2.1
	100.0

Notes: n=241.

Table 7.4 Future Work Intentions At 28 Weeks of Pregnancy

Category	%
Immediately after the birth	3.3
Within the first year	13.7
In 1-2 years	3.3
In 2-3 years	2.5
In 3-4 years	0.4
In 5 or more years	5.8
Unable to say precisely	1.2
Do not intend to work again	69.7
	99.9

Notes: n=241.

Further insight into the significance of the employment aspects of the sample members' transactions with the economic system may be gained from their responses, as applicable, to a question about their reasons for intending to return to work. These are shown in Table 7.5 below. It is clear that, in terms meaningful to the respondents, material incentives and pressures were balanced by more individual-psychological (Rodgers, 1973: 54-64; Swain and Swain, 1983) reasons.

Table 7.5 Anticipated Reasons For Return to Paid Employment

Reason	%
Financial problems/inadequate means	5.4
Other financial reasons/goals	8.7
Job satisfaction	8.7
Enjoy the company/boredom at home	2.5
Sense of personal achievement/worth	2.5
Miscellaneous other answers	2.5
No current intention to work again	69.7
	100.0

Notes: n=241.

Turning to the husband-fathers (where applicable), their pattern of occupations is similar to that of the women, although the professional-managerial category is even more heavily represented (see Table 7.6), as indeed it is in the general New Zealand pattern.

Table 7.6 Occupational Categories of Respondents' Husbands

Occupational Category	%
Professional/managerial	23.9
Minor professional/executive	14.7
Trained clerical/sales	11.5
Untrained clerical/sales	1.3
Skilled manual	27.1
Unskilled manual	12.8
Farming	6.8
Unclassifiable	1.9
	100.0

Notes: n=218.

There are of course a variety of possible changes associated with the transition to parenthood, of which changes in transactions with the economic system are only part. Two questions explored the respondents' expectations, across all topics, of changes in their own and (where appropriate) their husband's lives post-partum. The women reported expecting some forty different changes, but in only a few of the first (and presumably most salient) responses were their own or their husband's (where appropriate) transactions with the economic system mentioned. A few (2.8%) mentioned economic pressures, and a few more (3.7%) referred more specifically to changes in employment. It is possible that this dimension

was implicit in some references to lifestyle changes, such as staying home more (12.9%) or less independence (9.1%) but this is speculative. Similar responses by wives were obtained in respect of the husbands.

By 36 weeks of pregnancy future work intentions had changed somewhat. When asked simply about intentions, a larger minority this time reported intending to resume paid employment at some time (41.5%). Those who were unable to say were also more numerous (8.3%), leaving only half of the sample (50.2%) who intended not to work, compared with over two-thirds (69.7%) eight weeks previously. When those intending to return to work were asked to indicate a specific time, it became clear that the previous pattern of an intention to return to work soon after the birth (see Table 7.4) had been modified (as shown in Table 7.7 below). In short, by late pregnancy these respondents were shifting towards somewhat more pronounced intentions to return to paid employment, especially when their child/ren would be starting school.

Table 7.7 Future Work Intentions at 36 Weeks

Category	%
Immediately/within first year	6.2
In 1-2 years	8.7
In 2-3 years	2.1
In 3-4 years	0.4
In 4-5 years	0.4
In 5 or more years	12.8
Intending to work but unable to say when	10.8
Not intending to return or undecided	58.5
	100.0

Notes: n=241.

A further question with the objective of linking temporal to social process time, which asked about the timing of return to work in relation to specific events, produced inconclusive results (Table 7.8).

Table 7.8 Reasons Given At 36w For Timing of Return to Work

Category	% Intending*	Sample %
As soon as practicable	14.0	5.8
When the children are older	10.0	4.1
Other specific answers	3.0	1.2
Unable to state specific reason	73.0	30.3
Not intending or undecided	N/a	58.5
	100.0*	100.0

Notes: *These percentages are based on those intending to return to work at some time (lines 1-7 Table 7.7 i.e. 41.5% of the total sample); 'intending' n=100; sample n=241.

At the later interviews more clearcut reasons for the basic decision to return to work were given. In a question allowing multiple responses the most frequent ones were 'financial reasons' 57.0% and 'to retain an outside interest' 54.0% (see Swain and Swain, 1983, for comparable more recent data). No other response exceeded one in ten (percentages based on that portion of the total sample intending to work again, i.e. 41.5%).

The overall antenatal pattern of the sample's transactions with the economic system is characterised by an extensive, probably long-term and relatively committed involvement in the economic system, but interrupted in the majority of cases by family formation. This corresponds to the isomorphic model of family and occupational careers suggested by Rapoport and Rapoport (1965: 382) and charted as intercontingent (Farber, 1961) for New Zealand families by Crawford and Pool (1979).

During pregnancy only a small minority of the sample (4.7%) intended to continue in paid employment after their baby was born, but at the later post-partum interview (8/26 weeks: see Chapter 5 for details) more than three times as many (14.9%) were in paid employment. However the proportion of the sample in full-time employment (i.e. over 30 hours p.w.) was very similar (4.1%) to the proportion (4.7%) intending to continue in employment. The remainder worked part-time as shown below (Table 7.9). The pattern is thus one of original intentions being reflected in later employment, but against a background of changing (growing) intentions to engage in paid employment.

Table 7.9 Post-partum Paid Employment

Hours worked p.w.	%
1-5	2.5
6-10	2.1
11-15	1.2
16-20	0.8
21-25	1.2
26-30	2.5
31+ (i.e full-time)	4.1
Not in paid employment	85.6
	100.0

Notes: n=241.

One-third (33.3%) of those in paid employment were able to work at home (5.4% of the sample). The part-time hours were worked at various times of the day and the week:

- a) some worked only mornings (11.0% of those in paid employment);
- b) some only afternoons (11.0%);
- c) some only evenings (8.3%);
- d) some only weekends (2.8%); and so on.

The modal pattern (38.9%) was a five-day, Monday to Friday, part-time position. There were eighteen occupations, ranging from making clothes and toys at home to secretarial and farming work that were home-based, and teaching and skilled manual occupations away from home. This small group tended to like their jobs (72.2%) and mostly didn't plan to change it (72.2%) or to train for other work, perhaps because most (77.8%) reported no problems with it (all percentages based on those - 14.9% of the total sample - in paid employment post-partum).

We may now consider the great majority of the sample who did not work in paid employment in the early post-partum period. Not unexpectedly, the reasons they gave were more or less directly associated with their new baby, but there were nuances of difference in their responses:

- a) one quarter (25.7%) of the total sample said that they chose or preferred to care for their baby;
- b) the next largest group (16.6%) saw the baby as an obstacle to paid employment; and

- c) the third group (12.4%) were in the intermediate position of accepting that their baby was their first responsibility;
- d) a smaller group's answers seemed to imply a later return to work, stating that at present child care was a full-time responsibility (6.6%) or the baby was too young (4.6%);
- e) a rather smaller group still emphasised positive aspects of leaving paid employment, liking being at home (5.4%) or enjoying being housewives (3.7%).

Potential incompatibilities between the mother and employee roles were handled by role compartmentalisation. The part-time hours, and scheduling of hours worked, have already been described. Child care problems did not arise for those who worked at home with their baby (36.1% of those in post-partum paid employment, or 5.4% of the total sample). Other solutions were child care by the husband, in a private home or by the mother/mother-in-law (each 16.7% or 2.5% of the total sample), and miscellaneous combinations on an ad hoc basis.

Child care, especially through child care centres (Society for Research on Women in New Zealand (Inc.), 1975b; Society for Research on Women in New Zealand (Inc.) and Swain, 1978; Swain and Swain, 1982; Smith and Swain, forthcoming) but also such schemes as family day care (StJohanser, 1980; Smith and Swain, forthcoming), has emerged in societies such as New Zealand as both a political and a research issue. As far as New Zealand goes there is a lack of large-sample normative data, so the responses of this large sample of primigravidae to a question about how they feel about others looking after their child during the day are of interest for this reason, as well as being an indication of possible or likely future transactions with child care institutions.

Almost three-quarters of the sample indicated positive answers, principally that it was acceptable if they knew the person providing the care (37.3%) or more generally that they were happy with alternative care of their child (20.7%). There were various miscellaneous positive answers (15.4%) and a few did not know (1.6%). There was a wider range of answers among the quarter who did not find alternative care of their child acceptable, with unqualified dislike of the idea most common (14.5%) and the remainder giving miscellaneous answers, some of which (4.9%) qualified their opposition.

It appears that alternative care of their child during the evening was somewhat more acceptable to the sample, perhaps reflecting the difference between the connotations of 'babysitting' and 'day care'. Over one-quarter gave unqualified acceptance (26.1%) and one-third found babysitting acceptable provided they knew the person (33.6%), or with other qualifications (18.8%). Unqualified disapproval was expressed by one in ten (11.2%) and qualified

disapproval, in various terms, by one in ten (10.3%).

Somewhat over half (54.4%) of the sample felt that in their view there were adequate child care facilities (e.g. child care centres or creches) in their community suitable to whatever their needs might be, but some disagreed (15.8%) and a sizeable minority did not know or were unable to answer (30.2%). In view of their responses regarding their own feelings about alternative care, and their propensity to think in terms of assistance from kinsfolk (see section 7.3.5), these results should perhaps be treated with caution.

The issue of transactions with the economic system, and especially incompatibility between caretaker and provider roles, might be expected to be particularly salient for the single women in the sample (reduced to 6.6% of the sample post partum due to marriage during late pregnancy or the early post-partum period). Of this small group (n = 16) half (50.0%) were supported by the Domestic Purposes Benefit (see section 7.3 below), with other sources of support being the baby's father (6.3%), the girl's parents (6.3%) or both (6.3%), full-time employment (6.3%), or miscellaneous other sources. For three-quarters of the single women (75.0% of the group) these arrangements were financially adequate. It would thus appear (although from a very small sample) that single women looking after their child are unlikely to be involved in the economic system, and hence do not experience incompatibility between provider and caretaker roles. There is evidence (Society for Research on Women in New Zealand (Inc.), 1970; 1975c) that prior to the introduction of the Domestic Purposes Benefit transactions with the economic system were much more widespread amongst this group, and incompatibilities much more evident.

The overall post-partum picture of transactions with the economic system is that as far as the incumbents of the wife-mother position are concerned, transactions are markedly reduced and - in terms of the conceptual framework - role compartmentalisation and similar processes serve to reduce or eliminate incompatibilities between caretaker and provider roles.

7.3 Government And Political System

Rodgers (1973: 169-172) in his review of the extant literature indicated that these transactions have received scant attention; this pattern is sustained by the present research. There are few data pertaining to the antenatal period (antenatal classes are covered under other headings).

There are no data, antenatal or post-partum, on the sample's transactions with the governmental and political systems in the political sense. There are some data on contact with the departmental (social administrative) aspects of the system, post-partum, for the single women in the sample.

The governmental and political system may be said to have an influence on the decision-making of pregnant single women insofar as it is within this system that resources (e.g. the D.P.B.) and constraints (e.g. legal limitations on the termination of pregnancies) are formulated. Of some relevance is the statement by the great majority of this group (87.4%) that they did not even consider termination of their pregnancy, and that they were not considering adoption (93.7%). Almost all (93.7%) would make the same decisions again from the point of learning that they were pregnant. For single women there are post-partum data on topics such as financial support via welfare benefits and supportive agencies [2].

The primary governmental agency in this context is the Department of Social Welfare. Other agencies, especially in the medical and health care areas (e.g. Campbell-Johnstone Obstetric Unit which comes under the Waikato Hospital Board and hence the Department of Health), are relevant but are dealt with elsewhere (see below).

Half (50.0%) of the small (n = 16) group of women who were still single post-partum received their main financial support via the Department of Social Welfare (D.S.W.) in the form of the Domestic Purposes Benefit (D.P.B.). Three-quarters (75.0%) found their financial arrangements were adequate.

Emotional support was obtained solely or in combination with others largely from the single woman's parents (56.2% of this group of single women) or from her friends (31.3% of this group; multiple responses possible). Only one woman mentioned a D.S.W. social worker (6.3%). Even when asked an open-ended question about help from community agencies only a few mentioned the D.S.W. (25.0%) or Birthright (6.3%). Most did not appear to have a continuing relationship with the baby's father, as most were not living with him at the time of conception (87.4%), did not have him present at labour and/or delivery (81.3%), and were not visited by him post-partum (68.8%).

[2] As New Zealand is a 'welfare state' the great majority of the population have contact with government departments, agencies and bodies in the health and social welfare areas, and thus share a more or less common experience. In the United States of America, where the bulk of sociological research on new/first parents has been conducted, the somewhat different societal infrastructure might serve to reduce the salience of contact with the governmental and political system. This might be the case especially for some groups or categories of families, such as middle class ones. Only two American studies of the transition to parenthood focus on the disadvantaged (Geismar, 1973; and Tooke, 1974).

These sparse data relevant to the governmental and political system, and in particular its social administration agencies, suggest that for the single women in this sample who had an ex-nuptial birth and kept their babies there was relatively limited impact from the law, financial provisions and/or welfare activities.

7.4 Educational System

The basic educational data for the sample relate largely to past transactions with the education system, and cover years spent at school (Table 7.10) and educational/vocational qualifications (Table 7.11). The median and modal duration of secondary school was four years, with three-quarters (72.6%) of the sample achieving some sort of qualification.

Table 7.10 Years at Secondary School

No. of years	%
One	3.3
Two	13.3
Three	29.5
Four	38.1
Five	13.3
Six or more	2.5
	100.0

Notes: n=241.

Table 7.11 Educational and Vocational Qualification

Qualifications	%
None	28.6
School Certificate (including partial)	18.3
University Entrance and higher	6.2
Vocational qualifications	42.8
Degree or higher	4.1
	100.0

Notes: n=241.

The husbands (where applicable) appear to have spent a little longer at secondary school (Table 7.12) and typically to be somewhat more qualified (Table 7.13). These patterns are neither overwhelmingly distinct nor unusual for New Zealand.

Table 7.12 Husbands' Years at Secondary School

No of years	%
None	0.9
One	3.2
Two	11.0
Three	28.9
Four	28.0
Five	19.3
Six or more	5.0
Wife does not know etc.	3.7
	100.0

Notes: n=218.

Table 7.13 Husbands' Qualifications

Qualifications	%
None	20.6
School Certificate (including partial)	9.2
University Entrance and higher	4.6
Vocational qualifications	51.0
Degree or higher	12.8
Wife does not know etc.	1.8
	100.0

Notes: n=218.

A degree of arbitrary choice [3] must be exercised in deciding where to present data relating to preparation for parenthood, especially antenatal classes. The more formal facilities are dealt with here as part of continuing education, although within community (Hamilton Parents Centre Inc.) or health care (Campbell-Johnstone Antenatal Clinic) contexts. Other aspects of preparation are dealt with under the heading of transactions with the extended family system

[3] This 'degree of arbitrary choice' lends emphasis to the heuristic aspect of the model or conceptual framework being used in the present work. There is of course no 'right' (or indeed 'wrong' as such) way of deciding the headings (or model components) under (or in) which a particular substantive topic shall be considered. The 'heuristic utility' or indeed 'expositional convenience' (Christensen, 1964: 6) of the researcher or analyst are the basis on which this 'arbitrary choice' is exercised.

(section 7.6) and transactions with the medical and health care system (section 7.7) where the primary emphasis is on these systems and the preparation is relatively incidental.

One of the reasons for conducting the second antenatal interview at 36 weeks (see Chapter 5) was that by then the sample would have attended all, or most, of their antenatal classes if indeed they were going to attend same. As Table 7.13 below shows, almost all of the sample attended at least some classes.

Table 7.14 Antenatal Classes Enrolled

Category	%
Campbell-Johnstone daytime classes *	63.2
Campbell-Johnstone evening classes #	17.4
Hamilton Parents Centre Inc. classes +	9.5
Miscellaneous others or combinations	5.8
Not enrolled	4.1
	100.0

Notes: * Attended by women only.
 # Attended by couples.
 + Evening classes attended by women or couples.

Typically these classes, consisting of eight sessions (90.9% of respondents attending antenatal classes attended eight-session courses), were not attended perfectly. Just under half the sample attended a full series of classes (46.5%), although if one missed class is 'allowed' attendance rises to two-thirds (66.0%). A minority (11.1%) attended half or fewer of the classes in which they were enrolled. Husbands (where applicable) showed quite a good attendance record. Of the 218 husbands, one in ten (11.5%) attended Parents Centre Classes, almost two out of ten (18.8%) attended Campbell-Johnstone evening classes, and a further four out of ten (42.2%) attended two evening sessions associated with the Campbell-Johnstone daytime classes. Thus, almost three-quarters (72.5%) in total had some exposure to formal antenatal preparation for parenthood. As it has been suggested (Burr, 1973: Chapter 6) that the important difference in respect of anticipatory socialisation is between none and some, this finding suggests that the wide exposure of this sample to formal classes may have contributed to their low level of crisis score.

Exploratory research (see Chapter 5) indicated that the association of Campbell-Johnstone Antenatal Clinic with the venue of Campbell-Johnstone classes, and the role of Antenatal Clinic staff in recruiting and guiding enrollments, had two consequences. It is suggested that these two factors contributed both to the high level of antenatal class enrollement and also, perhaps, to a degree of 'sorting'

(between Hamilton Parents Centre Inc. and Campbell-Johnstone Antenatal Clinic classes) according to the educational status, motivation and so on of these couples as perceived by Antenatal Clinic staff.

One might speculate that the almost total inclusion of primiparae in the Hamilton area in the public health care system, and the 'guidance' on antenatal class enrolment given by the Antenatal Clinic through which they all pass (even the very small minority with a private obstetrician), might maximise the 'fit' [4] of prospective parents to 'appropriate' [5] antenatal classes. This could in turn, one might speculate, explain the relatively high levels of participation in and satisfaction with antenatal classes in general, and perhaps - at a stretch - contribute to an explanation of the low level of crisis experienced.

Almost two-thirds of the sample (61.8%) gave an overall assessment of their classes as 'very useful', and almost all of the rest found them 'quite useful' (30.3%). Over a third of the husbands (36.2%) were reported as finding classes they attended 'very useful' with a further quarter (23.8%) reported as finding them 'quite useful'. A measure of the extent to which classes met their needs found two-thirds of the women reporting that their classes definitely did so (64.3%) while a further quarter (24.9%) said that, with qualifications, their classes did so.

A series of agree/disagree items about specific dimensions of these classes brought further similar results:

- a) two-thirds of the women agreed that classes were at convenient times (64.3%);
- b) a similar proportion disagreed that topics covered were above their heads (63.9%);
- c) agreed that they learned new things at classes (61.0%);
and
- d) disagreed that there were things they wished had been covered (70.5%).

On some other topics there was more variation in responses:

[4] The terms 'fit' and 'appropriate' are placed in quotation marks to indicate that these attributes are as seen by the Antenatal Clinic staff, and not some sort of absolute evaluation.

[5] The notion of 'appropriateness' of the Campbell-Johnstone and Parents Centre classes would be based inter alia on the different characteristics of the two kinds of classes, the Campbell-Johnstone classes being more formal and directive, the latter more informal and participatory in style.

- a) four out of ten agreed (34.4%) or strongly agreed (4.6%) that it was difficult to get to know people going to the same classes;
- b) three-quarters agreed (56.0%) or strongly agreed (18.7%) that group discussions were preferable to lectures;
- c) there was overwhelming support for the teaching of breathing and relaxation in classes, apparently their main attraction, with nine out of ten agreeing (40.7%) or strongly agreeing (51.9%) that they were glad these topics were included in their classes; but
- d) the emotional aspects of pregnancy and childbirth were said to be less well covered: a third of the sample (36.5%) felt that there was no opportunity to talk about feelings at classes.

Agreement or disagreement with the proposition that it is important for expectant fathers to attend classes roughly mirrored husband's actual attendance: seven out of ten of the sample agreed (43.6%) or strongly agreed (29.5%) with the proposition.

The overall antenatal pattern of the sample's transactions with the educational system (defined to include formal antenatal classes in community and health care contexts) is characterised by:

- a) wide variation in extent of past involvement with schooling, but
- b) greater uniformity in exposure to and approval of specific education for pregnancy, labour and delivery and, to some extent, the post-partum experience.

As was subsequently shown in research elsewhere (Hubert, 1974; see also Oakley, 1979; 1980) the 'processing' of pregnancy, childbirth and the early post-natal period can be a relatively common or shared experience for women who in other social and personal respects are relatively diverse.

In the post-partum period there is relatively little provision of formal education for parenthood. Hamilton Parents Centre (Inc.) does run various post-natal courses and meetings but specific data about knowledge of or involvement in these were not collected. 'Mothercraft' is one area in which formal provision is available, through the Mothercraft Unit [6] located in the grounds of the Waikato Hospital.

[6] This facility was provided as a result of public fund-raising activities, but is run by the Waikato Hospital Board. It provides mother-and-baby accommodation in a supportive environment, in which both can become adjusted to each other, and the mother can rest and develop her child care skills.

Two out of ten (17.8%) of the respondents had spent some time at the Mothercraft Unit, and a further three-quarters of the sample (76.8%) had heard about it. Typically, those who had attended the Unit had done so as an intermediate step between Campbell-Johnstone and home (69.8% of those who spent time there). Referral to the Unit was most often by Campbell-Johnstone nursing staff (37.2%), although Campbell-Johnstone doctors and other medical and health care professionals were also mentioned. The group who had used the Unit did not themselves define its role explicitly as educational, giving as reasons for use of the Unit 'feeding problems' (36.7% of users) or 'the baby's weight' (17.1%), while some mentioned 'the mother-infant relationship' or other 'emotional' aspects (19.4%). A quarter (26.8%) did not know or could not say why they were there. Of those who used the Unit over half (51.2%) said it was definitely useful while a quarter (24.4%) gave qualified approval.

From the above data for one area of formal educational provision (the Mothercraft Unit has several goals of which this is one) and in the absence of other provisions the tentative conclusion should perhaps be that transactions with formal educational institutions are extremely limited in the post-partum period, compared even with the limited antenatal provisions.

7.5 Religious System

There are only very basic data on transactions with the religious system. Two-thirds of the sample reported themselves to be at least nominally Protestant (67.2%) with Roman Catholics (17.0%) and others (5.4%) also represented. However over seven out of ten of the sample were either of no religious persuasion or not active in their nominal faith (71.0%). In these respects the sample is quite similar to the New Zealand population as a whole.

There are no post-partum data relevant to this system.

7.6 Extended Family System

One aspect of the extended family system of the sample members derives from their own family of orientation. It has already been reported (section 6.2) that almost all (97.1%) of the sample members had one or more siblings, with a median number of siblings at four (mean 3.3). Two-thirds of these siblings already had children (63.1%) and by inference most would thus be married. Other data about the sample members' families of orientation collected at post-partum interviews are relevant to setting the scene for data on transactions with the extended family system:

- a) eight out of ten (82.2%) of the sample were brought up (to the age of 16) by both their birth parents;

- b) most of the remainder (9.5%) were brought up by their own birth mother alone; and
- c) virtually all of those brought up by both birth parents underwent no major separations (79.7% of the sample).

For almost all of the sample their natural mother was present during their childhood, and the relationship was characterised typically (44.4%) as 'sometimes relaxed, sometimes tense', or as 'relaxed' (24.1%) or 'very relaxed' (20.3%). Similarly on the question of closeness, a quarter of the sample (24.1%) said their relationships with their mother were 'very close', while a third agreed that it was 'close' (32.8%) and the same proportion said that it was 'sometimes close, sometimes distant' (32.8%). Relationships with fathers were reported as perhaps a little more relaxed but not quite so close, an interesting difference.

Mothers' expectations of respondents as children (*i.e.* expectations of sample members by their own mothers) were typically (71.4%) described as 'realistic' although some were 'high' (15.4%) or 'very high' (7.1%). The fathers' expectations were seen as somewhat less 'realistic' (60.2%) and rather more on the 'high' (17.8%) or 'very high' (10.4%) side. Mothers' methods of discipline were reported as 'average' (45.2%) to 'strict' (34.4%) or even 'very strict' (8.7%). Fathers' methods were seen as somewhat stricter, with only a third (35.7%) 'average' and a similar proportion (32.4%) 'strict' while rather more than in the mothers' case (14.1%) were remembered as 'very strict'. Half the sample (50.2%) remembered their childhood family financial circumstances as 'average', with a further third (30.3%) somewhat better off at a 'comfortable' level. Overall, the modal description of childhood was 'happy' (42.7%) with roughly similar proportions having 'very happy' (29.9%) and 'average' (24.1%) recollections.

The above data suggest that the sample members' families of orientation, as recalled by the sample in the early weeks of their own first parenthood, were typically characterised by relaxed and close relationships with parents, especially mothers, with realistic expectations for the children enforced by somewhat strict methods of discipline in a reasonably secure financial state, summarised as relatively happy childhoods. These findings suggest that at the level of kin relationships (*i.e.* disregarding for the moment variables such as geographical mobility) there is a background against which a relatively high level of transactions with the extended family might be found.

It has been argued in the past (Goode, 1963) that families are converging on an isolated nuclear form consistent with urban, industrial societies. Subsequent research both historical and contemporary in English-speaking urban industrial societies has led to the modification of this view (see Nye and Berardo, 1973: 407-12 for a review of the debate). It is now widely agreed that while social

transitions such as the shift of the bulk of the population from rural to urban living may be accompanied by the attrition of kinship relations, nevertheless urban populations, even when quite highly mobile geographically, will tend to have extensive and active kinship networks.

Some New Zealand research on child care needs and facilities (Society for Research on Women in New Zealand Inc., 1975b; Swain and Society for Research on Women in New Zealand (Inc.), 1978), and on kinship (Denny and Nye, 1979a; 1979b [7] suggests that overseas findings of quite extensive parental aid to married children are consistent with the local situation. Thus the pattern of urban kinship networks reported in the literature also leads us to look for a relatively high level of transactions with their extended families on the part of the present sample.

There are some antenatal data which are suggestive of an overall pattern. Thus one question asked at 28 weeks of pregnancy was an agree/disagree scale for the statement 'It is important to have help at home for several weeks [after the birth] because most mothers do not know how to take care of their new baby' with which two-thirds (69.3%) of the sample disagreed, some strongly (see Table 7.15).

Table 7.15 Important To Receive Post-partum Help at Home

Response	%
Strongly agree	2.1
Agree	28.6
Disagree	55.6
Strongly disagree	13.7
	100.0

Notes: n=241.

Two further questions concerned wishes on the part of the sample members for the presence at labour and/or delivery of their husband, or the baby's father, and/or other kin. The proportion of the sample who were single, it will be recalled, was 8.7%, and yet only 2.1% of the sample wanted kin other than the husband-father present during labour, and only 0.2% at delivery.

[7] Cf. Webster, Fraser and Houston (1977: 82); Webster and Williams (1977: 80); see also Webster and Fraser (1982).

Another question asked at 28 weeks concerned sources of information on labour and delivery. Only 1.7% reported parents or other kin as their sole source, but a total of 39.0% made reference to parents or other kin solely or in combination with others, and 11.2% identified parents or other kin as their most important source of information. A similar question was asked about sources of information on breastfeeding, and produced a similar pattern, with only 2.9% reporting parents or other kin as their sole source, but 24.8% making reference to them solely or in combination with others, and 9.1% identifying parents or other kin as their most important source.

However, when asked an open-ended question about changes expected in their own and their husband's (where appropriate) life after the baby was born, none of the sample volunteered changes in transactions with the extended family among some forty assorted answers either for themselves or (where appropriate) their husbands.

The antenatal picture is thus one of a potential for a high level of transactions with the extended family only realised to a quite limited extent in the antenatal period. This picture is of course elaborated by post-partum data.

It is possible to infer from the infrequent mention of other than the spouse in several open-ended questions at the immediately post-partum (2-7 days) interview that in the perinatal period there is an inward focus on the part of parturient women. Their focus is on themselves, their imminent birth, their baby and their immediate, nuclear family. They felt that the greatest help during labour and delivery was clearly the presence (where appropriate) of the husband (42.3%), with delivery suite staff and analgesics a long way back (both 12.0%). The husband's presence at both labour and delivery was very important to half or more of the sample (54.4% and 50.2% respectively). There is thus no indication in the immediately post-partum data of any degree of salience of the extended family.

At the later post-partum interview (8/26 weeks) the sample members were asked directly (as part of the Russell Pleasures of Parenthood Checklist: Russell, 1974) to what extent they had enjoyed being closer to their relatives (e.g. mother, mother-in-law etc.) or to some of them. One-third of the sample reported that they had enjoyed this aspect of their new parenthood 'very much' (34.4%) and an even greater proportion (40.2%) said that they had enjoyed this 'somewhat'. Only a quarter (24.9%) reported that they had not enjoyed this at all. Another general measure (the Hobbs Problems of Parenthood Checklist: Hobbs, 1965; 1968) provided a negative item: to what extent had the sample members been bothered by suggestions or advice from in-laws? Over half of the sample had not been bothered 'at all' (54.8%) and most of the remainder (30.7%) had been bothered 'only somewhat'.

A more specific question dealt with extra help at home, other than from the husband (where appropriate), in the early post-partum period. Six out of ten of the sample (61.8%) had received no major extra help. Of those who received major help the most frequent pattern was for the woman's own mother to stay at the home (14.1%), although there were others who stayed. Among visitors who provided major help the maternal grandmother again was most frequently mentioned (5.4%) although again there were others. Among more casual helpers it was again the mother who was most frequently mentioned (5.0%). Full details are given in Table 7.16 below.

Table 7.16 Post-partum Help at Home

Source of Help	%
Mother stayed	14.1
Mother-in-law stayed	2.1
Other kinsfolk stayed	2.1
Friends stayed	0.4
Mother visited frequently	5.4
Mother-in-law visited frequently	0.4
Some help from mother	5.0
Some help from mother-in-law	1.2
Paid home help	0.4
Other answers including combinations	7.1
No major home help except husband	61.8
	100.0

Notes: n=241.

It is thus clear that for almost one-third of the sample (30.3%) the extended family system, typically in the person of the new maternal grandmother, is a source of major help with housework and caring work. A similar sort of pattern is evident when responses to a question on who would care for the child if the parents had to be away for up to a week are examined. Over three-quarters of the sample (78.8%) would call upon relatives, again with the new maternal grandmother mentioned most frequently (by 56.0% of the sample).

To what extent is there marital agreement on this recourse to help from the extended family system? On a five-point agree/disagree scale the sample were asked to report agreement or disagreement on relations with in-laws. Six out of ten of the couples 'always' (20.3%) or 'usually' (41.5%) agreed on this issue, and a further quarter (26.1) 'sometimes agreed and sometimes disagreed'. Where there is disagreement this is usually not a problem for most couples (82.7% of those reporting disagreement at least 'sometimes') and mostly

disagreements are resolved so that 'sometimes one wins and sometimes the other wins' (71.8% of those reporting disagreement at least 'sometimes').

There should perhaps be a little caution in interpreting these data in regard to the salience of the extended family system. Direct questions evoke answers which suggest a high level of transactions with the extended family system and a corresponding level of agreement between spouses as to those transactions. However open-ended questions which do not prompt answers relating to the extended family system produce low levels of spontaneous mentions, suggesting a correspondingly low level of extended family system salience.

Thus a general open-ended question on changes resulting from the birth of the baby for the wife-mother produced a range of twenty-two answers with only small minorities claiming no changes (15.4%) or that they could not answer (4.2%). However, greater awareness of the wife-mother's own parents (*i.e.* greater system salience) was spontaneously mentioned by only a very small proportion (1.2%) of the sample as the first change that came to mind, and by similar proportions as other answers (*i.e.* second and third) to the question (2.5 % and 0.4% respectively).

These findings are broadly consistent with other New Zealand data (Society for Research on Women in New Zealand (Inc.), 1975b; Society for Research on Women in New Zealand (Inc.) and Swain, 1978) in respect of child care needs and arrangements in young families. In these studies help patterns involved kinsfolk and friends but were reciprocal only in the latter case. In one town and region with a high degree of geographical mobility (Society for Research on Women in New Zealand (Inc.), 1975b) a substantial minority of the sample appeared willing and able to draw upon the extended family system (and especially the new maternal grandmother) for help in the early post partum period, but as has already been pointed out above, these sorts of data should be treated with caution.

7.7 Medical And Health Care System

This research was not planned as being located within the field of medical sociology, and thus introductory remarks will be confined to a few of the more important and fundamental assumptions and approaches of that sub-discipline. In New Zealand pregnancy, childbirth and the puerperium are intricately and closely associated with the medical and health care system. Medical and dental services for pregnant and parturient women, and for children, are free. Virtually all births are in maternity hospitals or the obstetric units of large base hospitals. Most general practitioners deal with maternal and paediatric cases, although there are also specialist obstetricians and paediatricians available where clinically indicated. Post-partum there are child health and development domiciliary services provided by Plunket and Public Health

Nurses. While New Zealand's position relative to an increasing number of comparable other countries has been deteriorating over the last decade or two, nevertheless the country has relatively good neonatal and maternal mortality rates, although early childhood mortality and morbidity are rather worse and the subject of some concern.

The characteristic relationship between health care professional and patient is asymmetrical, with information, power and prestige in the hands of the former. The situation of the latter is well described by one writer (Taylor, 1970) as 'in horizontal orbit'. And yet for the majority of pregnant women their condition is not pathological, and for many (if not all) it is a voluntary position. Thus the relationship between professional and patient is not necessarily the same in the obstetric (and paediatric) areas as in other medical areas. The emergence of a vocal and articulate consumer lobby in the childbirth area [8] illustrates this point.

There is increasing recognition that the 'medical model' (see Skolnick, 1973: 53-55 for a partial discussion of it in the context of family sociology) of health and pathology is only one of several perspectives, especially in such areas as obstetrics. While its products have undoubtedly been used to deliver a number of sometimes life-saving benefits to pregnant women and their infants, nevertheless it is not without its disadvantages as well.

This potential clash of perspectives and potential variation in perceived goals between medical and other health care professionals and the women (and men) who are starting their families and who appear as the sample in this research may illuminate important social processes. For this reason, although there are others, some attention to the sample's 'processing' through the medical model and medical institutions is of interest. There is another reason for interest in the medical aspect of the transition to parenthood, however, to which passing reference has already been made.

Urban industrial societies like New Zealand are complex, and incorporate a degree of cultural and structural diversity. Women expecting their first baby, and their husbands and kinsfolk, are likely to be diverse in backgrounds and social histories. Yet this diverse group are processed through the same institutions, share common experiences, and then are returned to the diversity of their lives and situations outside the medical and health care system. The variety of their perceptions of and reactions to this common experience, and the variation in their long-term responses to it, may

[8] This was exemplified forty years ago by Parents Centres, of which there are now 50, and more recently by various Home Birth Associations around New Zealand, and an emerging national Home Birth organisation.

help to illuminate social processes 'out there' in the social world beyond the confines of maternity hospital and doctor's office. This is another reason for a relatively detailed focus on transactions with the medical and health care system.

A variety of attitudinal and related data relevant to medical and health care systems was collected at the first interview (at 28 weeks of pregnancy), and this is reported later with material in the chapter on the normative dimension (Chapter 8). However some of the items constituting the Maternal Attitude to Pregnancy Indicator (MAPI)(Blau, Welkowitz and Cohen, 1964) are relevant to transactions with the medical and health care system. Thus, presented with the statement that 'most women feel especially well during their pregnancy', just over half agreed (56.4%) and a few strongly agreed (5.8%), but a large minority disagreed (35.3%) and some strongly disagreed (2.5%) (see also section A.1.2 for further information on perceived and reported well-being during pregnancy). Over one-third (37.8%) of the sample reported feeling ill, or simply not especially well, at some time(s) during their pregnancy. Such feelings may be of social, psychological and/or somatic origin(s); they may both originate from and reinforce the patient role in the medical and health care system.

Responses to the statement that 'most women think about having an abnormal baby sometime during their pregnancy' (68.9% agree, 25.7% strongly agree) suggest that women can well imagine the grounds on which medical expertise and technology are seen as desirable. This is reinforced by responses to the statement that 'many women would prefer to have their babies delivered at home' (66.4% disagree, 14.9% strongly disagree). It appears that these respondents met the medical and health care system more than halfway.

The concerns suggested by these responses are consistent with the responses to the statement that 'most women are concerned about being able to carry their babies to term (the full forty weeks)', with a slight majority in agreement (56.4%) compared with a bare minority (43.5%) who disagreed. The openness of these prospective new mothers to the influence of medical and health care professionals is further illustrated by the overwhelming majority (81.7%) who agreed or strongly agreed with the statement that 'most mothers need a lot of advice from doctors and nurses about their new babies'. While the goal may be a (relative) rest, rather than close access to medical care, nevertheless almost two-thirds (63.0%) agreed or strongly agreed that 'a new mother should stay at least 10 days in the hospital'. The quite substantial degree of deference to medical technology and technique is illustrated by the three-quarters of the sample (75.5%) who disagreed, some strongly, with the statement that 'putting the mother to sleep (giving a general anaesthetic) for the birth can hurt the baby'.

The general picture of antenatal acceptance of the expertise and authority of the medical and health care personnel is that it is widespread and extensive, with some bounds for some women. By and large, though, reported attitudes to the medical and health care system are positive and deferential. We may now turn to examine the pattern of personal involvement with that system in the antenatal period.

We begin with the General Practitioner, with whom these women are likely to have had previous contact, initial contact about the pregnancy, and continuing contact including management of the birth and post-partum care. The General Practitioner is important in the maternity services provided in New Zealand, and indeed unless there are obstetric abnormalities, or the woman chooses the private, fee-paying employment of an obstetrician, the General Practitioner is responsible for maternity care. Campbell-Johnstone was at the time of this research a 'General Practitioner annex' to the Waikato Hospital at which under normal circumstances General Practitioners delivered their patients' babies.

The 241 women in the sample were in the care of a total of 45 general practitioners, an average of 5.4 patients per General Practitioner. However the number of patients per General Practitioner ranged from 1 (four GPs) to 21 (one GP) with a median number at six, and two modes at 1 and five. Just six General Practitioners' lists covered one-third (34.0%) of the sample. However these were not, in most cases, long-standing doctor-patient relationships:

- a) four out of ten of the sample (41.5%) were of one year's standing;
- b) a further one out of ten (12.9%) were of two years' standing, the median period;
- c) there were a further one out of ten of 3-4 years' standing (10.8%); and
- d) a similar proportion (10.4%) were of 5-10 years standing.

Notwithstanding these short periods of professional acquaintance, over three-quarters of the sample (78.4%) reported that they definitely felt at ease with their General Practitioner, while most of the rest answered that, with qualifications, they were (12.9%). Only a small minority of the sample (6.2%) were the private patients of an obstetrician, and most gave medical reasons for their choice (although obstetrician care was also available on a team basis through the Antenatal Clinic to those still under General Practitioner care).

In a pattern fairly consistent with the literature (see Appendix A) a little more than half of the sample reported at 28 weeks that to date they had felt well during their pregnancy (57.7%). One-third (32.8%) reported feeling well but with minor problems, and one in ten reported feeling ill (9.6%). Notwithstanding earlier reports (see above) of

somewhat morbid thoughts about their pregnancy, nine out of ten (90.9%) of the sample were expecting a normal labour and delivery. The nature of 'normal' is outlined by responses to the next question on what they expected labour to be like. Nine out of ten (89.2%) were able to offer one or more negative expectations, covering such aspects as 'painful', 'terrible' or 'nerve-wracking', although notwithstanding these expectations (or, perhaps, as a source of them) over one-third (34.9%) did not expect to use analgesics.

As an indication, perhaps, of anticipated lack of non-medical support from staff, and as data also relevant to the interactional dimension (Chapter 6), more than eight out of ten of the sample wanted their husband, the baby's father, or other kinsfolk to be present during labour (88.8%) and delivery (82.1%).

Among some seven categories of sources of information on labour and delivery very few identified Antenatal Clinic staff (2.5%) or their General Practitioner (2.5%) as the most important. Even at this early stage, before many would have started classes, 37.3% put Antenatal Clinic classes and a further 5.4% put Parents Centre classes top of the list. One-third felt that they definitely had enough information (32.8%) and the same proportion (32.4%) gave qualified assent to this statement. It appears that medical staff per se (i.e. excluding those taking classes) are not seen as significant in the gathering of information about labour and delivery.

Breastfeeding is less clearly in the medical domain, so in a context in which virtually all of the sample stated an intention to breastfeed their baby (95.4%), and two-thirds reported approval or support from husbands (67.6%), the data on information regarding breastfeeding may be relevant. Less than a quarter mentioned medical or health care staff either solely or in combination with others (21.9%), although about half of these (12.5% of the sample) ranked Antenatal Clinic staff or their General Practitioner as their most important source of information. As with labour and delivery, roughly one-third felt that they definitely had enough information about breastfeeding (34.0%) and almost that proportion (29.5%) agreed with qualifications.

In summary of the early antenatal data, it appears that there is an accepting, perhaps deferential, attitude to medical and health care professionals in which the General Practitioner has a central role and considerable endorsement. Substantial minorities of the sample reported themselves as ill, i.e. eligible for treatment in terms of the medical model of pregnancy, and as anticipating stress which medical technique and technology may alleviate. Tending to be confident, this early, that they know enough about labour, delivery and breastfeeding, there is nevertheless little evidence that medical and health professionals have supplied much of the information.

The later (36 weeks of pregnancy) antenatal data were concentrated especially on formal antenatal classes, and the overall picture has already been presented (see section 7.4) so that the data presented here are confined to the specific medical and health care content of the classes.

We begin with perceived [9] content of classes. Two thirds of the sample reported that physiology was covered quite well (48.1%) or completely (19.5%), while almost nine out of ten felt that the processes of birth were covered quite well (27.8%) or completely (59.8%). 'Some usual difficulties' of labour were thought to have been covered not quite so well: seven out of ten rated this topic as covered quite well (41.1%) or completely (29.0%). Coverage of birth itself was similar to the processes of labour, with almost nine out of ten reporting it as covered quite well (27.4%) or completely (58.9%). It is interesting that perceived coverage of breastfeeding, less central to a purely medical perspective, was lower than for labour and delivery. However almost three-quarters of the sample felt that the reasons for breastfeeding were covered quite well (34.0%) or completely (39.4%), while 'how to be successful' fared worse, with only half thinking this topic was covered quite well (29.0%) or completely (21.2%).

Other topics which might be regarded as within the medical sphere, at least to some extent, received variable assessments of class coverage. Perhaps not entirely surprisingly, sexual relations were felt by over half of the sample (51.0%) not to have been covered at all. 'Post-partum depression' fared little better:

- a) one-sixth reported that it was covered 'not at all' (16.6%);
- b) a quarter that it was covered only 'just a little' (22.8%);
- c) one-sixth rated coverage at 'somewhat' (16.6%); and
- d) similar proportions rated coverage as 'quite well' (24.9%).

It appears that the treatment of family planning, including contraception, was little more extensive than that of sexual relations, with almost two-thirds reporting coverage as not at all (40.2%) or just a little (19.1%).

[9] Some respondents had not completed their antenatal course at the second interview (at 36 weeks of pregnancy), and thus perceptions of course content may somewhat under-estimate actual coverage. The extent of this under-estimation cannot be calculated precisely, but administrative records indicate that it is unlikely to be more than perhaps 5-10% at most.

Approaching two-thirds of the sample felt that entrance into the hospital system ('hospital routines and procedures') was covered quite well (36.9%) or completely (29.0%), thus leaving a sizeable minority who felt that this medical housekeeping process was less than completely covered.

Emphasis has been placed on the sample members' reports of class coverage of medical and health care topics for two reasons:

- a) attendance at classes was imperfect (see section 6.3.4); and
- b) content as planned (and even as the class teachers feel they have presented it) is not always perceived in the same way by class members.

Thus the picture of the medical and health care content of the formal antenatal classes is that:

- a) 'normal' labour and delivery were well covered;
- b) 'usual difficulties' of labour were relatively well covered;
- c) reasons for breastfeeding were less well covered; and
- d) how to breastfeed even less well;
- e) post-partum depression was not well covered; and
- f) family planning, contraception and sexual relations were hardly covered at all.

The perceived gradient of coverage from well covered topics to little-covered topics could be matched to a continuum from central medical topics to medico-social topics with a fair degree of isomorphism.

A brief review of questions seeking an evaluation of how well topics were presented shows that with the exception of information on hospital routines and procedures the topics for which most satisfactory coverage was reported were those for which the presentation was most highly rated. It is possible that this relationship is spurious, in that respondents have in mind much the same criteria for both sets of questions, but it is also possible that hospital staff present more competently and/or more confidently material that is most central to the medical sphere of interest. The data show that the following proportions of the sample felt that the material for each topic was presented well:

- a) hospital routines and procedures (64.3%);
- b) physiology (56.8%);

- c) labour process (81.3%);
- d) labour difficulties (53.1%);
- e) birth process (75.5%);
- f) reasons for breastfeeding (58.5%);
- g) how to breastfeed (34.9%);
- h) post-partum depression (22.8%);
- i) family planning and contraception (13.3%); and
- j) sexual relations (8.7%).

It may be noted that matters which might most plausibly be related to 'crisis' received least coverage, were least well presented, in the classes which most respondents attended. This should perhaps be taken into account in considering the 'none or some' distinction with regard to anticipatory socialisation, which has already been covered (see section 7.4).

A further check on the tentative conclusions being drawn from these data is available in the form of the sample members' evaluations of the importance of each topic for inclusion in antenatal classes. The above suggestions would be reinforced if topics inadequately covered and presented were rated as important. The proportion of the sample rating each topic as very important (first percentage) or essential (second percentage) are as follows:

- a) physiology (26.6%, 37.8%);
- b) hospital routines and procedures (30.3%, 33.2%);
- c) labour process (20.3%, 70.5%);
- d) labour difficulties (32.0%, 42.3%);
- e) birth process (20.3%, 70.1%);
- f) reasons for breastfeeding (35.7%, 43.6%);
- g) how to breastfeed (36.5%, 34.9%);
- h) family planning and contraception (25.7%, 35.3%); and
- i) sexual relations (23.7%, 17.4%).
- j) post-partum depression (24.5%, 18.7%);

The above items are arranged in what might be argued is their developmental order. It would also be possible to arrange them in descending order of importance to the respondents. There is something of a gradient here, from nine out of ten (90.8%) rating the topic 'processes of labour' as very

important or essential down to four out of ten (41.1%) rating sexual relations as a very important or essential topic. However except for post-partum depression and sexual relations more than six out of ten of the sample rated all the other topics as very important or essential. Thus the tentative findings above, that even within the broadly medical sphere coverage is more adequate and methods of presentation better with topics central to the professional interests of the medical and health care staff giving the classes, is underlined.

The conclusion is that antenatal classes serve to define families' transactions with the medical and health care system in terms consistent with the medical model, emphasising the expertise of the medical and health care staff in medical areas and emphasising the patient status, the horizontal orbit (Taylor, 1970) of the pregnant and parturient woman and her family.

Turning to other aspects of later antenatal transactions with the medical and health care system, it appears that some sorting of general practitioners takes place during pregnancy. At the later interview (36 weeks of pregnancy) the 241 women had a total of 50 General Practitioners, an average of 4.8 patients per General Practitioner compared with 5.4 at the earlier interview. The number of patients ranged from one (14 General Practitioners) to sixteen (one General Practitioner) with the median number rising to eight (compared with six earlier) and the mode clearly the single-patient doctor. The six General Practitioners with the largest numbers of patients at 36 weeks accounted for slightly fewer of the sample (31.5% compared with 34.0% earlier), this being entirely accounted for by the loss of five patients to other doctors from the one with the largest list. The six doctors with the largest number of patients are the same at both interviews. It is difficult to draw firm and significant conclusions from these data.

Consistent with the general picture of the trimesters of pregnancy, the respondents well into their third trimester reported greater wellbeing than at the earlier interview: seven out of ten (70.5%) reported that they were well, and most of the remainder (25.7%) reported that they were well except for minor problems. A very slightly lower proportion compared with earlier (but still almost nine out of ten: 88.0%) were expecting a normal labour and delivery. It appears that the definition of 'normal' labour had shifted a little after classes, as although only a small minority (6.6%) avoided any negative expectation as before, new comments which were made used terms such as 'strenuous' and expressed attitudes approaching grim determination. Again probably as a result of exposure to classes, most now expected to use analgesics, with only a small proportion (19.5%) not expecting to do so. Plans to have the husband, baby's father and/or other kinsfolk present at labour and at delivery were even higher (92.1% and 85.4% respectively).

These later antenatal data are generally consistent with those for the earlier interview, and present - taken together - a picture of a sample of primigravidae with a high level of transactions with the medical and health care systems. These are characterised by acceptance of much of the medical model definition of well-being and ill-health and of the role of medical and health care professionals. The respondents were evidently modifying their perceptions of their state and their prognosis as they proceeded through pregnancy, in directions generally consistent with the medical view.

Rather extensive data were collected on post-partum transactions with the medical and health care system, and the treatment of these data is divided into two subsections. The first (7.7.1) deals with transactions while the wife-mother is in a medical environment, Campbell-Johnstone Obstetric Unit. These data were gathered in the neonatal period (2-7 days post-partum). The second subsection (7.7.2) deals with transactions when the wife-mother has returned to her home environment. These data were collected at 8/26 weeks post-partum (see Chapter 5).

7.7.1 At Campbell-Johnstone

Only one-third of this sample of primigravidae experienced a vaginal delivery without obstetric intervention (34.5%). Roughly one-quarter experienced a forceps delivery (29.4%) and slightly fewer (22.2%) experienced manual manipulation. One in ten (10.3%) experienced a caesarian section (data not available for 3.1%). Even from these basic data (obtained from medical records, and coded, by a senior midwife) it is clear that the medical and health care system is highly salient for these women at birth.

Almost two out of ten of the sample (17.8%) spent some time in Campbell-Johnstone Ward One, the antenatal ward, prior to having their baby, with a mean stay of 2.3 days (median = 5, mode = 1). A few women experienced long stays, with almost one-third of those in Ward One staying between two and four weeks (14.6%) or five and eight weeks (14.6% again). Half the group in Ward One (51.2%) were admitted with HOP syndrome (toxaemia), and the remainder for a variety of reasons.

Even excluding those women (10.3% of the sample) who experienced a caesarian, the experience of the remainder was characterised by obstetric management involving a high degree of intervention. Three-quarters (72.3%) of those undergoing a vaginal delivery experienced an episiotomy, and proportions exceeding one-third experienced manual (39.4%) and forceps (36.6%) assistance with their birth. One in ten experienced other forms of intervention (9.4%). The induction rate however was low (6.1%).

While reported labour durations ranged from one to 57 hours the mean duration was 13.7 hours (median = mode = 12 hours). These babies were born around the clock, with one quarter born between 00.01 and 06.57 hours, one quarter 06.58 to

13.56, one quarter 13.57 to 18.00 and the remaining quarter 18.01 to 24.00 hours. However when the pattern of births in relation to Campbell-Johnstone shifts is examined it becomes apparent that almost half of the births occurred during the 'afternoon' shift, from 14.00 to 22.00 hours, with roughly equal proportions falling into the 'morning' (06.00-14.00 hours) shift (29.5%) and the 'night' (22.00 to 06.00 hours) shift (27.4%). The low level of inductions (6.1%) and caesarian sections (10.3%), which might be managed so as to concentrate births in the most convenient shift, leaves this pattern unexplained.

The next data presented set the scene with the respondent's assessment of herself and her labour and delivery experience. Half the sample (50.0%) felt 'wonderful', 'marvellous' or 'very good' and most of the rest (38.3%) reported themselves as 'good' or 'quite good'. There were several distinct groups as regards their assessment of how labour and delivery went, describing it as:

- a) 'O.K.' or 'all right' (26.5%);
- b) 'easy' or 'good' (26.0%);
- c) 'long', 'tiring' or 'very hard work' (23.5%);
- d) 'short and sharp' (11.7%); or as
- e) 'very painful', 'agonising' or 'extremely distressing' (9.7%).

This patterning of the experience of childbirth can be elaborated by data on how the respondents felt they had coped. Seven out of ten felt that they had coped 'quite well' (40.8%) or even 'better' (30.1%). Some (18.9%) rated themselves as 'average', while a few were feeling 'disappointed' (6.1%) or 'ashamed/guilty' (1.0%). While the specific details are very extensive, it may be noted that virtually all of the sample (96.9%) were able to identify aspects of their labour and delivery that they enjoyed, even if for half the sample (50.0%) one of the aspects they enjoyed was 'knowing it was all over'!

Later post-partum recollections of labour and delivery showed a very similar pattern, with the following groupings (the immediately post-natal percentage is given for comparison in [] after the later post-partum figure):

- a) 'easy'/'good' (28.1% [26.0%]);
- b) 'O.K.'/'all right' (25.1% [26.5%]);
- c) 'long'/'tiring'/'very hard work' (21.7% [23.5%]);
- d) 'short and sharp' (12.3% [11.7%]); and

- e) 'very painful'/'agonising'/'extremely distressing' (12.8% [9.7%]).

There may be a slight polarisation over time, with higher proportions later recalling childbirth as either 'easy'/'good' or 'very painful'/'agonising'/'extremely distressing'. This is consistent with later recollections of how the respondent had coped with labour and delivery, which showed a slight trend towards more modest accounts (the immediately post-natal assessments are given in [] after the later figure):

- a) 'very well' (32.2% [30.1%]);
b) 'quite well' (32.6% [40.8%]);
c) 'about average' (26.7% [18.9%]);
d) 'disappointed' (6.8% [6.1%]); and
e) 'ashamed'/'guilty' (1.7% [1.0%]).

These changes, while only marginal, are in a direction contrary to what one would expect if an immediately post-natal interview has a positive therapeutic effect (Brant, 1972) and leads to more positive later recollections (see Chapter 5).

Specific aspects of the labour and delivery can be dealt with under several headings. The first refers to specific events having to do with the management of labour and delivery, such as the enema, pubic shaving, induction of labour, vaginal examinations, episiotomy and stitches, forceps and other assisted deliveries, and other events especially associated with foetal monitoring. The second refers to company during labour and delivery, from the husband, relatives and/or friends. The third relates to the behaviour of the Delivery Suite staff themselves while the fourth refers more generally to conditions in the Suite. The fifth and final aspect refers to the respondent's feelings, both psychological and somatic.

Half of the sample (50.6%) had no complaints about obstetric management, but for the other half matters which were particularly disliked included stitching (39.4%) and vaginal examinations (25.3%). Other management events or activities particularly disliked were enemas (19.2%), inductions (18.2%) [10] and public shaving (16.2%). Somewhat smaller proportions had experienced, and particularly disliked, an episiotomy (13.1%) and/or forceps delivery (12.1%). It should be remembered that these percentages do not sum to 100% as multiple responses were possible, and that they represent the proportions both experiencing and particularly disliking the event in question. These are not incidence rates.

As regards company during childbirth, the official policy at Campbell-Johnstone at the time of the fieldwork was that the husband or a relative or friend was welcome to be with the woman unless excluded on clinical grounds by the staff. This is perhaps reflected in the great majority of the sample (95.0%) who had no complaints about company during their time in Delivery Suite.

Satisfaction with Delivery Suite staff themselves was generally high, but almost one third of the sample (29.0%) had one or more complaints, although these varied and the most frequent was voiced by only one in twenty (5.0%), to the effect that the staff were too busy to talk to them. This may be classified as not so much a criticism of staff as of staffing (and the timing of births). Further, twice as many women in the sample (10.8%) spontaneously volunteered the comment that the Delivery Suite staff were 'good' even though the question was about aspects disliked. Overall this suggests a positive appreciation of the staff by the sample. There were very few negative comments about the Suite itself.

Just over half (51.1%) of the sample had comments to make under the heading of particular dislikes in regard to psychological and somatic feelings during labour and delivery. Two out of ten of the sample reported that they were scared (20.4%) and that they particularly disliked the pain (19.5%; multiple responses possible). Other emotional problems were worry (10.0%) and not knowing what specifically was happening (6.3%). Other somatic problems were backache (15.8%) and nausea (9.0%). Other emotional and somatic problems were mentioned very infrequently.

The most plausible summary of these reports on negative aspects of labour and delivery would highlight the lack of complaints about company and about staff, note that there are grounds for a critical scrutiny of some aspects of obstetric management, and recognise that for some, but not all, primigravidae there would probably be negative emotional and somatic aspects of childbirth.

For a small minority (10.3% of the total sample) a caesarian section was performed to deliver the baby. When asked how they felt about this post-partum, the most frequent responses from this small (n=20) group were either that they 'understood the necessity' and/or were 'quite happy' (both 45.0%; multiple responses possible, n=20). Over a third responded that they felt 'let down' or 'cheated' of labour

[10] There is a discrepancy between the level of inductions derived from the medical records (6.1%) and the proportion of the sample reporting that they had experienced and particularly disliked an induction (18.2%) - this latter being a minimum reported level, as some respondents may not have reported that they disliked an induction. The several possible explanations of this discrepancy must remain speculative in the absence of further data.

and vaginal delivery (35.0%). Other responses were very infrequent.

Some perspective on these various comments can be obtained if the respondent's overall assessment is compared and contrasted with the respondent's own expectations. The experience as perceived, and later recollected, is in this approach the socially significant datum, rather than labour record sheets recording analgesics administered, frequency of contractions, clinical indicators and the like. The sample were spread right across the spectrum of answers to the above question in broadly similar proportions, although the positive responses were a little more frequent:

- a) roughly two out of ten reported the experience as much better than expected (20.6%);
- b) a similar proportion felt it was better than expected (23.2%); and
- c) a similar proportion also felt it was about what was expected (24.7%); but
- d) for one-quarter of these women the experience was worse than expected (16.5%);
- e) for one in ten (10.3%) it was much worse than expected; and
- f) for a few (4.1%) their answers were unclassifiable.

The rather unusual characteristic of obstetrics compared with other medical specialities, that most of the 'patients' are well, many are elective, and virtually all of them have some preparation before their transactions with the medical and health care system, is illustrated by responses to the question which sought the most important single help with the labour and delivery. The most frequent response, by a large margin, was the presence of the husband (where appropriate), mentioned by more than four out of ten (45.9%) of the married women in the sample. The husband is of course a strong link with the woman's 'outside world', and while he may be perceived as marginal by the medical and health care staff, he is clearly seen as central by many of the women in the sample themselves.

However the medical and health care system comes into prominence with the next most frequent responses. Analgesics and Delivery Suite staff were next most frequently mentioned (both 12.0%) as the most important assistance with labour and delivery. All other sources of assistance were mentioned by less than one in twenty of the sample, including:

- a) training in breathing and relaxation (4.6%; cf. section 7.4 data on support for the teaching of breathing and relaxation in antenatal classes, which was overwhelming);

- b) having one's own doctor present (2.9%); and
- c) (typically for single women) having a friend or relation present (2.1%).

So the presence of the husband-father was most important for a substantial minority (42.3%) of the sample. How important is 'most important' for this sample? Out of the married group in the sample (n=222 at the third interview) the great majority (91.9%) had their husband present during labour. The great majority of these (81.4% of those whose husband was present) felt that his presence was 'very important' and/or 'essential' to their handling of or coping with the labour and delivery as well as they felt they did. Most of the remainder of this group (11.2%) felt it was 'important but not essential'. The few remaining in this group found his presence 'helpful' (6.2%) or 'O.K.' (1.2%). Of the handful (n=18) of married women whose husband was not present, almost half (44.4%) wished that he had been present.

The data for delivery are slightly more complicated as caesarian cases have to be excluded from the calculations. However for the married women with vaginal deliveries (n=202) the husband was present in nine cases out of ten (90.6%). And for this group his presence was very important and/or essential for eight out of ten (80.6%), and important but not essential for most of the rest (16.0%).

These data clearly indicate that in the experience of a large proportion of respondents the medical and health care system and their own family system are intercontingent, affecting each other. While it may be helpful for 'expositional convenience and heuristic utility' (Christensen, 1964: 6) to consider a systematic conceptual framework or model, this does not necessarily reflect the actual experience of respondents, but rather the researcher's efforts to 'make sense', for himself or herself, of the respondents' reports of that experience. In this area, the intercontingency is clear in actual responses.

Perhaps one of the most salient intrusions of the medical and health care system with its increasingly sophisticated techniques and technology is in the intensive care of neonates (as well as in foetal monitoring in labour, already mentioned above). Almost half (45.4 %) of the sample's infants were admitted to the Intensive Care Nursery (I.C.N.) after delivery (although this may have been an overnight or 24-hour observation stay and not necessarily a lengthy stay). This figure may seem surprisingly high for a sample selected (see Chapter 5) to avoid the over-representation of obstetric difficulties. The practice of routine admittance where the birth has been assisted in any way (for example low forceps assistance at delivery of the infant) may explain this high figure, although the burden of explanation may then be shifted to explain the high proportion of assisted deliveries.

However, for almost half of the sample (45.4%) their baby was admitted to the I.C.N. What were their reactions to this event? The great majority felt that they fully understood the reason(s) for the admittance (87.4% of those whose babies were admitted). The reasons as understood by the respondents were most frequently an instrumental delivery (40.6%; multiple responses possible, based on those whose infant was admitted to I.C.N.), although other responses included jaundice (22.6%), observation (14.2%) and prematurity/birth weight under 2500 grammes (11.3% and 6.6% respectively).

When those concerned were asked a pre-coded question about their overall feelings concerning their baby being or having been in the I.C.N. over half agreed that they understood the situation and were not worried (56.4%). The next largest group (18.8%) felt that they understood the situation and felt hopeful. Clearly understanding does not dispel worry, because the third-largest group (13.9%) understood and were worried. One in ten (11.0%) did not understand the situation, and this group could be divided into those who were not worried (3.0%), were worried (also 3.0%) and were hopeful (5.0%).

Some tentative conclusions can be drawn about these transactions with the sophisticated, high-technology I.C.N. aspect of the medical and health care system. A large minority of the sample came into contact with it through obstetric intervention and consequent admittance to the I.C.N. for their infant, but mostly felt fully informed, able to understand the situation and not worried by the situation.

Did sophisticated techniques and technology eliminate positive maternal emotional response to the birth? The sample were presented with an open-ended question asking how they felt about their baby when it had just been born:

- a) one-third (33.3%) identified their feelings for the neonate as 'thrilled, delighted, rush of love/tenderness, etc.';
- b) another one-third (36.5%) felt 'quite pleased' or similarly-qualified low-key positive feelings;
- c) a slightly smaller group (28.6%) felt 'basically glad it was all over, relieved, tired, etc.' and 'not especially interested [in their baby] then'; while
- d) a minute proportion (1.6%) reported that they felt 'mildly hostile, critical, rejecting, definitely not interested' or 'hostile, very rejecting, angry, etc.' [11].

The positive feelings were not eliminated, but - and a more conclusive finding is impossible in the absence of comparative data - certainly two-thirds of the sample (66.7%) reported feelings some or all of which are inconsistent with a picture of immediate and overwhelming neonatal/maternal

bonding. These data can be interpreted as suggesting that the biosocial process of bonding does indeed have a developmental task component - this concept is useful here.

The tentative conclusion from these data is that for this sample of primigravidae there was a high level of transactions with a medical and health care system characterised by sophisticated techniques and technology applied to a majority of the sample. In the next section post-partum transactions with the medical and health care system outside the Campbell-Johnstone Obstetric Unit (and, perhaps, more on the sample members' terms) are described.

7.7.2 Outside Campbell-Johnstone

For the first topic, post partum depression or 'the new baby blues', its incidence both at Campbell-Johnstone and at home afterwards are covered.

Two-thirds of the sample (64.3%) reported at the later post-partum interview (8/26 weeks) that they had experienced what they were prepared to describe as post-partum depression or 'the new baby blues' at least once. Of those reporting the experience, most (89.7%, or 57.7% of the total sample) experienced the first onset in Campbell-Johnstone during the first ten days post-partum, and most of the rest (7.1%, or 4.6% of the total sample) experienced it immediately they got home from Campbell-Johnstone. Onset for the remainder (3.2%, or 2.0% of the total sample) was spaced over the following eight weeks.

Over two dozen different responses were offered when those who identified their post-partum state as post-partum depression were asked to describe it at first onset. The most frequent responses were:

- a) 'homesick'/'lonely' (13.5% of those experiencing it, or 8.7% of the total sample);
- b) 'tearful' (13.5% of those experiencing it, or 8.7% of the total sample);
- c) 'emotional turmoil' (13.5% of those experiencing it, or 8.7% of the total sample);
- d) 'depressed' (11.6% of those experiencing it, or 7.5% of the total sample); and

[11] The respondents' verbatim comments were recorded, and later a coding frame was constructed by the researcher and the responses were coded into the most appropriate coding category; the phrases given here are the coding categories, made up of the most frequent actual comments (including synonymous phrases) made in the verbatim responses.

- e) 'feeling inadequate' (4.0% of those experiencing it, or 2.6% of the total sample).

A sizeable proportion of those with this experience described it in terms of the perceived cause(s) or source(s). Thus some of the more frequent responses in this vein included 'upset by staff', 'feeding problems' and 'my baby is in the I.C.N.' (each 6.5% of the depressed group, or 4.1% of the sample).

Of the two-thirds (64.3%) of the total sample reporting at least one period of post-partum depression, one-quarter (24.4%, or 15.7% of the total sample) reported a second episode. As most had experienced their depression at Campbell-Johnstone it is not surprising that most of those who experienced a second episode did so immediately after getting home (46.4%, or 7.5% of the total sample). Descriptions of the second episode, at home, centred around a 'sense of inadequacy' (23.7% of this group, 3.7% of the sample) or again simply 'depression' (13.2%, or 2.1% of the sample). Specific causes/sources were again suggested as descriptions: being 'too busy' (15.8%, or 2.5%), or having feeding problems (13.2% or 2.1%). It should be noted that a sense of inadequacy became more pronounced as a characteristic after coming home from Campbell-Johnstone.

Did personnel of the medical and health care system provide any assistance to the two-thirds of the sample who reported what has been described here as post-partum depression? For six out of ten of those experiencing it there was no help from any direction (58.7%, 37.8% of the total sample). The most frequently mentioned assistance was 'comfort'/'understanding' from nursing staff, and from the husband (9.0% of the group, 5.8% of the total sample, for each source) and 'counselling' from nursing staff (8.4%, or 5.4% of the total sample). Pharmacological assistance from the General Practitioner was taken up by a few (7.1%, or 4.6% of the total sample).

Two plausible inferences from these data are that:

- a) either the sample members are defining as post-partum depression a state which medical and health care staff tend to define as normal or typical correlates of childbirth, or
- b) the obstetric element of the medical and health care system is not organised to deal effectively with this widespread experience.

Perhaps a more pragmatic conclusion is that a majority of the sample experienced, and recovered from, what they regarded as post-partum depression without much contact with the medical and health care system in respect of the experience.

Is this apparently high reported incidence of post-partum depression (above) associated with a general sense of being in poor health? Virtually all of the sample described their

present health post-partum as excellent (45.2%) or good (46.9%), giving no indication of extensive morbidity.

Does the relatively low level of assistance from medical and health care staff indicate that the sample members have little contact with the medical and health care system apart from their hospitalisation for labour and delivery? First, the data for antenatal contact with the General Practitioner are summarised, so as to provide an indication of whether post-partum the General Practitioner is likely to be perceived as an available helping agent from the respondent's point of view. It will be remembered that the General Practitioner was central to the obstetric element of the medical and health care system, and that the hospital environment became salient only if there were complications. Almost all of the sample (97.1%) had seen a General Practitioner during their pregnancy, ranging from once to forty times. The mean number of visits was 11.3 (median = 11, mode = 10) [12].

The data for antenatal contacts with the medical and health care system prior to hospitalisation indicate a high level of transactions with some elements of the system, consistent with the description offered by health care system staff.

In the post-partum period the staff available included the Plunket Nurse (for home visits initially and then later at the Plunket Rooms), the Public Health Nurse (for home visits), the General Practitioner and his/her Practice Nurse (usually at the surgery although the General Practitioner might make home visits), and specialists (e.g. paediatricians) at their rooms or at the Waikato Hospital.

Two-thirds (65.6%) of the sample had been visited at least once by the Plunket Nurse at home during the post-partum period. The frequency of visits was once a month (4.1 weeks) averaged over the total sample, or slightly more than once every three weeks (2.7 weeks) for those visited at least once. Visits to the Plunket Nurse at her rooms tended to begin later than home visits. During the first six months post-partum half the 26-week interview portion of the sample (51.0%) had not visited the rooms. The remainder had made from one to nine visits, with a mean frequency of visits to the Plunket Rooms of a little less than once a month (every

[12] Nine out of ten of the sample had seen the nursing staff (Staff Nurse rank) at the Antenatal Clinic (90.5%), ranging from once to eleven times. The mean number of visits at which nursing staff were seen was 2.5 (median = mode = 2). Less than one woman in ten saw doctors at the Antenatal Clinic (8.3%), and those who did saw a doctor on average 3.3 times (median = 2, mode = 1). However one-quarter of the sample (22.4%) saw an obstetrician at least once during their pregnancy. The mean number of obstetrician consultations was 1.3 for the total sample, but 6.0 for those who saw one (median = 3, mode = 2).

4.5 weeks). For the whole sample the average was one visit every two-and-a-half months (9.4 weeks).

Four out of ten of the same 26-week portion of the sample had seen the Public Health Nurse at least once post-partum (40.2%), with from one to 18 visits. The mean frequency was every one-and-a-half months (5.5 weeks) averaged over the total sample, or a little less than fortnightly (every 2.3 weeks) for those seeing the Public Health Nurse at least once.

Almost all of the sample (92.1%) had taken their baby to the General Practitioner at least once in the post-partum period, with a mean frequency of consultations of once every six (6.1) weeks. The use of Practice Nurses was confined to one-quarter of the sample (26.6%) who saw her from one to seven times with a mean of one visit every two-and-a-half months (9.4 weeks) for those who had at least one such visit.

A small proportion of the sample (13.3%) had taken their baby to the Waikato Hospital paediatric clinic, mostly once only, and a very small proportion (6.2%) had seen other medical or health care professionals for their baby.

Thus for a synthesised or constructed 'average' sample member we can think in terms of the following pattern. Over the first six months post-partum she made almost twenty (19.6) contacts with the three main routine health care professionals (i.e. Plunket Nurse, Public Health Nurse and General Practitioner), at an average of one contact every nine or ten (9.3) days. This seems like a fairly high level of transactions with the health care system, and clearly warrants further investigation.

For non-routine consultations, i.e. other than those scheduled for everybody such as the six-weeks post-partum checkup, the most common grounds on which the respondents explained these consultations were:

- a) a cold or influenza symptoms (14.9%);
- b) a rash or suspected rubella (8.7%); or
- c) vomiting (7.1%); with
- d) some two dozen other reasons among the remainder (36.1%) of the two-thirds (66.8%) who had at least one non-routine consultation.

A somewhat similar pattern of grounds was given for the second non-routine consultation.

The data so far refer to the baby. What about the mother? The great majority of the sample had seen their General Practitioner at least once (82.9%), with from one to 20 consultations. The mean number of post-partum consultations was 1.7 (median = mode = 1), the data suggesting that in most cases this was the routine post-natal checkup. A small

minority (6.2%) had seen an obstetrician, mostly just once, and even fewer (3.3%) had seen other health professionals. Excluding routine checkups, the most frequent reason for a consultation was contraception (14.3% of non-routine consultations) although there were some two dozen other reasons (including 3.8% of these consultations because the woman was pregnant again.

Thus so far as the wife-mother is concerned transactions with the medical and health care system on her own account drop to a low level in the post-partum period. As has already been shown (above) a higher level of transactions is maintained on the baby's account, especially with the General Practitioner and the Plunket Nurse. The hospital-based services are salient only at childbirth. While in some instances there was a wide range of responses the overall characteristic of transactions with the medical and health care system is of relatively similar patterns for most or all of the sample. Changing levels and distributions of transactions with the various elements of the medical and health care system through pregnancy, childbirth and the puerperium were followed quite similarly by the bulk of the families in the sample.

7.8 Summary

This chapter has dealt with the sample families' transactions with some other major systems, especially the economic, educational, extended family and medical and health care systems, both before and after the major structural change from conjugal dyad to parental triad. While there has not been uniformity there has frequently been a great deal of similarity in the levels and details of transactions across the whole sample and all four systems both before and after the major structural change of the transition to parenthood.

With regard to the economic system, sample members were typically involved in conjunctive (e.g. provider-worker) roles prior to their first birth but most left their economic role with no firm intention of returning to it. In a broad perspective on changes associated with the transition to parenthood this withdrawal from transactions with the economic system was not salient for sample members. For the large minority who intended to return to work at some time in the future the reasons were both financial and personal; at later times their numbers increased but their expected return to paid employment receded into the future. The data are consistent with a degree of isomorphism between family and economic careers, with multiple exits and re-entries (Beauchamp, 1979) for the latter.

Typically, sample members had gained some initial qualifications within the educational system, and took up opportunities for formal educational preparation for parenthood extensively. They did not completely report their exposure as useful and worthwhile, and did not continue an involvement in transactions with the educational system

beyond the antenatal period.

The context of transactions with the extended family system seemed to be supportive of continuing transactions, and in some areas such as closer contact with relatives and (for some) help from the new maternal grandmother this pattern emerged. There was little evidence that extended family relationships were a problem for most couples, but equally little evidence in open-ended data that the extended family system was particularly salient for most couples.

The most extensive data were collected in respect of the medical and health care system. Experiences of the sophisticated techniques and technology of hospital-based obstetrics may have been reflected in the low-key assessments of labour and delivery experiences, but antenatal data indicate a predisposition to accept the salience and indeed dominance of the medical and health care system during pregnancy and parturition. The hospital experience itself appears to have been fairly uniform, with negative feelings expressed in respect of events and procedures rather than inter-personal relationships with staff. The medically marginal nature of obstetrics (in that most of the patients are not sick) is perhaps illustrated by the prevalence and importance of the husband's presence at labour and delivery. The post-partum period was initially characterised by depression, but apart from routine contacts transactions with the medical and health care system fell to a low level, except in the case of medical and health care professionals associated with the routine supervision of well babies.

If these transactions can be summarised in one sentence, it would be to the effect that while levels and distributions of transactions vary in patterned ways throughout the transition to parenthood the overall effect is of a reduced level and variety of such transactions. These new families seemed to be becoming more family-centred, drawing together and limiting their contacts with the outside world during the early post-partum period.

8.0 CHAPTER 8: NORMS

8.1 Introduction

The concept 'norm' is clearly thought to be important in sociology, and no less so in family sociology. The emerging theoretical literature underlines this importance. Rodgers (1973: 16) lists 'norm' as the first of a dozen 'important concepts'. He follows Bates (1956: 314) in defining norms as the learned common expectations of one actor by others, and uses this concept in the explication of other concepts such as 'role'. Burr (1973: 45) follows Biddle and Thomas (1966: 26-7) in defining 'norms' as 'prescriptions and proscriptions ..[for] various situations' (but see section 3.7.6 on norms and 'slippage' or 'flexibility'). He argues that this concept is important:

'[There is] ... an idea that is so central to sociological thinking, so extensively documented and universal that it is virtually a social law. We do not yet know all of the circumstances under which this relationship operates or very much about how different variables influence the nature of this relationship, but even with these limitations the proposition is highly valuable. This theoretical idea is that the normative definitions in a culture influence behaviour, so behaviour tends to be consistent with the normative definitions ...[N]orms ... proscribe by defining what should not occur, and they prescribe by defining what should occur ...

This proposition was stated in less formal terms over two decades ago by Davis [1949: 52] ... [and there] is a massive amount of evidence [1] supporting the validity of this proposition' (Burr, 1973: 72-3).

Burr (1973: Chapters 4, 7 and 8) goes on to use the concept of norms in fairly general propositions relating to mate selection as a dependent variable, kinship relations, and premarital sexual attitudes and behaviour.

There are three elements in this statement relevant to the ordering of data from the present study:

- a) the 'idea' itself (that norms influence behaviour);
- b) the importance of the idea; and
- c) the evidence for the idea.

It is appropriate here simply to note the possibility of taking issue with the direction of relationship inherent in

[1] Burr (1973: 73) lists six references here.

the idea itself. It could perhaps equally be argued that norms are generalised statements about the 'realities' of behaviour as experienced by the participants in the social world thus described, and are hence as much the products of social behaviour as a major source of it.

It would be possible to argue with the statement that 'norm' is a very important concept. This would depend on the sort of evidence deemed acceptable. Certainly some of the major writers on theory in family sociology agree that it is important (Rodgers, 1973: 16; Burr, 1973: 45; see also Aldous, 1978: 341). Whether the use of the concept is consistent with its stated importance will be explored further below. Finally, there is the question of whether there really is substantial evidence for the idea (as opposed to a widespread assumption that it is axiomatic). Burr (1973: 71) cites six studies in support of the proposition, but this leaves open the question of whether his citations are conclusive or illustrative.

It is inappropriate to the present work to search the entire literature to determine the usage of this concept. However a search of some of the major texts in family sociology is illuminating. Winch (1971: 7) does define norms, but then makes one passing reference to 'norm-senders' (op. cit. 309) or role-definers, and only mentions norms again in the context of their alleged disintegration as substantiated by some data on intergenerational relations in American families (op. cit. 347-8).

Nye and Berardo (1973), Scanzoni and Scanzoni (1976) and Duvall (1977) do not include 'norm' or similar terms in their lengthy subject indexes. Eshleman (1974) includes the concept of norms only indirectly as subject index entries for 'norm-interaction' and 'norm-segregation' theories of marriage. Skolnick (1973: 4) is interesting in her treatment, for she makes an early reference to norms without a definition, but then goes on to several severe criticisms of 'norms' and 'normative':

- a) she quotes and strongly criticises one psychiatrist's description of the normative American family (op. cit. 45);
- b) she takes issue with functionalist family sociologists who assume a close fit between norms ('values') and behaviour (op. cit. 46-55); and
- c) more generally she criticises the biases she identifies in anthropological and sociological research and writings on the family as deriving from 'normative models' approaches (op. cit. 73).

Her own usage of the concept is limited to one reference to norms in the context of socialisation (op. cit. 372) and one in the context of sex roles within marriage (op. cit. 268-9).

More recently still, the volume of contemporary research-based theories about the family edited by Burr *et alia* (1979a) might be expected to deal at length with this important concept, especially as the senior author has emphasised its importance (Burr, 1973: 45) and the editorial control over the contents of this volume was tight (Burr *et alia*, 1979a: 10-14). However there are only three subject index references for 'norm' and two for 'normative' derived from 643 text pages in twenty-four chapters. These references cover several substantive topics, including marital power, sibling relationships within families, determinants of families' problem-solving effectiveness and of family violence, but in each case the text treatment is short and not of central importance to the argument.

To summarise, then, the concept 'norm' and the idea that norms prescribe and proscribe behaviour are said by theorists (Rodgers, 1973: 16; Burr, 1973: 45; see also Aldous, 1978: 341) to be important and well substantiated, and yet major textbooks in family sociology do not appear to use the concept much (Winch, 1971; Eshleman, 1974; Burr *et alia*, 1979a; 1979b) or at all (Nye and Berardo, 1973; Scanzoni and Scanzoni, 1976; Duvall, 1977). The one text that does discuss the concept (Skolnick, 1973) has some severe criticisms of its use, and does not make much use of it in the substantive text.

This apparent contradiction is reflected also in the present research. One of the four dimensions in the theoretical model presented here (Chapter 3) is the normative one, and yet the data which can be marshalled to investigate this dimension (following) are not extensive, and somewhat indirect. Some remarks by Rodgers (1973: 16) about the concept 'norm' may begin to explain this situation.

'This definition [see above] places norms in a structural [2] context as a basic building block for groups. This structure is abstracted from the observations of the interactions of groups. To some extent, therefore, such a distinction is one of analytical significance only; that is, it is impossible to separate in reality the interactions which take place in groups from the structure of that group'.

The critical implication of the point made in this quotation for this chapter is that the normative dimension is widely assumed to be important on theoretical grounds, but seems to be much more readily inferred from interactions (and presumably transactions, although these are not specified) than directly observed or measured in family sociology

[2] Rodgers (1973: 16) is using the term 'structural' here in a sense different from the usage in the present work and also, it seems, different from his own usage in the same book (Rodgers, (1973: 43-47).

research. Norms may be important, but they also seem to be relatively invisible or intangible (compared with interactions, transactions and structures). This illustrates again the importance of remembering that the social researcher 'makes sense' of the social world s/he studies with the conceptual framework s/he uses.

There are three responses to this problem of the 'invisibility' of norms in family research in the present thesis. The first is to refer to the data on structure, interaction and transactions (Chapters 6 and 7) already presented. Norms may be inferred from these data to the extent that these more tangible [3] phenomena are consistent with 'underlying' norms. In terms of the present chapter, this would involve repeating the findings in terms of norms rather than behaviours, which would be tedious and would add little to the findings.

The second response is to report those data which were obtained by questions phrased most closely to the 'shoulds' and 'oughts' of verbalised norms (or their negatives). Some data in this form appear below.

The third response is to present the larger matrix within which norms are located. Rodgers (1973: 54-63) refers to the 'individual-psychological' level of analysis as one of three appropriate to developmental research, and perhaps the one least employed by family sociologists. At this level attention is paid to 'attitudes', 'values', 'emotions' and the like. Some measures in the present research which relate to these sorts of concepts were drawn from the literature, such as the Maternal Attitude to Pregnancy Indicator (Blau Welkowitz and Cohen (1964) and the checklist measures of the problems (Hobbs, 1965; 1968) and pleasures (Russell, 1974) of parenthood. Other measures were devised specifically for the present research, usually taking the form of simple agree-disagree scales or the like. These data are treated as cognate with norms, and fit more readily into this chapter than those dealing with structure and interaction (Chapter 6) or transactions (Chapter 7). Thus reference to the two previous data chapters provides proxy variables from which norms may be inferred, while the present one covers direct evidence (in the form of verbalised norms) and indirect evidence of the matrix within which norms may be located (in the forms of attitudinal and similar data).

The organisation of this chapter differs somewhat from the previous two data chapters, as a consequence of the considerations outlined above. The somewhat limited data are organised on a topical basis rather than according to

[3] This is not to suggest that 'structure', 'interaction' and/or 'transactions' are not concepts used by the researcher to 'make sense' of the social world as is the concept 'norm'. Rather, the latter ('norm') can be regarded as a higher-order or more abstract such concept.

general, heuristic categories derived from the wider sociological literature. Antenatal and post-partum data cannot be contrasted systematically, as was the case in the previous two chapters, because of the sparseness of collected data.

As the review of theorists and textbooks earlier in this chapter indicates, the treatment of norms in family sociology research is at a less sophisticated level of elaboration and explication than the treatment of structure, interaction and even transactions. Considerable further work is necessary before data such as those presented in this chapter could be organised as the data on structure, interaction and transactions have been organised in the previous two chapters.

The individual items in the MAPI (Blau Welkowitz and Cohen, 1964) include some couched in such terms as 'should', 'ought', 'must' and 'has to' (or their negatives), and clearly a high degree of agreement with such items is suggestive of the possible utility of inferring the existence of a norm in respect of whatever the topic might be. However, most of the items are couched in terms of factual statements, but once again a high degree of agreement with such statements may be regarded as qualifying them as definitions of the situation with which these primigravidae might be expected to conform. Thus a variety of MAPI items are reported in this chapter as possible evidence of norms in respect of pregnancy and childbirth.

8.2 Somatic Aspects Of Pregnancy And Childbirth

The first group were analysed by Blau Welkowitz and Cohen (1964) to yield a factor associated with the somatic aspects of pregnancy and childbirth. Three-quarters (75.6%) of the sample agreed (65.7%) or strongly agreed (9.9%) with the statement that most women feel sickness and nausea during the first three months of pregnancy. Now this interview was conducted at 28 weeks of pregnancy and hence the simplest explanation is that these women are reporting their own experience as that of most women. However another plausible explanation is that hyperemesis gravidarum is a largely but not entirely psychosomatic condition. There is some cross-cultural evidence (Mead and Newton, 1965) for this proposition, so that those women who agreed with the proposition were in fact expressing a widespread expectation with which a proportion actually conform, i.e. a norm in respect of pregnancy. Almost two-thirds of the sample agreed (13.3%) or strongly agreed (49.4%) with the related statement that women should be treated gently during pregnancy because they are liable to become upset easily, and it is tempting to infer that there is here some evidence of a normative model of pregnancy not unlike the 'sick role' identified in medical sociology, although the overt or 'official' view of medical and health care authorities is that pregnancy is a healthy state for most women. If, as contemporary books on pregnancy for lay audiences are increasingly stressing, this sickness

model is losing its dominance, this might be reflected in some MAPI items.

Much antenatal education concentrates on preparation for labour and delivery, and the sample's expectations there are somewhat less consistent with the 'old-fashioned' view. Thus only three out of ten agreed (29.5%) or strongly agreed (2.9%) that labour is a frightening part of pregnancy, and not many more agreed (34.4%) or strongly agreed (7.1%) with a similar proposition about delivery. These expectations are in general not inconsistent with the immediately post-partum evaluations of labour and delivery (see Chapter 7) and while a substantial literature (see Chapter 2 and especially Appendix A) does not give a clear indication of the role (and limitations) of psychosomatic influences on even the minor symptoms of pregnancy, the data here might be interpreted as suggestive of some influence of normative expectations about pregnancy, and childbirth, and some outcomes.

It is possible that more widespread antenatal education as was experienced by this sample has led to a reduced salience of the 'sickness model' of pregnancy. It was a clear expectation on the part of this sample that women should know about pregnancy and childbirth, because most of them agreed (72.6%) or strongly agreed (17.8%) with this proposition.

8.3 Romantic Aspects Of Pregnancy And Childbirth

A second group of MAPI items seem to bear some relation to the 'romantic' aspects of pregnancy, parturition and the puerperium which were identified by LeMasters (1957) as perhaps responsible for later disillusionment and a sense of crisis among new parents. The results here are mixed, suggesting that while there is a degree of realism about these matters there may be also still be some illusions.

Thus most of the sample agreed (57.3%) or strongly agreed (30.7%) that 'a woman can love her unborn baby'. A similar, slightly smaller, group agreed (50.6%) or strongly agreed (22.8%) that 'it is usual for a mother to love her baby immediately it is born' cf. section 7.7.1). Hence, there was widespread agreement (64.3%) and even strong agreement (20.3%) that 'women should care for their babies right away' in hospital. There was clear evidence of strong normative pressure to enjoy the mother role: an overwhelming majority of the sample agreed (57.7%) or strongly agreed (26.1%) that 'most women feel that being a mother is the happiest thing in their lives'.

However some other data in the same general area gave a contradictory or at least equivocal picture of normative pressures inconsistent with a romanticisation (LeMasters, 1957) of parenthood. Thus six out of ten of the sample disagreed (53.1%) or even strongly disagreed (7.1%) with the assertion that 'a woman looks her best during her pregnancy', and a similar proportion disagreed (45.2%) or strongly disagreed (13.3%) that 'most women enjoy wearing maternity

clothes'. However by the same margin of six out of ten the sample agreed (56.4%) or strongly agreed (5.8%) that 'most women feel especially well during pregnancy', and disagreed (47.7%) or strongly disagreed (11.6%) with the proposition that 'pregnancy can be an awful time' (see sections 7.7 and A.1.2).

8.4 Natural Childbirth

A third group of items indicate that by and large the 'natural childbirth' movement does not find its views reflected in the expressed expectations and wishes of these primigravidae. While 'twilight sleep' or full anaesthesia is almost universally rejected, with almost all respondents agreeing (75.5%) or strongly agreeing (19.5%) that 'women want to be awake for the birth', they nevertheless disagree (62.2%) or strongly disagree (13.3%) that 'anaesthetics can harm the baby if used in labour and at delivery'. There is strong evidence that hospitalised labour and delivery is normative [4]: eight out of ten disagree (66.4%) or strongly disagree (14.9%) with the assertion that 'women want to have their babies at home'. This may be explained by a widespread view of pregnancy as fraught with health risks. Thus almost three-quarters of the sample disagreed (56.8%) or strongly disagreed (17.0%) with the assertion that 'it is unusual to lose a baby during pregnancy', and similar proportions disagreed (59.8%) and strongly disagreed (12.0%) with the assertion that 'in New Zealand few babies are lost during the first trimester'.

8.5 Preferred Sex Of The Baby

One area in which normative pressures are thought to be strong, at least for some social groups, is in the preferred sex of the infant (Etzioni, 19). However the bulk of the sample agreed (71.8%) or strongly agreed (7.5%) that 'most pregnant women do not really care whether they have a boy or a girl'. When asked for their own preference, two-thirds (66.4%) said that they had no preference, although among those who did express one, more than twice as many chose a boy (14.1%) as a girl (6.6%), which is the direction of choice generally identified in the literature (Etzioni, ibid.) as more widespread. This widespread lack of preference was sustained post-partum when the sex of the infant was known; less than one in ten (9.1%) had any sort of preference other than for the baby they had, but almost all of them did not mind the discrepancy (86.4% of those who did not want a baby of the sex received said they did not mind the discrepancy).

[4] The term 'normative' here is used in the cultural sense; it is also true in the statistical sense.

Any conclusions drawn about norms salient in the antenatal period must be tentative in the absence of more extensive data. There is some evidence of norms about pregnancy which influence experience somewhat away from what is physiologically cued to what is culturally prescribed and proscribed (Mead and Newton, 1965) but conclusive data are not available here or in the literature. There is also some tentative indication of norms consistent with the virtually universal hospitalisation of women for labour and delivery in New Zealand, but it is still an open question as to the direction of influence: does the existence of a comprehensive hospital system and the 'medicalisation' of pregnancy and parturition mould the norms, or the reverse, or both? In the one area where normative pressures have been widely discussed, the sex of the infant, there is little evidence of powerful norms although the presence of some sort of normative prescription is fairly clear.

8.6 Maternal Paid Employment

The area of employment and the mother role has already been discussed (see sections 6.3.6 and 7.2) and it was noted that there was some ambivalence about the norms in respect of paid employment. Thus exactly half agreed (33.6%) or strongly agreed (17.4%) that a women should not continue to work after she has a baby, but equal proportions disagreed (35.7%) or strongly disagreed (13.3%) with the proposition.

Then, when those (85.0% of the sample) who were not employed post-partum were asked their reasons a substantial minority (44.9% of those not employed, 38.1% of the sample) gave answers interpretable as recognising normative definitions of parental responsibilities, such as 'caring for the baby' or 'responsibility for the baby'. However other groups gave answers which can be interpreted as either a rationalisation of compliance with norms, or positive attractions of leaving the paid workforce, such as 'enjoy being a housewife' or 'like being at home' (10.8% of those not in paid employment, 9.1% of the sample). These data underline the apparent diversity of norms and attitudes in this area.

These post-partum data suggest that perhaps in most areas there are relatively clear norms without undue variation across all primigravidae, although in transactions with the economic system there appear to be ambiguities, probably associated with the long-term social changes of the 1960s and later involving women's increased and increasing participation in the workforce, and more generally in New Zealand society.

8.7 Summary

The data (both antenatal and post-partum) presented in this chapter as relatively directly indicating norms in the area of pregnancy, parturition and the puerperium are sparse. In line with the literature generally, the norms relating to family life are more likely to be included in general discussions than in detailed empirical findings. It would be possible to infer a large number of norms from the data on structural and interactional (Chapter 6) and transactional (Chapter 7) aspects of this sample of primigravidae. Some would be salient for most or all of the sample, while others would be more relevant to subgroups. The assumption that behaviour largely conforms to norms (Rodgers, 1973: 16) makes it possible simply to observe behaviour and then abstract from it a statement in the form of a sociological commandment as to a norm.

There is a certain circularity here. The behaviour is observed. The norm is inferred from the behaviour. In other words, the description of behaviour is recast as a prescription (if the behaviour occurs and is positively sanctioned) or as a proscription (if the behaviour occurs and is negatively sanctioned). Finally, the norm is said to influence or determine behaviour, and observation of the behaviour is said to prove [5] the existence of the norm.

A selection of topics relevant to the present work for which norms could be elaborated would include:

- a) timing and spacing of birth;
- b) premarital contraception and conception;
- c) the medical model of childbearing;
- d) breastfeeding;
- e) the mother role; and
- f) conjugal role allocation.

These would amount to little more, however, than a chapter restating the earlier data according to a different formula. The investigation of the dynamics of the normative dimension may more appropriately be achieved through qualitative, small-scale, anthropological research, given the sorts of considerations briefly outlined above (section 8.1). Such research was not part of the present project, nor indeed was it normative (in either the cultural or the statistical sense) when the present research was being designed. Sociologists, no less than others, conform to their culture and subculture!

[5] This does not of course 'prove' the existence of the norm, in the precise sense of the term 'prove' (i.e. test).

9.0 CHAPTER 9: THE DATA AND THE MODEL

9.1 Introduction

The model of developmental change in families already presented (Chapter 3) is intended to be of general applicability, and a number of substantive situations were used to illustrate this in the subsequent chapter (Chapter 4), which was intended to reorient attention from the general model to the specific topic of the transition to parenthood (see section 4.1). It was also pointed out in the latter chapter (section 4.8) that there were three ways in which the data could have been reported, and the reasons for choosing the approach used were outlined.

The approach used was to organise the data chapters around the four major dimensions in the model (structure, interaction, transactions and norms). Within chapters, the two major headings of both chronological and social process time, i.e. antenatal and post-partum, were presented serially in order to highlight the transition between successive family career categories. Where appropriate material was further organised on the basis of subheadings derived from the general sociological literature, which were used as heuristic devices.

The present chapter has two objectives:

- a) to provide an overview of the implications for the conceptual framework of the findings recorded in more detail in the data chapters (Chapters 6-8); and
- b) and to facilitate a search for ways of improving the model or conceptual framework by presenting the data organised in a manner consistent with the modules of the developmental model already presented (sections 3.2.1 to 3.2.6).

Thus little in the way of new data are introduced here, but the stance of improvement (section 2.2.1.3) is adopted again with the objective of investigating empirical data bearing on the model so as to indicate aspects of the model in need of improvement.

The following sections (9.2 to 9.7) correspond to the modules of the developmental model of family change (sections 3.2.1 to 3.2.6) and also to the illustrative and general material presented in the chapter linking the model to the data (sections 4.2 to 4.7).

9.2 Data Relevant To A Stable System With A History

The model or conceptual framework is consistent with the structural data, which showed the bulk of the primigravidae to be in conjugal pairs, in separate neolocal households, prior to the enlargement of their households at the birth of their first child. They had been married on average two-and-a-half years. About one-third reported that they had planned the conception and a further third indicated that they definitely intended to have children; the median number of children planned was two. Their socialisation into parental roles had particularly included the more rewarding, less skilled elements. The women expected to assume and enjoy the mother role while not anticipating problems with their partner's assumption of the father role. Changed domestic routines, less sleep and less independence were expected by the women, and they expected their partners to assume greater domestic responsibility, but there were no indications of serious or widespread marital difficulties.

Almost all of the sample had been in paid employment, but the proportion declined from marriage and especially sharply during the second and third trimesters of pregnancy. The occupations were diverse, with all of the major occupational rankings represented. Three-quarters had some educational or vocational training or qualifications. Remembered relationships with the family of orientation were fairly relaxed and relatively close with the mother, more relaxed and less close with the father, with parents' expectations remembered as being from realistic to high.

The orientation to the medical and health care system was positive and co-operative, accepting the jurisdiction of doctors and others and being willing to be processed through the hospital system. General Practitioners and Antenatal Clinic staff were especially salient. Antenatal classes were widely experienced and generally rated positively. The normative data presented were broadly consistent with the above data in such areas as adoption of the 'sickness model' for primigravidae and the 'natural bonding' model for new mothers, although there were inconsistencies in both, suggestive perhaps of some sort of normative change.

The broad characteristic of the data relevant to the first module of the model is the homogeneity [1] of the sample, and the consistency in most areas of the data with the model. This may be taken to suggest that the transition to parenthood is typically approached at a time when previous situational sequences have to some probably considerable initial degree been worked through, and prior developmental tasks have to a probably considerable extent been accomplished. There is some room for improvement in this

[1] The sample is of course homogenous in certain respects by definition; the passage here refers to other respects in which heterogeneity might have been found.

module, especially in the conceptualisation of fertility decision-making and the exploration of the normative dimension. As previously suggested (Rodgers, 1973: Chapter 8), the developmental framework is - so far - less useful in handling atypical positional careers etc., and the conceptual framework presented here also requires further work in this respect. However, no great deficiencies have been brought to light in using it to organise and present data relating to the bulk of a normal or typical New Zealand cohort of new parents.

9.3 Data Relevant To The Sources Of Change

In this module of the model (see section 3.2.2) provision was made for fitting the developmental change sequences to a variety of different substantive situations, as eleven major potential sources of change were identified. One, the impact of the addition of a new position - more particularly the birth of the first child - is pursued in the present research. Thus only a limited set of data are relevant to this module in the present work, pertaining to the addition of a position. Some inferences can, however, be made about other potential future sources of change, such as the influence of future paid employment of the wife-mother on the family (as an example of the influence of transactions on norms).

The addition of a position occurs at the birth of each child, and while the bulk of the literature has concentrated on the birth of the first child (Chapter 2 and Appendix A) there is the possibility (Hubert, 1974; Rapoport, Rapoport and Strelitz, 1977) that the birth of subsequent children may be of similar importance, comparable (or even more) in disruption than the first addition. It has already been pointed out (section 6.2) that arithmetic increases in the size of the family result in geometric increases in the number of relationships, and hence the complexity of interaction. The planned family sizes for this sample indicate that most can expect further such changes, as half the sample planned to have two children, and one-third planned to have three or more.

The clearest other indication of future potential change lies in the area of transactions with the economic system (section 7.2). A minority of the new mothers in the sample continued in employment, typically part-time, after the birth of their first child, but most saw childcare responsibilities as interrupting their employment history. For some this interruption was long-term, indefinite or permanent; however a significant proportion outlined their wishes and plans in terms suggesting a series of re-entries to and subsequent departures from the paid workforce. This is consistent with a useful model of New Zealand families' intercontingent family and occupational careers (Pool and Crawford, 1979; see also Beauchamp, 1979).

While the data are open to different interpretations and inferences, it is possible to regard some of the interactional data as suggesting interaction is another potential source of future changes:

- a) there were reported differences in husband-father's and wife-mother's future expectations of changes associated with the transition to parenthood; and
- b) the pattern of role allocations in the domestic sphere, with the almost complete assumption of parental responsibilities by the mother, might [2] with increasing family size and perhaps changing consciousness be a source of change in the future.

Other sources of change, while not directly addressed in the available data, are 'programmed' by the biosocial dynamics of human development. Thus changes associated with the maturation of the children, and their eventual departure from the family (i.e. the loss of positions), are virtually certain in the future. Of particular salience in New Zealand (and being experienced also elsewhere) is the 'post-parental revolution' (Swain, 1978a), which can be effectively handled within this conceptual framework. This complex of changes is in some ways the complement of the earlier transition into parenthood, and its conceptual explication and empirical investigation seem likely to enhance understanding of both transitions.

Most of the potential sources of change to families identified in relation to this module of the model are either substantiated by the data, or are the seemingly inevitable consequences of biosocial processes. While the complete investigation of this module will require further research in different substantive circumstances, the data to hand at present are consistent with the module, in which no great deficiencies have been exposed.

9.4 Data Relevant To Change Match And Mismatch

In the illustration of the model (section 4.4) the possibility of the addition of a position not unduly disturbing the various dimensions of a family was explored. It was suggested that where the conjugal interaction was characterised by separate activities, low levels of communication and relatively minor demands on one another's time and energy, with traditional role allocations and 'his' and 'her' social worlds, then the transition to parenthood might not unduly perturb interaction. Norms emphasising role performance rather than affect might similarly continue to

[2] See Abbott and Koopman-Boyden, 1983 on such areas of change and difference among a longitudinal sample of New Zealand couples interviewed when they were engaged and again as newly-weds.

operate, and if transactions with the economic system were 'his' area, for example, while those with the kinship system were 'her' area, the birth of the first child might not be disruptive.

The available and relevant evidence is incomplete, but what is available is not entirely consistent with the pattern suggested in the module, which thus appears to require further attention. However, there was little evidence of crisis, unlike some of the extant literature (Chapter 2).

The evidence in regard to interaction shows a fairly high degree of mutual activities, especially in the broadly recreational areas, and some expectation of paternal involvement in childrearing, especially the more rewarding (recreational or 'fun father' - Ritchie and Ritchie, 1978) and less skilled areas. The data on problem-solving suggest adequate levels of communication.

However a fairly traditional domestic role-allocation is anticipated, consistent with the low-perturbation scenario, although the new mothers' comments on loss of independence and expectations of fatigue etc. suggest that these role allocations may come up for modification in the not too distant future. The normative data add little, but there is a clear indication from the data on past and planned transactions with the economic system which suggest that while 'his' involvement is more continuous and salient, nevertheless 'her' pattern may well involve multiple re-entries into the paid workforce (Beauchamp, 1979). There are thus some data consistent with the no-perturbation scenario outlined above (and in section 4.4) and other data inconsistent with it.

The Problems of Parenthood Checklist data (Hobbs, 1965; 1968) (section 10.3) show little evidence of crisis, using the extant data as a benchmark (see Chapter 2 and Appendix A). The presence of some concern or stress but little or no medium-term crisis suggests that the modules of the model covered in the next section, showing routes through developmental changes and their outcomes, may be relevant. However first the evidence for various symptoms of above-threshold mismatch is presented.

It would not be possible to investigate all aspects of the model satisfactorily within a single research project of the order of the present work, as in a number of areas a great deal of exploratory and preparatory research would need to be conducted first. For example, the concepts of match, mismatch below the threshold and mismatch above the threshold require a great deal of explication and exploration before reaching the point of operationalisation. As presented in the model 'mismatch above the threshold' is an abstract concept used to articulate the change in structure from S_0 to S_1 in relation to I_1 , N_1 and T_1 with the perceptible symptoms of this conceptualised situation, viz. 'tension', 'conflict' and 'pressure to change'.

What evidence is available of the presence of one or more of these phenomena after the change from S_0 to S_1 ? It seems appropriate to use the Problems of Parenthood Checklist (*ibid.*) as one of the proxy measures of tension. The definition of crisis, while relatively concise in the more abstract conceptualisations, is relatively ambiguous or unclear in the published empirical studies (Chapter 2 and Appendix A), and hence the use of the Checklist to stand for tension or 'crisis' is not inconsistent with the extant literature.

The relevant data are given in section 10.3 where it is shown that the married women in the present research scored similarly to those in the previous research by Hobbs (*ibid.*), and in fact a little lower. As Hobbs data (*ibid.*) were stated to indicate a lesser degree of crisis than much of the concurrent or previous research, it would appear that the present sample of New Zealand primiparae experienced relatively little crisis, or tension. There were a few sample members, roughly one in ten, who did appear to experience what may be described as tension, but they were clearly a small minority, and this group have been shown (section 10.4) to be a construct of the researcher's data manipulation rather than a 'real' or distinct social group. For the bulk of the sample, then, tension was not a symptom of mismatch above the threshold.

Turning to conflict, there are at least two senses of this concept and hence two sorts of data that are available as indicators of conflict. The first sense, consistent with the structural-functional conceptual framework (Pitts, 1964), uses conflict in a dysfunctional or even pathological sense, and the indicators of this sort of conflict would be measures of family breakdown (Geismar, 1973). The second and more recent usage is based on an assumption that conflict is inevitably and even necessarily an aspect of social life, and that it is not necessarily dysfunctional and is certainly not pathological (LaRossa, 1977).

The indicators of this sort of conflict would be measures showing that the members of a family have different and contradictory interests or needs or wants in at least some areas of family life. This more recent view of conflict was not so directly addressed in the design of the present research. Only very small proportions of the sample reported that they had problems in their marriage sufficient to cause damage to the marital relationship or that they were in any way close to marital breakdown, which suggests that conflict in the first sense was not present in the sample to any noticeable degree.

It is with conflict of the second kind in mind that the model or conceptual framework can be examined for deficiencies - there is very likely to be room for improvement. The clash of interests arising out of intercontingent family careers looks to be a good example of the latter kind of conflict, and the most obvious (although not the only) substantive example would have to be the wife-mother's fertility and

employment careers. While the data are not conclusive, there is some evidence that conflict in this sense may have been present.

In each of half a dozen areas of family life, from sex to in-laws, there were sometimes substantial proportions of the sample who at least sometimes disagreed. Disagreement was least for the demonstration of conjugal affection and greatest for relations with in-laws, but typically such disagreements were resolved by compromise, although in some areas (such as sex) the husband was a little more likely to achieve his point of view. Disagreement was very rarely rated as a problem for any of these areas of family life, and hence the conclusion has to be that conflict is present, in the sense of the clash of interests, but that in the great bulk of these relationships conflict was institutionalised (*i.e.* regular, routine arrangements to handle it had been made) on a firm basis. The exact nature of compromises was not investigated, but one inference would be that where conflict was resolved by compromise (and typically it was) this would be likely to be via the route of morphogenetic change, as there was no evidence of coercion and little or none for emotional expression, although there is some evidence for avoidance given below. This question is a fruitful one for further investigation.

Another approach - and conclusion - would begin from the disparity highlighted by Bernard (1973) between married women's reports that they are happy (when researched directly) and their poor physical and emotional/mental wellbeing (relative to married men and single women). A more intensive, qualitative approach (Gilling, 1985) might clarify the nature of conjugal conflict and compromise at the birth of the first child.

The third of the symptoms of mismatch above the threshold was pressure to change. Implicit in this concept were notions of a focus on solutions, deliberate action and perhaps even rationality. A series of questions asked around the topics of antenatally expected changes in the respondent's life and in her partner's life, and about actual post-partum changes in their lives, might have evoked indications of pressures to change. The antenatal data were extensive and diverse, with a wide variety of responses and relatively little concentration of the sample on particular ones. The responses themselves were couched in very general terms and did not seem the basis of coherent pressures to change. The post-partum data were less extensive in the range of responses, with larger proportions of the sample classified under each response, but the same general terms were used and the data overall still did not seem to be the basis for inferring the presence of pressure to change.

The two areas in which prima facie the responses suggested a coherent intent to change, or control outcomes, were in transactions with the economic system and in interactions reported under the heading of biological reproduction. There was a clear pattern of intentions to change transactions with

the economic system, with the bulk of the sample stating an intention to withdraw from paid employment and doing so. There was recognition of the implications for the family system of this change, in terms of reduced income at a time when expenditure would rise, and there was in a large minority of cases an intention to return to the paid workforce either part-time or full-time as soon as child care responsibilities (defined in terms of the wife-mother's virtually exclusive responsibility) permitted this.

The research was of insufficient duration (see Chapter 5) to permit these intentions on the part of sample members to be compared with outcomes, but it may be noted that the previously expressed intentions to withdraw from the workforce were effected as planned. Fairly substantial proportions of the sample had not planned either the eventuality or the timing of the first birth, which perhaps suggests that a degree of scepticism (on the part of the researcher) in regard to the sample's future fertility plans might be appropriate [3]. Nevertheless, the great majority were able to state a desired family size and this statement was quite stable from antenatal to post-partum measures. The most widespread stated contraceptive method was the oral contraceptive pill which has a high use-effectiveness and reinforces the picture of pressure to control or change this (fertility) aspect of family life in a deliberate manner.

In summary, then, the data relevant to this module suggest that:

- a) there may be some tension but it is not at a high, or 'crisis', level;
- b) there is some conflict, but it is typically reported as being handled by satisfactory methods of conflict resolution;
- c) there is little coherent specific pressure to change (other than perhaps in the areas of paid employment for the wife-mother, and contraception/family planning); and
- d) some changes, understood in general terms, are expected.

9.5 Data Relevant To Working Through

The data suggestive of an absence, or low level, of crisis (section 10.3) can be framed in model terms as consistent with the statement that for the bulk of the families represented in the sample there was a continuing match among

[3] The literature, however, suggests that fertility control improves as family size increases towards, and particularly beyond, desired family size, so perhaps excess scepticism should be avoided!

the four main dimensions of description and analysis, viz. structure, interaction, transactions and norms, after \bar{S}_2 , or - perhaps more plausible - any mismatch remained below the threshold for the bulk of the sample. Thus there would not be a great deal of evidence detailing the various coping behaviours such as emotional expression, avoidance, coercion and morphogenesis. That there is not a great deal of such evidence is consistent with this argument, but far from conclusive proof of it.

No questions were asked which were directly addressed to the presence and, if present, the nature of emotional expression as a form of symptomatic relief, but open-ended questions do permit the spontaneous mention of any matters salient and available for discussion by the sample. No such matters were spontaneously mentioned. However if the phenomenon understood by many respondents as the 'new baby blues' (and in at least some instances more usually termed post-partum depression) is acceptable as a proxy variable for emotional expression, then there is clear evidence of widespread emotional expression which took the form of feeling 'homesick', lonely, tearful, emotional turmoil, depressed or inadequate, with the latter two predominating in later periods of the same phenomenon. For a majority of those experiencing the 'new baby blues' there was no assistance from medical or health care professionals. A few respondents appreciated sympathy or counselling from nursing staff, and some husbands were sympathetic. It would not be unreasonable to infer from these data that while some symptomatic relief for such mismatch above the threshold as was experienced was obtained by emotional expression, the evidence (section 7.7.2) is inconclusive.

The only evidence which can be adduced in respect of the avoidance coping mechanism is very indirect:

- a) the four interviews had very low refusal rates for individual questions throughout;
- b) the refusal rate for the whole research (i.e. refusal to participate at all) was quite low at 16.4% (see section 5.4.2); while
- c) questions asked at the end of each interview about the interview in particular and the project in general received generally approving responses in unspecific terms.

The implication of these points is that there were no taboo topics in the research, and hence by implication there was little or no avoidance of areas of above-threshold mismatch for sample members. While suggestive of a finding this evidence is not, of course, conclusive. A relatively large-scale structured-interview sample survey is not the most sensitive of methods of social research - its strengths lie elsewhere.

There are some areas of family interaction which are not readily accessible in the course of ordinary research, although research associated with social agencies (e.g. Fergusson, Fleming and O'Neill, 1972) or sensitive qualitative research with a specific focus (LaRossa, 1977) can be valuable. It was not possible to obtain data on coercion in the course of an interview-based, large scale, longitudinal sample survey, and hence this portion of the model remains entirely speculative.

Morphogenesis, the search for new patterns or system modification, has connotations of deliberate innovation, and it would be plausible to assume that it bears a stronger relationship to pressure for change than to the other variables in that set. There are some data on aspects of morphogenesis for this sample.

Information is an important part of morphogenesis. The bulk of the sample attended antenatal classes, a relatively high proportion of the content of which [4] was information. The quantity of information made available was thus quite substantial. As most attended the same classes the variety of information might be thought to be low, but questions on sources of information on labour, delivery and breastfeeding indicated a wide variety of sources, varying from health professionals and the media to friends and relations, and thus the overall effect would be of variety. There is little indication in the data of the level of communication achieved by these couples, except the indirect indication from the lack of mention of communication problems in the open-ended questions about problems, and perhaps the generally positive responses to such proxy variables as the husband paying more attention to the baby than to his wife. Finally, the extent to which the sample members were involved in transactions with other systems, especially the economic, medical and health care and educational systems, suggests that the family system boundaries were relatively open, which also facilitates morphogenesis. Overall, then, the information variables appear to be patterned in ways likely to facilitate morphogenesis.

Morphogenesis is a concept applied to developmental changes in families only recently (Aldous, 1978) and hence there is little in the way of research directly dealing with this concept. In the present research there is evidence of factors likely to facilitate morphogenesis, but no direct evidence of this process itself. Likewise the concepts of 'checking for fit', 'fit' and 'lack of fit' (or match) are used to articulate or connect the elements of the model, and

[4] At the time of the fieldwork there was a noticeable difference between the Campbell-Johnstone classes, which were largely concerned with imparting information, and the Parents Centre classes, which were designed to include greater attention to group discussions focused on feelings and emotions.

data directly measuring them were not collected in the present research. Similarly, the 'reversion' and 'dissonance reduction' process of change still requires conceptual explication, operationalisation and empirical investigation.

The empirical investigation of the sorts of processes suggested in the illustration of the model (e.g. in the latter part of section 4.5) probably requires a rather different methodology from that employed in the present research (Chapter 5), one based on participant observation and similarly qualitative, small-scale, in-depth studies (like LaRossa, 1977). Clearly this was not feasible in the present research, but nevertheless some material bearing on a number of the elements in this complex module has been presented.

9.6 Data Relevant To Role Transition And Mismatch

There are a large number of relatively highly explicated concepts in this module of the model, and hence the treatment of them will be to review them serially in the same order as in the earlier presentations (sections 3.2.5.1 to 3.2.5.19 and 4.6), indicating the relevant data.

The bulk of the sample were exposed to relatively extensive anticipatory socialisation, through care of siblings in the family of orientation, having adult siblings with children, fairly extensive experience of parentcraft activities (although more especially those which are rewarding and unskilled) and nearly universal exposure to antenatal classes, typically lecture-based hospital ones. At antenatal interviews the bulk of the sample felt that they were adequately prepared for labour, delivery and breastfeeding.

While it is difficult to establish a benchmark so that a particular level of exposure can be described as adequate, Burr (1973: Chapter 6) has suggested that the greatest difference in effect of anticipatory socialisation lies in the contrast between none and any, rather than between some and a great deal more. Thus it is plausible to argue that the extensive exposure of the great majority of the sample to anticipatory socialisation is likely to have contributed to the relatively low level of crisis experienced, and to ease of transition to parenthood.

There is little evidence of continuing socialisation through formal agencies, except those which form part of the medical and health care system. Alone among the child health care agencies the Plunket Nurse is trained in child development across the social, intellectual and emotional areas as well as the physical, and there was a considerable degree of contact with Plunket Nurses in this sample, so it is reasonable to assume [5] a degree of continuing formal socialisation into parental, or more precisely maternal, role behaviour. There is also the continuing socialisation provided by the infant for his or her caretaker(s) (see LaRossa and LaRossa, 1981, who subtitle their book 'How

infants change families'). There is some suggestion in the mothers' descriptions of their babies that these infants were fairly active, and hence it is argued that continuing socialisation by the infant was part of the mother's experience. Although less clear than for anticipatory socialisation, on balance such data as are relevant suggest some continuing socialisation and hence perhaps some contribution to match or below-threshold mismatch (i.e. ease of role transition).

There is little evidence to indicate the presence of important and definite transition procedures. There was no spontaneous mention of such rites de passages, although there was a clear pattern of paternal participation in antenatal classes featuring breathing and relaxation training, and paternal presence during labour and birth, which it has been suggested (section 4.7) may at a stretch of the imagination be regarded inter alia as rites de passages.

The variable 'amount of normative change' was earlier described as difficult to operationalise (section 4.7), and difficulties with the empirical measurement of the normative dimension have been further discussed (section 8.1). For these reasons data were not collected on these areas, and thus it is not possible to present relevant data here.

There are data with some bearing on the variable 'adequacy of the role complex'. This concept summarises:

- a) incomplete role-making;
- b) lack of realism about actors' abilities and resources;
- c) the trial-and-error element of improvisation [6];
- d) the perception, on the part of their mothers, of seemingly endless demands by infants, and maternal guilt at the prospect of attending to any of their own needs.

It is not the same as role conflict (different expectations of the same role) or role incompatibility (incompatible expectations of different roles within the same position).

[5] This is stated cautiously because the overt organisational goal of the Plunket Society - as with any organisation - may not be fully achieved in practice. There is evidence for example (Salmond, 1975) that the Society does not deliver its child health/development service very well to certain categories of families, although a universal service is the aim.

[6] This has been conceptualised as 'tentation' by Himes (1968), who has identified this process as one of several sources of social change more generally.

One of the more frequent descriptions of the 'new baby blues' (especially for later experiences of them) was a sense of inadequacy, inability to care for the baby or ignorance of mothercraft. In many of the roles adults are called upon to play in complex urban industrial societies there is systematic training and certification before the role is enacted; for most of the roles without this preparation there are few severe penalties for inadequate role performance. The parental role combines a lack of training and certification with perceived severe penalties for incompetence. It is to this situation that a proportion of the new mothers with what they understood as post-partum depression may have been reacting.

These mothers also to some degree anticipated and regretted a loss of 'independence' and 'freedom' which may be suggestive of this dimension of seemingly endless infant demands. Further, a proportion of the sample reported a recollection of somewhat unrealistic expectations by their own parents, especially perhaps their fathers, of themselves and their siblings as children. This might contribute to more realistic expectations of their own infants, hence reducing one component of role complex inadequacy. However one could also argue that much maternal behaviour (especially basic orientations perhaps) is learned in the family of orientation, long before marriage and conception. This might well mean that the present sample members might tend to find themselves with unrealistically high expectations of their own children, notwithstanding their exposure to anticipatory socialisation and their own experience of just such expectations. These data are indicative rather than conclusive, and thus some of this discussion must be speculative.

It would be a substantial task satisfactorily to conceptualise and adequately to measure the level of maternal role performance ability in a large sample. The measurement is most clearcut at the lowest levels (e.g. there is little argument about what constitutes gross physical child abuse) but within the broadly 'normal' range of performance ability the lack of consensus among self-styled childrearing experts mitigates against the establishment of objective criteria.

Moreover, in the early months of childrearing, during which the last interview of the present research was conducted, the role tasks most salient are perhaps predominantly of physical nurture, and such important later tasks as the management of emotional expression have yet to emerge, so that the full range of role performance abilities (or inabilities) is not yet accessible for evaluation. Thus only a limited set of data from which future role performance ability may be inferred are available. In the tasks of labour and delivery management, and initiation and sustaining of the breastfeeding relationship, a range of outcomes was measured. Of course ability is only one variable influencing outcome, and it is difficult to see a way of disaggregating the effects of the various variables influencing outcome, so that these data are and perhaps could not be conclusive.

However it may be noted that the mothers' evaluations of their labour and delivery, and their own management of it, were variable:

- a) some found the experience easy and their own management satisfactory;
- b) some found it short and sharp, and their own management as good as could be expected in the circumstances; and
- c) some found the experience distressing and felt guilt and shame at their perception of their mismanagement.

The pattern in respect of breastfeeding was somewhat different: there was a spread of actual performance, from failure to initiate breastfeeding through a modal pattern of some weeks lactation to the establishment and sustaining of a long-term breastfeeding relationship. The mothers' self-evaluations were rather more positive here, and only small minorities were upset at their lack of ability in this area.

We now turn to a chain of variables: adequacy of role definers, level of role consensus, and role clarity (which links to match/mismatch). The various data on sources of information and support both antenatally, in labour and delivery and in the early post-partum period suggest that there is no single dominant group of role definers, or reference group for maternal role behaviour. With respect to kin, there is some basis for including the new mother's own mother, her siblings and especially her husband as important role definers, as all were shown to be in a position to contribute to the definition of the maternal role, and the latter especially was singled out as influential.

There was little specific identification of friends, neighbours or fellow-members of antenatal classes as significant role-definers, except that in the case of the latter the preference for in-class group discussions among class members (rather than lectures by health care personnel) may indicate a willingness to learn role definitions through give and take with peers [7]

The media (books, magazines, pamphlets etc.) were identified by proportions of the sample as sources of information and advice in some areas, but this was not extensive, and very few indeed identified the media as most important sources. If it is accepted that the most inconsistent but authoritative role definers [8] are the 'experts' working through the media then it might be inferred that on the whole the role definers for this sample were relatively adequate.

[7] Peer 'give and take' is the overt basis of classes offered by Hamilton Parents Centre (Inc.), which a proportion of the sample attended.

This implies that for these respondents - and in the light of the data collected - there was something approximating a consensus on definition of the maternal role at least, and there was little indication of a lack of consensus (which might have been evident in, for example, definitions of post-partum depression as 'confusion' or identification of 'conflicting advice from in-laws etc' as problems).

With a relative adequacy of role definers, and something approximating role consensus, then it would be reasonable to assume a fair degree of role clarity. Again the evidence is mostly negative: lack of role clarity was not identified spontaneously (in terms meaningful to the sample) as a widespread problem, and some aspects of the maternal role seemed to be quite clear. Thus it was a clear definition of the maternal role that the caretaker should not, in principle, be significantly involved in transactions with the economic system during the child's early years, and there were other clear definitions in more specific areas, such as breastfeeding for example.

This is not to suggest that there was complete adequacy of role definers, total role consensus and absolute role clarity. The data are insufficient to support such contentions. The tentative conclusion is that each of these variables appears to have been towards the positive end of the range of possibilities as specified, and hence it is reasonable to infer that the net effect was to contribute to ease of role transition, low levels of crisis, and match or below-threshold mismatch.

The next set of variables to be considered is the group comprising 'extent of goal attainment' as independent variable and 'value of goals' and 'duration of role' as intervening variables, with 'extent of substitute gratification' as a further intervening variable affecting the latter.

The first question in respect of goal attainment is whether the birth of the first child indicates attainment of the goal of parenthood? For one-third of the sample both the transition to parenthood and its particular timing were said to have been planned, which means that the birth of the first child was the attainment of a goal. For a further one-third the timing was not planned, but parenthood was envisaged as a future goal. For most of the remainder (excluding the single

[8] The combination of inconsistency or contradictions and an aura of authority or widespread use is assumed to be very unhelpful (i.e. inadequacy on the part of the role definers). The fairly recent revision by Dr Benjamin Spock of some of his previously expressed views on baby and child care was quite widely publicised in New Zealand. Some parent educators and new parents felt that this was undermining the effectiveness of Dr Spock (and perhaps the parent educators too). This may illustrate the point quite well.

women) neither the timing nor the transition itself were specifically planned, but were more or less acceptable. These data suggest that for the majority of the sample the first birth itself represented the attainment of a goal. It is possible that the birth was planned as the means to a goal (stabilisation of a marriage, approval from parents, status among peers and so on) rather than as a goal itself, but these sorts of motivations were not particularly accessible through large scale sample survey interviews.

The evidence in respect of other goals is a little more indirect. There were some spontaneous comments to the effect that plans had to be changed with the pregnancy or birth, and some of these specified goals that would have to be modified, but such comments were confined to small minorities of the sample. The withdrawal of most of the women from paid employment was accompanied by quite widespread comments about financial stringencies, implying that material goals might have to be modified. However, post-partum the bulk of the sample were in owner-occupied houses or similar, suggesting that the goal of home ownership was not thwarted, and indeed may have been precipitated, by the first birth. There was some evidence that there was a change in the nature of outside activities and interests, in predictable ways (see Harvey, 1980), and that the extent of such activities was reduced, but as with the other areas for which some data have been presented the absence of data on the value of goals must make any conclusions very tentative.

Data on planned family size, spacing and contraceptive practice may throw some light on the expected or planned duration of the especially active early childhood phase of the maternal role. Virtually all of the sample (excluding only the single women and a small proportion of the married women) planned to have more children, typically one or two more. Over two-thirds of the sample planned to use contraceptive measures in the twelve months following their first birth. These data, considered in conjunction with the close and reducing birth interval in New Zealand (Sceats, 1982), suggest that the duration of the especially active early childhood phase of the maternal role might be about eight years (*i.e.* from the birth of the first child until the second attains the age of five) or perhaps a little longer (*i.e.* if there are three or more children or the birth interval is greater than average). The clear indications of planned family size and intended contraceptive usage suggest that even if the duration of the active phase of the maternal role is seen as long, it is nevertheless seen as definite and finite, which may be almost as effective as short duration in reducing crisis.

Finally in this chain of variables we turn to substitute gratification. There were clear indications of this phenomenon. Infant care, especially nutrition (whether bottle or breastfed), was widely reported to be rewarding; the sense of family and improvements in this aspect of the conjugal relationship were offered spontaneously by some of the sample; and the babies were widely described in positive

terms even when associated with distressing or demanding attributes.

The most reasonable conclusion from these data is that goal attainment and its various intervening variables appear to have assumed patterns and values consistent with relative ease of role transition, low levels of crisis and thus match or below-threshold mismatch.

The next set of variables are those organised around the abstract concept of 'role strain'. The first of these is role conflict, which refers to conflicting definitions of the same role by different role definers or reference groups. There was no direct evidence of role conflict, which (in everyday terms) did not appear in the description or perceived causes of post partum depression given by sample members; and was not directly mentioned in responses to questions about problems. In part the absence of data for this concept may have arisen because the more structured measures, such as the Problems of Parenthood Checklist (Hobbs, 1965; 1968), do not include items specifically about this topic.

Role conflict is subject to the influence of role congruence, which is not to be confused with role consensus (discussed above). Role consensus is found (when it is present) among role definers, with whom the actor may have no direct contact, simply learning the role definitions provided. Role congruence involves those counter-positions with which the actor has direct interaction. There is role congruence when the actor and those in counter-positions agree on the norms governing the actor's and the counter-positions' role performance. For the wife-mother position (the respondents in this research) an important counter-position would be that of the husband-father; others might include her mother, perhaps other kin or friends; medical and health care personnel might also be important for some; and so on.

As far as the husband-father counter-position goes, the available data suggest a high degree of congruence in that there was only a low reported level of disagreement over a variety of domestic and interpersonal areas, although the latter did not constitute an exhaustive list, and hence there might be other areas where there was less congruence. And of course the final interviews were conducted at 8/26 weeks post-partum, which might be early days for the emergence of lack of congruence.

Turning to another set of variables influencing role strain, there is role incompatibility, influenced by the adequacy of sanctions which is itself mediated by role compartmentalisation. Incompatibility refers to conflicting expectations for different roles forming part of the same position. There may be no role conflict and high levels of consensus and congruence, and yet two roles may simply not be compatible with each other in practice.

A proportion of the reasons given for withdrawing from paid employment were suggestive of incompatibility between the maternal and employee roles, although there was no suggestion of incompatibility between the paternal and employee roles, or between the maternal and other conjunctive roles such as wife-mother in the family of procreation and daughter in the family of orientation. Several questions probed for possible incompatibility between the maternal and conjugal roles, but the sample did not expect this to be a problem and mostly did not report it as a problem later.

There is little direct evidence relating to sanctions in respect of adults. There is a tendency in the literature to suggest that the husband-father has greater resources, and hence more sanction power, than the wife-mother, especially when the latter has withdrawn from paid employment (Blood, 1963; but see also Pool, 1978). It did appear that where there was an imbalance in the resolution of disagreements, that imbalance tended to favour the husband-father, which is consistent with the bulk of the literature on conjugal power (see also LaRossa, 1977). There is even more indirect evidence of the sanctions available to the infant, but it could be argued that babies who cry, and whose crying upsets their mothers and influences their behaviour (e.g. they pick up the baby), are exercising sanctions, whether consciously or not. There was little evidence of sanctions used against the babies, although a few were likely to be smacked even at only a few months old (see Ritchie and Ritchie, 1981).

There is no evidence bearing directly on role compartmentalisation. It might be the case that role compartmentalisation emerges over time in response to role incompatibilities, and that this takes longer than the first few months after the transition to parenthood.

Another variable conceptualised as contributing to role strain is the level of role activity. The salient roles for the sample members included: wife, mother, daughter, daughter-in-law. There was evidence suggesting that other roles included friend, neighbour and (part-time, for some of the sample) employee, but that these were less salient. Post-partum activities, including recreational ones, indicated further partial or intermittent roles. The overall level of role activity prescribed for the sample, in terms of the number of roles attaching to the wife-mother position, was relatively low. This does not mean that the level of activity required for salient roles was low. Thus the maternal role was, predictably, demanding, with a substantial proportion of the sample reporting fatigue as a post-partum problem.

The difficulties already discussed (section 8.1) with data on norms means that discrepancies between norms for the wife-mother position and actual role behaviour, and tolerance of such discrepancies, cannot be presented in the form of available data.

The variables comprising the role transition module of the model appear, from the incomplete data pertaining to them, to contribute most frequently and strongly to ease of transition, low levels of crisis and match or below-threshold mismatch in all four major dimensions of the model. These conclusions must be tentative because while this is the direction of the data:

- a) not every datum is consistent with this conclusion;
- b) benchmarks are not available for the evaluation of some data;
- c) the dataset is incomplete; and
- d) the quantitative methodology initially adopted has its limitations in exploring a number of these matters.

It should be noted that several times in this section reference has been made to the likelihood that other (i.e. more qualitative) methodologies will be required in order more fully to explore the concepts used in this module of the model. In view of the several matters here summarised, caution in the use of this module and further theoretical and empirical work are necessary.

9.7 Data Relevant To Equilibrium Regained

This module of the model (see section 3.2.6) has perhaps more conceptual than empirical importance, in the sense that it is a reminder of the cyclical character of earlier developmental formulations of family careers. The developmental tasks associated with the initial perturbation have been accomplished, and the situational sequence has been completed so that the system is once again in a state of temporary equilibrium similar to that described earlier (sections 3.2.1).

There are indications in the data for the early post-partum period that the structure of these families at S_4 will comprise three positions (wife-mother, husband-father and child) with a stable and fairly satisfying marital interaction and adequate performance of parental roles (or, perhaps more accurately, maternal roles). The family's transactions with other systems will be dominated by the husband-father's conjunctive role of breadwinner-worker, although the wife-mother will have some transactions with external systems such as the medical and health care system and probably the extended family system.

There are also indications of two distinct optional future perturbations being activated, namely the addition of further positions to the family structure at S_5 to S_6 and the re-entry of the wife-mother into paid employment thus modifying T_5 and thus I_5 , N_5 etc. In addition there are the the 'programmed' future sources of developmental change consequential on the first addition to the family structure,

namely the maturation of the child members of the family, and almost certainly their departure from their family of orientation during late adolescence or early adulthood.

It is thus a plausible expectation that these families may achieve equilibrium in the later post-partum period, especially as they appear to have experienced relatively low levels of crisis (i.e. only limited system perturbation), but the cyclical sequence of equilibrium and perturbation (based on the evidence regarding planned family size and planned wife-mother's return to paid employment) appears to be equally plausible as a framework for making sense of the future family careers of these families.

The model of developmental change is intended to be applicable to all of these sources of system perturbation, but the data collected do not extend sufficiently into the later post-partum period to clarify the nature and duration of the equilibrium phase which follows the first birth. However the short mean period between the first and second births in New Zealand (Sceats, 1982) suggests that this equilibrium period is likely to be relatively short, and that further perturbation lies in the near future.

9.8 Summary

This chapter is based on essentially the same data as the earlier ones (Chapters 6-8) which dealt with the structural and interactional, transactional and normative dimensions of the model, but organised differently and with a different purpose. The earlier data chapters presented data organised longitudinally, by the main dimensions of description and analysis, so as to capture the social process time aspect of the model. This chapter might be described as more of a cross-sectional presentation, although the analogy is not exact. The data here have been organised into sections corresponding to the portions of the model presented in the main theoretical chapter (Chapter 3) and in the next chapter which provides empirical illustrations of the model components (Chapter 4), in order to suggest links between the theoretical and empirical parts of the present work.

The objective in this chapter has been to discover the extent to which the model can usefully be used to order and make sense of empirical 'reality'. This 'reality' is as reflected in the data on one particular substantive situation to which it is intended inter alia to be applicable, i.e. the dataset on the transition to parenthood of a large sample of primiparae. This exercise provides some of the foundations of any subsequent attempt to improve the utility of the model.

In general the model or conceptual framework was found to be broadly consistent with the data, although data were unavailable for some of its components, were sometimes inconsistent, and/or were sometimes proxy variables capable of several interpretations. It has been emphasised (as

appropriate) that some of the conclusions drawn must be regarded as tentative, or even speculative, in the absence of more data, some of which will need to be collected by rather different methods. Nevertheless the broad applicability of the model to the representative sample of primiparae, and the utility of the model in providing a basis for the organisation and presentation of a large and diverse dataset, have been explored and demonstrated.