

## *The other side of the mirror – the role of partner’s empathy in transition to parenthood*

### BACKGROUND

The general objective of the project was to verify the role the partner’s empathy plays in the perceived adjustment to parenthood. Couple empathy and especially partner’s perspective-taking have been linked to better adaptation to parenthood, through increasing the quality of communication between parents or through reducing problems experienced during transition to parenthood. Empathy has been promoted among couples preparing for parenthood, for example during antenatal classes.

### PARTICIPANTS AND PROCEDURE

Two studies were conducted. The first study included 121 young mothers of children in their first year of life. They completed measures of adjustment to parenthood, postpartum depression, satisfaction with romantic relationship, and partner’s perceived empathy. In addition, women assessed factors associated with labour and midwife care. The second study involved 112 couples during transition to parenthood. Those couples were randomly assigned to experimental conditions using instructions in which they were asked to imagine a) one’s own or b) the partner’s situation after the child’s birth, and completed the questionnaire measuring expected adjustment to parenthood.

### RESULTS

Male perceived empathy, relational satisfaction and postpartum depression were predictors of adjustment to motherhood in Study 1. In addition, the more empathy females perceived in their partners, the lower was the level of postpartum depression they declared. Couples empathizing with the partner in Study 2 perceived the challenges of parenthood in a similar way. Future mothers perceived more parenthood problems only when assuming their own perspective.

### CONCLUSIONS

The results of the studies indicate that empathy plays an important role in shaping adjustment to parenthood, especially motherhood. Low-dosage interventions might help couples to become aware of their mutual problems concerning transition to parenthood, when conducting longer programmes is not possible.

### KEY WORDS

empathy; perspective-taking; parenthood challenges; adjustment to parenthood

ORGANIZATION – 1: Institute of Psychology, University of Gdansk, Gdansk, Poland · 2: Medical University of Gdansk, Gdansk, Poland

AUTHORS’ CONTRIBUTIONS – A: Study design · B: Data collection · C: Statistical analysis · D: Data interpretation · E: Manuscript preparation · F: Literature search · G: Funds collection

CORRESPONDING AUTHOR – Maria Kaźmierczak, Ph.D., Institute of Psychology, University of Gdansk, 4 Bażyńskiego Str., 80-952 Gdansk, Poland, e-mail: psymk@ug.edu.pl

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## BACKGROUND

The period of preparation for the birth of a child is crucial for the family functioning after the transition (Cowan & Cowan, 1995; Lawrence, Rothman, Cobb, & Bradbury, 2010). Research shows that the way of approaching the new responsibilities and experienced changes impacts the satisfaction with the relationship (which might involve, among others, a decrease in sexual activity during pregnancy) (Lutkiewicz & Bidzan, 2013). After the child's birth the stress of reconciling work and family responsibilities experienced by both partners negatively affects them as a couple (Każmierczak, in print). However, gender roles tend to traditionalize during this period, and it is the women who usually bear the burden of childcare (Choi, Henshaw, Baker, & Tree, 2005). Therefore, early motherhood might be associated not only with joy, but also with feelings of isolation and greater need of social support (Strange, Fisher, Howat, & Wood, 2014). Additionally, fathers also cope with new social and emotional challenges during transition to parenthood (Każmierczak, Kielbratowska, Pastwa-Wojciechowska, & Preis, 2013). One way to increase the quality of romantic relationships in the period of becoming parents is to promote empathy (Leon, 2008).

There is a long tradition of research on the role of empathy (including perspective-taking) for the quality of romantic relationships. Own empathy was for long related to supporting a partner, expressing warmth and kindness or better communication (e.g., Davis & Oathout, 1987; Devoldre, Davis, Verhofstadt, & Buysse, 2010). Studies on the perceived partner's empathy (especially the male one), in relationships of different duration and in different phases of the family life, indicate its positive impact on the functioning of the relationship (Busby & Gardner, 2008; Long & Andrews, 1990). For this reason, inducing mutual empathy is an important element of psychological programmes designed to enhance the quality of functioning of couples and families (e.g., Worthington, Jennings, David, & DiBlasio, 2010).

Studies on parents preparing for the birth of a child indicate that expression of empathy within a couple leads to better adaptation to the perinatal and postnatal periods (Każmierczak, 2015; Leon, 2008). During those periods empathising with the partner and perspective-taking raise the quality of communication and awareness of the partner's experiences, which positively affects satisfaction with the relationship (Guttmann & Lazar, 2004). Expression of mutual empathy can serve as a way of supporting one's partner, which reduces the risk of relationship problems and parental role problems (Pistrang, Picciotto, & Barker, 2001). Consequently, researchers try to induce empathic attitudes among couples who are

becoming parents. Those studies show that especially mentally weaker mothers can benefit from this type of intervention (Matthey, Kavanagh, Howie, Barnett, & Charles, 2004; Matthey, McGregor, & Ha, 2008). Therefore, during antenatal classes (typically available for future parents in western counties) (Gagnon & Sandall, 2007), couples could engage in empathic interactions between each other. In the presence of others in the same situation, as well as professionals such as midwives or psychologists, they could analyse their feelings, thoughts and behaviours, which supports coping with the challenges of parenthood (Murphy Tighe, 2010; Nolan et al., 2012).

Considering those study reports, the general objective of the project was to verify the role of perceiving and showing empathy in transition to parenthood for couples' and especially mothers' adjustment to their roles. In Study 1 the participants were mothers of children in their first year of life and in Study 2 couples during transition to parenthood. The aim of Study 1 (a preliminary study) was to examine whether perceived partner's empathy is a predictor of adjustment to motherhood in the context of female emotional and relational functioning as well as the assessment of labour. As mentioned above, after the birth of a child family roles become more traditionalised, with greater responsibility associated with caring for a baby and housework attributed to women (see Mandal, 2000). Therefore, we chose to study a sample of young mothers. The assumption was that the higher the perceived partner's empathy, the less motherhood will be perceived as problematic. We controlled satisfaction with romantic relationship and postnatal depression as factors influencing adjustment to motherhood (Każmierczak, in print; Perry-Jenkins & Claxton, 2011; O'Hara & McCabe, 2013). Therefore, we anticipated that perceived partner's empathy will also be significantly associated with relational satisfaction (positively) and postnatal depression (negatively). The aim of Study 2 was to examine the role of contextually induced partner's perspective-taking on the anticipated challenges of parenthood, and thus on the adjustment to parenthood. Therefore, we examined whether perspective-taking, as a component of empathy (e.g. Kaźmierczak, 2008), might be benevolent for adjusting to parental roles (not only for motherhood), even before the child was born. We were interested in practising perspective-taking during antenatal classes. We expected that: (1) The sex will differentiate the level of perceived parenthood challenges, and women will anticipate more problems related to adjustment to parenthood; (2) The own and partner's perspective (the experimental manipulation) will differentiate the level of perceived parenthood challenges; (3) The experimental manipulation, i.e. partner's perspective-taking, will be the moderator of the relationship

between the sex and the evaluated person (self – partner) when estimating the parenthood challenges.

## STUDY 1: IN THE EYES OF THE BEHOLDER – PERCEIVED PARTNER’S EMPATHY FACILITATES ADJUSTMENT TO MOTHERHOOD

### PARTICIPANTS

Maria  
Każmierczak,  
Bogumiła  
Kielbratowska,  
Karol  
Karasiewicz

The participants in Study 1 were 121 mothers who gave birth over a period of 12 months (women’s age  $M = 31.04$  years (22-42),  $SD = 3.82$ ; children’s age  $M = 5.25$  months (2-12),  $SD = 2.95$ ), and among them 82 mothers had their first baby. Eighty-two women gave birth naturally, and the rest reported having a caesarean section (planned or unplanned). Ninety-eight mothers (81% of the sample) were married, and 23 were in informal romantic relationships. One hundred and one mothers graduated from university. First-time mothers were significantly younger than those who already had children ( $t(119) = 4.84$ ,  $p < .001$ ), and mothers who had a caesarean section evaluated their labour less positively ( $t(119) = -2.24$ ,  $p < .050$ ). However, abovementioned groups did not differ on any psychological dimension included in the study, and their children were in the same age on average.

### MEASURES

*Perceived partner’s empathy.* The participants evaluated their partner on the Index of Empathic Concern (Matthews, Batson, Horn, & Rosenman, 1981), which measures the perceived partner’s tendency to experience emotional, other-oriented empathy (examples of adjectives with which a partner was described: *generous, sympathetic, sensitive*). The scale consists of 9 items with a 5-point Likert-type scale. The scale is unidimensional and was shown to have a high internal consistency when used to assess reactions after the transition to parenthood (Każmierczak, 2015); for this study Cronbach’s  $\alpha = .91$ .

*Postpartum depression.* The Edinburgh Depression Scale (EPDS). This is a well-known 10-item self-report measure of depression symptoms during the postnatal period (Murray & Cox, 1990) in the Polish adaptation by Bielawska-Batorowicz (1995). The alpha for this 10-item scale was .78. Women responded on a 4-point Likert scale to assess the frequency of experienced symptoms (e.g. *I have been so unhappy that I have had difficulty sleeping*).

*Satisfaction with a relationship.* Participants evaluated their general satisfaction with their relationship with their children’s father on the Cantril’s Ladder (1965) – a modified version with the instruction to

focus on a relationship instead of life in general. Such modifications to concentrate on particular aspects of life or time periods are accepted (see McDowell, 2010).

*Adjustment to parenthood.* Using the Transition Adjustment Scale (TAS) (Hawkins, Fawcett, Carroll, & Gilliland, 2006; Polish adaptation by Kaźmierczak & Rostowska, 2010), the participants assessed on a 5-point Likert scale how great a problem any of the parenthood challenges would be, e.g. *sharing housework* or *maintaining an enjoyable sexual relationship* (8 items; the higher the score, the less the perceived problems). The scale is unidimensional and was shown to have a high internal consistency (Kaźmierczak, 2015); for this study Cronbach’s  $\alpha = .80$ .

In addition, mothers answered questions referring to their labour (such as general evaluation of labour), and midwife care.

### PROCEDURE

We recruited mothers who gave birth at the Gdan’sk Medical University, Obstetrics and Gynaecology Clinic and were willing to take part in the research project associated with the quality of psychological functioning during transition to parenthood. Mothers provided their e-mail addresses, which were used to contact them at least two months after the baby was born (after childbed; Dudenhausen, 2014). After having been qualified to participate in the study, mothers were contacted via e-mail and asked to complete the questionnaires.

### RESULTS

Adjustment to motherhood was correlated with the perceived partner’s empathy ( $r = .58$ ,  $p < .001$ ), relational satisfaction ( $r = .63$ ,  $p < .001$ ), postnatal depression ( $r = -.49$ ,  $p < .001$ ), and general evaluation of labour ( $r = .20$ ,  $p < .050$ ). We wish to add that less than 5% of the sample (6 mothers) scored  $\geq 13$  points (the cut-off point for detecting postnatal depression) (Bielawska-Batorowicz & Kossakowska-Petrycka, 2006).

Further, to test whether the perceived empathy, in the context of relational satisfaction and postnatal depression as well as general evaluation of labour, are predictors of the perceived parenthood challenges, we performed a linear multiple regression analysis (Table 1).

The analysis confirmed that partner’s perceived empathy, relational satisfaction, and postnatal depression were significant predictors of adjustment to early motherhood. Therefore, the perceived male empathy is a factor facilitating mother’s functioning after the baby’s birth, aside from such broad concepts as relational global satisfaction and disturbed emo-

tional functioning (defined here as the tendency to experience postpartum depression symptoms). Evaluation of labour was not a predictor of adjustment to early motherhood.

## STUDY 2: ASSUMING PARTNER'S PERSPECTIVE AND EXPECTED CHALLENGES OF PARENTHOOD

### PARTICIPANTS

One hundred and twelve married couples expecting their first child and taking part in antenatal classes participated in this experimental study. All of the women were in advanced pregnancy (between 24 and 38 weeks of pregnancy,  $M = 32$  weeks,  $SD = 3.41$ ). Average age of the women was 29 ( $M = 29.36$ ,  $SD = 3.76$ ) and of the men 32 years ( $M = 31.35$ ,  $SD = 4.59$ ). One hundred and one females (86% of the female group) and eighty-three males (71% of the male group) graduated from universities, and other participants graduated from high schools.

### PROCEDURE AND MEASURES

Couples who participated in antenatal classes were randomly assigned to experimental conditions by using instructions in which they were asked to imagine a) one's own or b) the partner's situation after the child's birth. Self-perspective was activated with the instruction: *Think about the situation when you and your partner will become parents. Imagine this situation and think to what extent you will be engaged in the activities listed below after the child's birth* (51 couples). Partner's perspective was activated with the instruction: *Try to imagine your partner's situation, take his/her perspective and think to what extent he/she will be engaged in the activities listed below after the child's birth* (61 couples). Experimental manipulation was reinforced by supplementing the instruction with a photograph depicting a person of the opposite sex with an infant. After reading the instruction, as part of the manipulation, the participants rated *their own* (control group) and *their*

Table 1

*Predicting expected adjustment to motherhood from perceived empathy, relational satisfaction, postnatal depression, and evaluation of labour*

Predicting adjustment to motherhood	$\beta$	$R^2$	$F(df)$ for $R^2$
Evaluation of labour	-.02	.50	29.06 (4, 116)***
Postnatal depression	-.24**		
Relational satisfaction	.42***		
Perceiving partner as empathic	.22*		

Note. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

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*partners'* (experimental group) engagement in the basic family life activities on various stages of child's development as distinguished by Maurer, Pleck and Rane (2003).

Afterwards, all couples completed the Transition Adjustment Scale (TAS) (Hawkins et al., 2006; Kaźmierczak & Rostowska, 2010). The scale was modified. Firstly, the last sentence (on general adaptation to parenthood) was excluded and only seven items related to specific challenges remained, e.g. *sharing housework* or *maintaining an enjoyable sexual relationship* (the higher the score, the greater a particular problem is perceived to be). Moreover, the participants completed the scale twice with a changed instruction: they were asked to imagine their own and then their partner's situation. Post-intervention there were couple and group discussions on perception of parenthood challenges.

### RESULTS

To verify the hypotheses we used mixed-design ANOVA with experimental manipulation of "taking partner's perspective" as a between-subject factor and the spouses' sex (wife vs. husband) and who was assessed (self vs. partner) as within-subject factors (repeated measure) (Table 2).

The results of the analysis indicate that sex significantly affects the perceived level of parenthood

Table 2

*Descriptive statistics of expected adjustment to parenthood*

Group	Female						Male					
	My adjustment			Partner's adjustment			My adjustment			Partner's adjustment		
	$M$	$SD$	$N$	$M$	$SD$	$N$	$M$	$SD$	$N$	$M$	$SD$	$N$
Partner	19.62	3.95	61	18.57	3.87	61	18.41	4.02	61	19.31	4.31	61
Myself	20.40	4.01	51	18.29	3.71	51	17.54	3.18	51	18.28	3.91	51

Table 3  
Results of ANOVA

Source of variance	$F(1, 110)$	$p$	$\eta^2$
Sex (wife vs. husband)	4.71	.032	.04
Person (myself vs. partner)	2.45	.121	.02
Perspective – experimental manipulation	0.46	.498	.01
Sex * Person	19.64	< .001	.15
Sex * Perspective	2.42	.123	.02
Person * Perspective	1.58	.211	.01
Sex * Person * Perspective	0.69	.409	.01

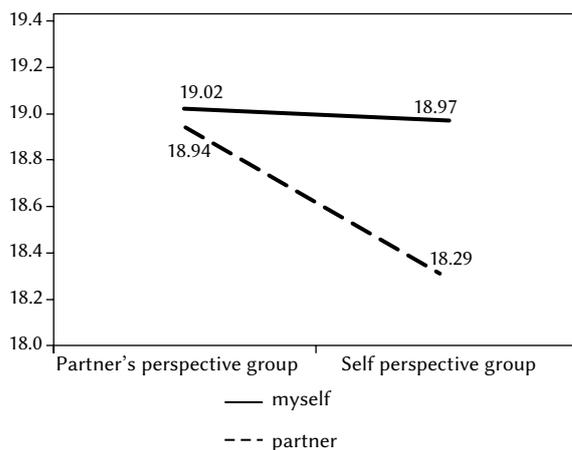
Maria  
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Bogumiła  
Kiełbratowska,  
Karol  
Karasiewicz

challenges, but this effect was limited by a strong and highly significant interaction effect between sex and assessed person. Detailed analysis of simple effects with Bonferroni correction for this interaction indicated that women perceived significantly more parenthood problems when they assessed themselves than when they assessed their partners ( $F(1, 110) = 16.96, p < .001, \eta^2 = .13$ ). Among men, the difference of assessments between themselves and their partners was also statistically significant but at the same time threefold weaker ( $F(1, 110) = 5.80, p = .018, \eta^2 = .05$ ). Moreover, the difference between assessments of men and women was observed only when they assessed themselves ( $F(1, 110) = 19.20, p < .001, \eta^2 = .15$ ), and when they assessed each other that difference was statistically insignificant ( $F(1, 110) = .58, p = .450, \eta^2 = .01$ ). In sum, women expect significantly more parenthood problems when they assess themselves than when they assess partners. Men antici-

pate the intensity of potential future problems similarly when they assess themselves and their partners (much lower than women) (Table 3).

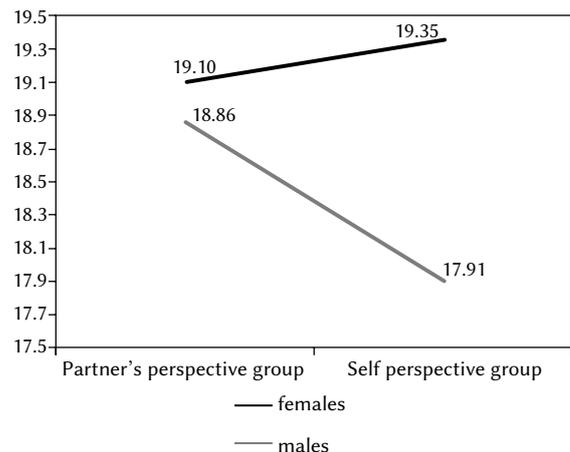
The result of experimental manipulation was found to be insignificant on its own and in the interaction with sex and partner's assessment. However, detailed analysis of simple effects related to experimental manipulation indicated that assuming one's own perspective fosters a difference in perceptions of parenthood challenges between one's own and the partner's situation that is moderately strong and significant at the level of statistical tendency ( $F(1, 110) = 3.66, p = .058, \eta^2 = .03$ ), while assuming the partner's perspective virtually eliminates this difference ( $F(1, 110) = .05, p = .821; \eta^2 < .001$ ). It can therefore be said that assuming the partner's perspective fosters reduction of differences resulting from stereotypical perception of mothers' and fathers' parental roles with respect to perceived parenthood challenges (Figure 1).

Similarly, although the interaction effect of spouses' sex and experimental manipulation was found to be statistically insignificant, detailed investigation of simple effects indicated that assuming the partner's perspective fosters the reduction of differences between spouses in assessing perceived parenthood challenges ( $F(1, 110) = .21, p = .649, \eta^2 = .002$ ). These differences are statistically significant in terms of effect size in the situation of assuming one's own perspective ( $F(1, 110) = 6.37, p = .013, \eta^2 = .06$ ). Thus, assuming the partner's perspective fosters reduction of differences between men and women in perceiving parenthood challenges which become more salient in situations when only one's own perspective is assumed (Figure 2).



Note. The higher the score, the more perceived a particular problem

Figure 1. Average expected adjustment to parenthood depending on assuming the perspective task (partner vs. self) and the assessed person (myself vs. partner).



Note. The higher the score, the more perceived a particular problem

Figure 2. Average expected adjustment to parenthood depending on assuming the perspective task (partner vs. self) and partner's sex.

## DISCUSSION

Results of the presented studies indicate that empathy plays an important role in shaping expectations as well as coping with problems concerning adjustment to parenthood. Young mothers who not only are less depressive and more satisfied with the relationships with their baby's father, but also perceive him as empathic, declare better coping with problems with adjustment to motherhood. In former analyses, positive assessment of the partner reflected a positive atmosphere in the relationship and higher marital satisfaction. Noticing men's empathy (not only husbands but also fiancés) was a stronger predictor of the relationship quality than women's empathy (Każmierczak, 2008, 2013), including after the child's birth (Każmierczak, 2015). From women's perspective, men perceived as empathic might have competences necessary to carry out the father's role (see Coltrane, 1996; Dollahite, Hawkins, & Brotherson, 1997). Moreover, such men can support a woman emotionally (and thus be perceived as empathic), which is also important for perceived coping with motherhood (Adamsons, 2013; Belsky, 1981, 1984), as mothers experience a set of psychological and physical changes that affect their attitudes towards motherhood itself (Ilska & Przybyła-Basista, 2014). It is noteworthy that TAS items refer mainly to the relationship with the partner and not the child, which might strengthen the relationship of such defined adjustment to parenthood with perceived male empathy.

The results of the second study confirmed – only on a simple effects level – the positive role of empathising for the perception of future parenthood challenges during transition to parenthood. The future mothers perceived more parenthood problems, but these differences were no longer found when couples evaluated parenthood challenges from the partner's perspective. Therefore, empathising with the partner made the challenges seem similar and could lead to a sense of shared experience, which is important during transition to parenthood. The positive role of shared experience of motherhood in demonstrating empathy towards other mothers was previously indicated by Hodges, Kiel, Kramer, Veach, and Villanueva (2010). Young mothers' empathy towards those in the same situation was an important part of interactions during mothers' groups and playgroups organized to support early parenting (Strange et al., 2014). Our experimental study indicates that such support groups should include fathers.

We need to add that the experiment was carried out during one antenatal class and such low-dosage interventions – although cost-effective – usually provide weaker results (Hawkins et al., 2006; Hawkins, Blanchard, Baldwin, & Fawcett, 2008). However, interventions that aim at increasing quality of

functioning among low-risk couples are rare but still needed (Cowan & Cowan, 1995). The results of the experiment demonstrated that even such a short intervention might help couples in becoming aware of their mutual problems concerning transition to parenthood. It seems that future mothers were in a particular need of such an intervention. As a result of the perspective assuming task, the men perceived more clearly the motherhood challenges and the women seemed to demonstrate greater optimism in perceiving their adjustment to the role of a parent.

Referring to the results of both studies, we can postulate that partner's perceived empathy is an important factor that impacts the adjustment to motherhood in terms of coping with parental challenges, not only after the baby's birth (first study), but also when women are pregnant (second study). It should be emphasized that such a result confirms earlier studies conducted by Kaźmierczak (2015), who concluded that male empathy is an important predictor of adjustment to parental roles for both partners. We may add that the women who actively prepare for the role of a mother (at this stage they anticipate greater parenthood challenges) experienced additional opportunity to feel supported when they observed their partners' engagement in assuming the female perspective in perception of parenthood challenges. The men had an opportunity to become aware of the extent of potential changes that parenthood – and in particular motherhood – brings and thus to demonstrate empathy. It is noteworthy that while discussing the task after the intervention the participants raised the need for such exercises during transition to parenthood.

## LIMITATIONS

Generalization of the results is limited by the size of the studied groups. The experiment was carried out among couples engaged in preparing for childbirth, which could weaken the obtained effects. The intervention was a one-time event, no follow-up assessment was carried out, and the couples were not contacted after their children were born. Future interventions should be intensified and should start while planning the parenthood through the period of expecting the childbirth (when women fear greater problems with adjustment to parenthood) up to the moment when parents are already taking care of a child (see Hawkins et al., 2008). Unfortunately, such interventions are expensive and require changes in social policies.

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