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Anxiety and psychological wellbeing in couples in transition to parenthood

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A B S T R A C T

The aim of this study is to analyze the impact of anxiety and psychological well-being of couples in the transition to parenthood. A sample of 256 participants was divided into five groups: 54 "not seeking pregnancy", two groups seeking pregnancy, 50 "infertile that did not get pregnant" and 50 "infertile that achieves pregnancy", 50 "natural pregnancy", and 52 "fertile with children". State-Trait Anxiety Inventory (STAI) and Psychological Well-being in Couple Scale (EBP in Spanish) were used. The "infertile group that achieves pregnancy" gets the highest state-anxiety levels, even though regarding the anxiety-trait the group that is "not seeking pregnancy" shows the highest levels. Regarding psychological wellbeing in couples, the "natural pregnancy" group shows the lowest scores. These results demonstrate the possible functional role that anxiety-state in non-clinical levels can play in getting pregnant and confirm that psychological well-being in couple's relationship decreases only during pregnancy.

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Ansiedad y bienestar psicológico de la pareja en la transición a la paternidad

Palabras clave:
Transición a la paternidad
Ansiedad
Relación de pareja
Sexo

R E S U M E N

El objetivo de este estudio es analizar el impacto de la ansiedad y el bienestar psicológico de la pareja en la transición a la paternidad. Una muestra de 256 participantes se dividió en cinco grupos: 54 "no buscan embarazo", dos grupos que buscan el embarazo, 50 "infértil que no consiguen embarazo" y 50 "infértil que logra el embarazo", 50 "embarazo natural" y 52 "fértil con niños". Se utilizó el Inventario de Ansiedad Estado-Rasgo (STAI) y la Escala de Bienestar Psicológico de la pareja (EBP). El "grupo infértil que logra el embarazo" es el que tiene más altos niveles de ansiedad estado, aunque, en relación con la ansiedad rasgo, es el grupo que "no busca embarazo" el que muestra los niveles más altos. En cuanto al bienestar psicológico en la pareja, el grupo "embarazo natural" es el que muestra las puntuaciones más bajas. Estos resultados demuestran el posible papel funcional que la ansiedad estado en los niveles no clínicos puede jugar en el embarazo y confirma que el bienestar psicológico en la relación de pareja disminuye sólo durante el embarazo.

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The transition to parenthood may be perceived as a positive life event but it can also be one of the most stressful and challenging changes in life (Deave, Johnson, & Ingram, 2008; Fillo, Simpson, Rholes, & Kohn, 2015). Parenthood can be regarded as a mental state, a stage of life, a personal choice, a psychological and biological transition, and a great need for the evolution of the species (Swain, 2011). Undoubtedly, the birth of the first child transforms the lifestyle of couples and forces them to make significant changes in their dynamics and functioning in order to adapt to their new roles as parents (Ohashi & Asano, 2012). The transition from pregnancy to parenting involves periods of adjustment, modifying the lifestyle from one stage to another. These periods have important

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implications for parents, for the parent-child relationship, and for infant development.

But parenting is not a single event but a process. Typically, it begins with pregnancy (or for some couples even before pregnancy, with planning, fertility tests, or by taking prenatal vitamins) and ends a few months after birth. During the transition to parenthood, the couple undergoes a profound transformation, differentiating their relationship into two subsystems: the conjugal dynamics and the co-parenting dynamics (Bouchard, 2014). Some authors suggest that couples become more dissatisfied with their relationship after having children, because the arrival of a new member requires the reorganization of the family dynamics, which can be experienced as a "crisis" (Twenge, Campbell, & Foster, 2003). According to Cowan and Cowan (1995), on average the satisfaction with the relationship usually decreases after the birth of the first child. Thus, for some people it means changes in their life role, the development of chronic fatigue, increased financial burdens, and greater work-family conflict, all of which can increase stress levels. Frequently there is a decrease in marital satisfaction, couple's activities, a reduction in sexual and intimate activities, a reorganization of work and leisure time, and increased conflict (Adamsons, 2013; Cowan & Cowan, 1995; Fillo et al., 2015; Lawrence, Rothman, Cobb, & Bradbury, 2012). The adjustment that occurs during the transition to parenthood differs significantly by sex. Thus, women tend to report higher levels of stress and greater decrease in marital satisfaction than their partners (Bouchard, 2014; Gameiro, Moura-Ramos, Canavarro, Almeida-Santos, & Dattilio, 2011), as well as greater changes in lifestyles and routines (Deave et al., 2008). Nevertheless, in some cases the transition to parenthood may not lead to negative effects (Twenge et al., 2003). Some parents maintain the same levels of satisfaction they had before the birth of the baby and some relationships even improve (Cowan & Cowan, 1995; Fillo et al., 2015; Lawrence et al., 2012; Twenge et al., 2003).

The transition to parenthood is by nature multidimensional and complex, encompassing cultural aspects (de Montigny & de Montigny, 2013) and biological, psychological, dyadic, and social dimensions (Testa, 2010) and so, deciding to have children is one of the most important issues many couples face in their lifes. Unlike earlier times, thanks to contraception, couples today are free to decide when to have children and how many they are going to have. When deciding on this issue, they can also consider whether having a child will affect their relationship (Mortensen, Torsheim, Melkevik, & Thuen, 2012).

Many pregnancies are unplanned, babies are born earlier than young couples might want, some are parents without having planned to stay together long term and others unexpectedly become parents as older adults. Even for those that have planned, it may take some time to achieve pregnancy (Redshaw & Martin, 2009). In the field of fertility, the goal is a child, the act is giving birth, the context is the couple, and all this in a short period of time, which can make the intention to have children be more realistic (Testa, Cavalli, & Rosina, 2012). However, many couples decide to postpone parenthood, waiting for the right time (job, economic, emotional security, etc.) thinking that when the time arrives they will have children. On occasions, the right time comes but desires and nature do not come together and then couples must face making complicated decisions such as deciding to not be parents, to adopt or undergo infertility testing and/or treatment (Redshaw & Martin, 2009).

In this last case, in addition to the transition from being a couple to a family, the couple must also make the transition from infertility to medically assisted fertility. If we consider the experience of infertility as a stressful life event, it follows that the stress associated with infertility will affect the quality of subsequent interactions in families who have conceived by assisted reproduction (Cairo et al., 2012). For some, the word paternity and/or maternity evokes memories, for others a desire, and for many an idealization (Swain, 2011), since for people in infertility treatment, this fact is preceded by many years of efforts, dreams, and desires. However, according to Gameiro et al. (2011) couples who conceive through ART report higher levels of marital satisfaction in the transition to parenthood. According to these authors, this increase is due to the experience of infertility, because during this time the relationship can become stronger. In fact, many couples think that infertility has strengthened their marriage, enabling them to face other difficulties.

However, the decision to delay parenthood is not without consequences. In addition to reduced fertility, it can lead to the need for more prenatal tests in the first months of pregnancy, more interventions during labor and higher rates of caesarean section, and, more commonly in older women, poorer physical health after birth. Therefore, postponing parenthood may seem appropriate at a given time but can be regretted (Redshaw & Martin, 2009). Moreover, successful treatment does not guarantee that women will adapt easily to their new lifestyle. Difficulties in adapting to pregnancy are particularly common among infertile women.

In general terms, the pregnancy itself is a state in which the physical, psychological, and social changes can disrupt the couple because it is not only a complex psychological process but it is also an important event in the life of the woman, her partner, and their families (Lepecka-Klusek & Jakiel, 2007). Many studies describe pregnancy as a time which is a challenge for some couples, often characterized by changes in the dynamics of the relationship (Martin & Redshaw, 2010) and/or lowering of the quality (Dulude, Bélanger, Wright, & Sabourin, 2002). Acording to Henriksen, Torsheim, and Thuen (2015) the level of relationship satisfaction predicts the risk of infectious diseases in pregnancy. These results are especially important because infectious diseases have the potential to harm the mother and the developing fetus when they occur during pregnancy. Moreover, stress during pregnancy has adverse effects on emotional health. Thus, pregnant women who have stress have a higher risk of substance abuse, developing preeclampsia and premature delivery (Flanagan, Gordon, Moore, & Stuart, 2015), such that high anxiety symptoms may affect fetal growth (Field et al., 2003). That is why some studies have focused on the search for interventions that promote the wellbeing of pregnant women. So, it has been found that relaxation causes a significant decrease in negative emotional states such as anxiety during pregnancy (Guszkowska, Lagwald, & Sempolska, 2013), since it favors states of wellbeing and positive emotionality, promotes bonding of the pregnant mother with the fetus and helps them face and manage stress, and this favors the mother and the unborn child (Nereu-Bjorn, Neves de Jesus, & Casado-Morales, 2013).

Thus, taken as a whole, the transition to parenthood encompasses different moments, ranging from a decision not to have children, to then trying, then waiting, and finally parenting. At each stage the relationship is different, and stressful situations can bring out anxiety symptoms. Although stress and/or anxiety are an adaptive response that can be beneficial to increasing and maintaining performance and health, its excess or deficiency, quantitatively or qualitatively, can be harmful. Thus, the optimal level of activation is one that, in each case, favors the best physical and psychological functioning and, therefore, maximum performance within the real possibilities of each person. Activation levels below or above the optimal level lead to faulty functioning, which impairs performance (Buceta-Fernández, Mas-García, & Bueno-Palomino, 2012). Anxiety and stress are multifaceted concepts and their measurement requires specific cognitive, behavioral, and physiological measures (Koster, 2012).

This research is a continuation of a preliminary study that evaluated symptoms of depression and anxiety and psychological

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