



The Open Psychology Journal

Content list available at: <https://openpsychologyjournal.com>



RESEARCH ARTICLE

Thinking for Three: Mothers' and Fathers' Narratives on Transition to Parenthood

Simon Ghinassi¹, Benedetta Elmi¹, Chiara Fioretti³, Andrea Smorti^{1,*} and Franca Tani²

¹Department of Education, Languages, Intercultures, Literatures and Psychology - Laboratory of Methods and Analysis Techniques of Illness Experiences, University of Florence, Florence, Italy

²Department of Health Sciences - Laboratory of Methods and Analysis Techniques of Illness Experiences, University of Florence, Florence, Italy

³Department of Human, Philosophical and Educational Sciences (DISUFF) University of Salerno, Salerno, Italy

Abstract:

Background:

The birth of the first child represents a challenging event in the new-parents' life. Although literature highlighted that this period is experienced in a different way by the new mothers and new fathers, little is known about the broader evolutionary challenge that the transition to parenthood entails, also due to the difficulty of starting to think for three.

Objective:

The present study aims to explore the new-parents' autobiographical narratives after childbirth, to examine the meaning they construct of this event, and investigate the differences between the experience of new mothers and new fathers.

Methods:

Thirteen couples were recruited for the study. After childbirth, an individual open interview was conducted in order to collect information of the personal experience of becoming a parent. All interviews, audio-recorded and transcribed verbatim, were analyzed by T-Lab software in order to explore similarities and differences between them, using thematic analysis to perform unsupervised clustering of narrations to highlight the emerging themes, and we evaluated the elementary contexts of the narratives. A subsequent in-depth analysis regarding the process of delivery was conducted through the LIWC

Results:

Similar but not overlapping themes emerged from narratives. Overall, parents have to face three crucial issues: giving a meaning to the childbirth experience, reorganizing family life, and managing the newborn. However, new-mothers and new-fathers live this period not only with different roles, but also referring to different contexts and seem to house two different spaces: one mental and one physical. Fathers more than mothers highlighted the social aspects of childbirth.

Conclusion:

Results highlight that childbirth represents an important turning point, which implies the transition from thinking for two to thinking for three. In this process, the two parents play, narratively, two different roles. Limitations, strengths, and implications are discussed.

Keywords: Narratives, Childbirth, Parenthood, Motherhood, Fatherhood, First-time parent.

Article History

Received: August 15, 2020

Revised: November 16, 2020

Accepted: January 30, 2021

1. INTRODUCTION

Transition to parenthood is a crucial moment in a person's life [1 - 5]. Unlike other moments of transition (*e.g.* leaving the parents' home, getting married, starting the first job), parent-

hood represents an irreversible and life-altering event that leads to profound change [6, 7]. This transition involves an important process of redefinition of personal and social identity [6, 8, 9], which has substantial implications for the new parents, their attachment bond to the newborn, and for the child's wellbeing and development [7]. This transition process represents a challenge, as the encounter with the newborn requires a sudden adjustment to the new role as a parent [10]. Life changes

* Address correspondence to this author at the Department of Education, Languages, Intercultures, Literatures and Psychology - Laboratory of Methods and Analysis Techniques of Illness Experiences, University of Florence, Florence, Italy; Tel: +393382325686; E-mail: andrea.smorti@unifi.it

drastically and the new parents have to cope with new demands and concerns, such as the constant care and attention required by the newborn, different management of disposable income, reduced availability of free time, physical tiredness, and reorganization of housework and lifestyle [11]. Taken together, these additional tasks reflect some of the reasons why almost all new parents live this moment with a set of overwhelming and ambivalent emotions, fluctuating between happiness and fear, and reporting a high level of stress [12 - 16]. Literature highlights how mothers and fathers deal with this transition in different ways [10]. During pregnancy, fathers often show disengaged representations of the ideal child more than mothers do because fathers have fewer opportunities to interact with their unborn child [17]. The birth of the first child particularly represents an event that brings out gender disparities in workload and labor division between the two members of the couple, which were not always present pre-birth. In other words, after childbirth, new parents perceive a decline in the sharing of housework which, in turn, leads to greater dissatisfaction [18]. In particular, mothers, compared to fathers, report a significant increase in the time spent on housework, highlighting that they take over the bulk of responsibilities for these activities [18]. Moreover, mothers note a marked decrease in the time spent at their jobs than fathers [10, 18]. Literature also highlights a gender gap regarding childcare. Given that, before childbirth, parents expected a fair distribution of these activities, after delivery, new mothers experience unmet expectations, with new fathers doing less than expected. Conversely, new fathers experience over-met expectations, with new mothers doing more than expected [19]. In the postpartum period, new mothers spend more time managing and caring for the newborn, such as feeding him/her, changing his/her diapers or clothes, soothing him/her and waking up during the night, than new fathers [10, 19, 20].

Overall, in the first months of the baby's life, new mothers must deal with an upset sleep-wake rhythm and the difficulty of programming time, as a result of the newborn's unpredictable behavior. Furthermore, new mothers must use a new time plan, because of breastfeeding rhythms and reorganization of their daily activities, in order to tune in to the child's sleep-wake patterns, given that the newborn is essentially physically dependent on them. Conversely, the new fathers play an especially supportive role of the mother-child dyad, and their lives continue to include a prevalence of time away from home [21].

Although there is consistent evidence regarding these different parenthood experiences, most studies carried out so far have focused on prenatal versus postnatal experience or on specific issues related to parenthood, without considering the broader normative transition and the developmental challenge due to difficulties in starting to think for three. Furthermore, literature has used principally quantitative approaches. Our study starts from a different theoretical and methodological viewpoint, than the narrative medicine approach [22]. As outlined by Donzelli and Mc Greevy [23], nowadays, narrative medicine and personalized medicine are beginning to cooperate in both the diagnostic and the therapeutic fields, to help the health system tune in with individual needs. In particular,

regarding perinatal research, this means considering the subjective experience a useful stance both for clinicians and patients, in order to tailor healthcare services starting from the patient's own story [24, 25].

Starting with these considerations, the first aim of this study was to explore autobiographical narratives of first-time new parents a few weeks after childbirth, in order to examine the meaning they construct of this life transition process, which constitutes a significant developmental crisis, which influences both the parent's life as a couple member and the newborn's well-being. The second aim of the study was to investigate the differences between the experience of new mothers and new fathers.

2. METHODS

2.1. Participants

Thirteen couples (women $M_{age} = 34.69$, $SD = 3.33$; men $M_{age} = 36.58$, $SD = 5.77$) were recruited for the present study. Inclusion criteria: Italian natives; women at first pregnancy; age >18 years; singleton and no-risk pregnancy; in all couples, the birth took place in the presence of the father.

2.2. Procedure

The study was conducted in accordance with the guidelines for the ethical treatment of human participants of the Italian Psychological Association. The Ethical Committee of the Local Health Authorities (CEAVNO) approved the study (n. 12749/2018). Participants were recruited during delivery preparation courses. Mothers were informed about the study goals and invited to inform their partners. Then, the first meeting with interested couples was organized and participants signed a written informed consent form. They could withdraw from participation at any time and no monetary reward was given. Thirteen couples contacted accepted to participate. At the first meeting, a short questionnaire on sociodemographic (age, educational, professional and relational status) and pregnancy data (biological or pathological aspects) was administered.

One month after childbirth, both parents were met again in our laboratory to individually participate in an open-ended interview. The interview, conducted by a psychologist expert in clinical research, started with the question "*We are interested in collecting your personal experience of becoming a parent. Please, would you narrate how you have faced this transition and how you felt upon the encounter with your baby*". Participants were free to narrate their experiences without any limits of time. If necessary, the interviewer intervened only for clarification requests or to encourage the parent to better express what he/she wanted to say.

Firstly, interviews were audio-recorded and transcribed verbatim. The mothers' and fathers' narratives were then separately analyzed by T-Lab software [26], aiming to explore similarities and differences between them. Specifically, we used a thematic analysis to perform unsupervised clustering of narrations to highlight the themes that emerged from the text, and we evaluated the elementary contexts of the narratives. Subsequently, we wanted to deepen the analysis of those parts

of the narratives concerning the birth of the child. This was in view of the fact that all fathers had actively participated in the birth, and we, therefore, considered that this moment was revealing to highlight the attitudes of the parents towards this new dimension of their lives. The analysis was carried out using the Italian version of the Language Inquiry and Word Count (LIWC) software . Unlike the T-LAB, which conducts an analysis of common factors to the words used, LIWC has an internal vocabulary that makes it possible to recognize about 70% of the words. Words are then grouped into language categories such as pronouns, articles, verbs indicating mental states etc. This software has proven to be particularly suitable for exploring the revealing language dimensions of the meaning that the speaker attributes to the experience he or she has experienced [27, 28]. For our analysis, we have evaluated the importance of variables related to pronouns, feelings, social relations, emotions and cognitive states.

3. RESULTS

Regarding socio-demographical characteristics, more than 75% of participants were of a middle-high socio-educational

level, with 11 women and 9 men having a university degree or more. Twelve women and 13 men had a job. Twelve couples lived together at the time of data collection, and 5 couples were married. All deliveries were natural, lasting less than 8 hours, and the Apgar Index of all newborns was equal to or greater than 9.

Concerning the interviews, no significant differences emerged between mothers and fathers regarding the duration of narratives (Minutes: $M_{mothers} = 48.6$, $DS = 15.33$; $M_{fathers} = 43.15$, $DS = 17.23$; $t(24) = .830$; $p = .415$) and their length (Word count: $M_{mothers} = 2920.00$, $DS = 855.24$; $M_{fathers} = 3038.62$, $DS = 1663.83$; $t(24) = -.229$; $p = .821$).

For both mothers and fathers, results of T-Lab thematic analyses highlighted a four-factor model (cosine index average of the semantic quality of mothers' narratives = .096; cosine index average of the semantic quality of fathers' narratives = 0.095).

Table 1 shows different emerged themes of mothers' narratives and the most significant words that saturate them.

Table 1. T-Lab Thematic analysis: Themes of mothers' narratives and the most significant words that saturate them.

Mothers' Themes											
The reorganization of couple relation (28%)			Management of the Baby (27%)			Emotional Aspects of Childbirth (26%)			Physical Aspects of Childbirth (19%)		
Keyword (lemma)	Word frequency	Word total use	Keyword (lemma)	Word frequency	Word total use	Keyword (lemma)	Word frequency	Word total use	Keyword (lemma)	Word frequency	Word total use
Our (nostro)	23	23	To sleep (dormire)	78	86	Skin (pelle)	30	30	Hospital (ospedale)	43	48
To manage (gestire)	23	23	To put to sleep (addormentare)	32	32	Fear (paura)	29	31	Labor (travaglio)	31	31
Dad (babbo)	22	24	To be awake (essere sveglio/a)	23	23	To make (rendere)	17	17	Contraction (contrazione)	28	28
Relationship (relazione)	19	19	Hand (mano)	21	21	Experience (esperienza)	17	17	Delivery room (sala parto)	28	28
To enter (entrare)	16	16	Pediatrician (pediatra)	20	20	Sensation (sensazione)	17	17	Water (acqua)	24	24
Crisis (crisi)	14	14	To stand up (alzare)	17	17	Head (testa)	17	17	Department (reparto)	21	21
Request (richiesta)	12	12	Hot (caldo)	16	16	Realize (rendersi conto)	15	15	To broke (rompere)	19	19
To resume (riprendere)	10	10	Afternoon (pomeriggio)	15	15	Stitches (punti)	14	14	Pushes (spinte)	17	17
Anxiety (ansia)	10	10	Hungry (fame)	15	15	Difficult (difficile)	13	13	Epidural (epidurale)	15	15
Balance (equilibrio)	10	10	Sippy cup (biberon)	13	13	To remove (togliere)	13	13	Natural (naturale)	14	14
To laugh (ridere)	9	9	To grow up (crescere)	12	12	Super (super)	12	12	Heavy (pesante)	13	13
New (nuovo)	9	9	To wash (lavare)	12	12	Memory (ricordo)	12	12	Centimeters (centimetri)	12	12
I believe (credo)	9	10	Breast pump (tiralatte)	12	12	Ok (ok)	11	11	Fast (veloce)	11	12
-			To wake up (svegliare/svegliarsi)	11	11	Partner (compagno)	11	11	Membrane detachment (scollamento membrane)	10	10

(Table 1) contd.....

Mothers' Themes											
			To work (funzionare)	10	10	To meet (conoscere)	11	11	Medical examination (visita medica)	9	9
			Nipples (capezzoli)	10	10	Placenta (placenta)	11	11			
			Stick (attacco)	10	10	Classes (corso)	11	12			
			Milk formula (formula del latte)	10	11	To endure (durare)	10	10			
			To depend (dipendere)	9	9	To explain (spiegare)	10	10			
			To relax (riposare)	9	9	Strange (strano)	9	9			
			Lunch (pranzo)	9	9	Angry (rabbia)	9	9			
						Intimacy (intimità)	9	9			
						Phase (fase)	9	9			
						Positive (positivo)	9	10			

Note: The saturation percentage for each word with a degree of association with the theme $\geq .90$ is reported. Lemmas are reported following their occurrence in the tale.

As the table shows, in mothers' narratives, the first emerged theme, named "Reorganization of couple relation", saturated by 28% of words, refers to the transition from couple to triad. This theme contains words such as *our, relationship, crisis, anxiety*, underlining the transition from couple partners to parents in a new family nucleus. The elementary context analysis confirmed this cluster as it is exemplified by the following excerpt: "Our relationship has changed. He often goes out and I stay home alone with the baby, and there are problems and anxiety because [...] sometimes he cannot come back from work and I go into crisis" (mother #2).

The second theme, saturated by 27% of words, identifies the "Management of the baby". This theme includes terms that refer to childcare. In particular, mothers use verbs referring to actions performed on the baby, such as *breastfeeding, wake up, sleep*, and words such as *hungry, bottle*. This theme is confirmed by elementary context analysis in which the baby's management is expressed through phrases like: "He stopped breastfeeding. So that's why he cried too, because he was hungry, but he didn't attach to the nipples. So I tried, tried again, insisted, in the nights we were awake, while I tried. Finally, he wanted the breast and attached to it" (mother #3).

The third theme, saturated by 26% of words, is labeled

"Emotional aspects of childbirth". It contains terms such as *fear, strange, intimacy* and describes the experience of childbirth from an emotional point of view. The elementary context analysis confirmed this cluster, with phrases like: "Everything together, everything came out in a single push and well, it is good, it is a strange experience [...] you really have an unforgettable sensation even physically because you feel a liberation, at a certain point you feel an incredible intimacy and you see this little grey body" (mother #12).

Finally, the fourth theme, saturated by 19% of words, identifies the "Physical aspects of childbirth". In this case, lemmas are associated with the procedural and medical aspects of childbirth, such as *centimeters, hospital, push, labor*. The emerging theme is confirmed by analyzing the elementary contexts, in which the physical aspects of childbirth are expressed with phrases such as: "I arrived at the hospital having a 5 centimeters dilation, which is enough for a person at the first birth. It was a fast labor [...] an hour and forty for the pushes it was a short time, but I was dead tired." (mother #5).

Table 2 shows the different emerged themes from the fathers's narratives and the most significant words that saturate each cluster.

Table 2. T-Lab Thematic analysis: Themes from the fathers' narratives and the most significant words that saturate each cluster.

Fathers' Themes											
To Take Part in Childbirth (29%)			Daily Routine Reorganization (28%)			Transition to Fatherhood (26%)			Night Management of the Baby (17%)		
Keyword (lemma)	Word frequency	Word total use	Keyword (lemma)	Word frequency	Word total use	Keyword (lemma)	Word frequency	Word total use	Keyword (lemma)	Word frequency	Word total use
Skin (pelle)	26	26	To work (lavorare)	39	39	Different (diverso)	25	25	To wake up (svegliare)	15	15
Pain (dolore)	19	19	To go back home (tornare a casa)	30	30	Years (anni)	24	26	Harm (braccio)	14	14
Person (persona)	19	19	Bed (letto)	23	23	Early times (primi tempi)	23	23	Poor boy (poverino)	12	12

(Table 2) contd....

Fathers' Themes											
Head (testa)	18	18	Granfather (nonno)	20	20	Relationship (relazione)	23	23	Feeding time (allattamento)	12	12
To be worried (preoccuparsi)	16	16	Dinner (cena)	15	15	Life (vita)	23	24	To stick (attaccare)	11	11
Corporeal (fisico)	14	14	Two of us (soli)	15	15	Son (figlio)	20	20	Starting (cominciare)	10	10
Birth (nascita)	13	13	To become (diventare)	15	16	Worse (peggio)	13	13	Hard (difficile)	10	10
Contractions (contrazioni)	13	13	Son (figlio)	14	14	To explain (spiegare)	13	13	To rest (riposare)	10	10
Truth (verità)	13	13	Afternoon (pomeriggio)	12	12	Question (domanda)	12	12	Baby (bimbo)	9	9
To pain (soffrire)	13	13	Car (macchina)	12	12	Endometriosis (endometriosi)	12	12	Breast (seno)	9	9
Difficult (difficile)	12	12	Solution (soluzione)	11	11	Role (ruolo)	12	13	Room (stanza)	9	9
Anxiety (ansia)	12	12	To pacify (tranquillizzare)	11	11	Idea (idea)	11	11	Disaster (disastro)	8	8
Fatigue (fatica)	10	10	Lunch (pranzo)	10	10	Sons (figli)	10	10			
Couple (coppia)	10	10	To cook (cucinare)	9	9	To meet (conoscere)	10	10			
To push (spingere)	10	10	To wake up (alzare)	9	9	To stop (smettere)	10	10			
Strange (strano)	9	9	Dad (babbo)	9	9	Negative (negativo)	10	10			
Love (amore)	9	9	Nursery (asilo nido)	9	9	To hope (sperare)	10	10			
To improve (migliorare)	9	9	To organize (organizzare)	9	9	Lucky (fortunato)	9	9			
Doctor (dottore)	8	8	Before (prima)	9	9	Pregnant (in cinta)	8	8			
To learn (imparare)	8	8	Activity (attività)	8	8	To fall down (cascare)	8	8			
Amazing (incredibile)	8	8	To keep calm (mantenere la calma)	8	8	Expectation (aspettativa)	8	8			
Energy (energia)	8	8	From home (da casa)	8	8	Hugly (brutto)	8	8			
To dilate (dilatare)	8	8	To arrange (sistemare)	8	8	Thought (pensiero)	8	8			
Labour (travaglio)	8	8	To scream (urlare)	8	8	To answer (rispondere)	8	8			
Sad (triste)	8	8				Alive (vivi)	8	8			
Desire (voglia)	8	8				To pull (tirare)	8	8			
Take part (partecipare)	8	8				To calm (calmare)	8	8			
						Success (successo)	8	8			
						To scare (spaventare)	8	8			

Note: The saturation percentage for each word with a degree of association with the theme $\geq .90$ is reported. Lemmas are reported following their occurrence in the tale.

In the fathers' narratives, the first emerging theme, saturated by 29% of words, concerns the experience of "To take part in childbirth" narrated through words such as *amazing, head, birth, to be worried* and *to take part*. This theme underlines the father's participation in the physical and emotional childbirth experience, claiming their co-protagonist role and narrating their first contact with the baby through sentences like: "I lived the childbirth from the first to the last minute, they made me take part in everything, I saw the head came out, I saw it all and I wasn't worried, nothing, it was an

emotion, an amazing experience" (father #13).

The second theme, saturated by 28% of words, refers to the "Daily routine reorganization" in the couple becoming a triad. In fathers' narratives, this change is expressed by terms such as *before, to work, to arrange*. The elementary context analysis confirmed this result with sentences like: "You have to start thinking for three, now we are not just two of us, and now you have to devote time to the baby after work [...] now we have arrange differently" (father #8).

Table 3. Means and standard deviations of the LIWC variables related to the childbirth's theme, separately by groups.

	Mothers		Fathers		SIG.
	M	SD	M	SD	
Total words	1080	346	825	590	N.S.
Dic	66	2.68	68	3.83	N.S.
1st person singular "I"	8.92	1.69	7.24	2.27	.05
1st person plural "We"	.98	.72	1.58	.54	.01
3rd person singular "He/She"	3.63	1.17	3.11	.89	N.S.
Others	.27	.24	.78	.53	.01
Social	3.51	.72	4.50	.85	.01
Positive Feelings	1.45	.64	2.11	1.04	.06
Positive Emotions	.53	.25	.46	.20	N.S.
Optimism	.35	.18	.69	.59	.06
Negative Emotions	1.84	.94	1.64	.70	N.S.
Cognitive processes	6.74	1.29	6.77	1.31	N.S.
Insight	1.42	.46	1.78	.68	N.S.

The third theme, saturated by 26% of words, labeled "Transition to fatherhood" as a significant role change, implying the attempt to compare life before childbirth with the present experience and future expectations. This theme involves words such as *different, question, expectations, children* and *role*, to describe this transition as something complex. The elementary context analysis pointed out these data with sentences like: "I always have many expectations about having children and stuff like that [...] but it was a difficult question because you'll never feel ready for this role. It's a big discovery, everything changes, absolutely everything" (father #3).

The fourth of the emergent themes, saturated by 17% of words, refers to the "Night management of the baby", through words such as : *to wake up, feeding time, to rest* and *disaster*. This theme was narrated in terms of night time and sleep/wake rhythms, as emerging from the elementary context in sentences, such as: "My terror is to wake up often during the night. Because if I don't sleep, it's a disaster [...] I have to be mentally rested at work" (father #7).

Parents narrated the experience of childbirth in a not dissimilar way from a quantitative point of view. The part of the text occupied by these experiences accounts for 25% for mothers and 22% for fathers.

With regard to the linguistic characteristics of childbirth's narratives, means and standard deviations are shown in Table 3.

Mothers and fathers used a non-significantly different number of words to describe their experience of childbirth. The LIWC analysis was carried out on the number of correctly recognised words, which are 68% for fathers and 66% for mothers. Significant differences emerged between mothers and fathers in the use of pronouns "I" ($W=-2.026$; $p<.05$) and "we" ($W=-2.385$; $p<.01$) that provide information about the way in which the narrator posits her/himself in the text. In particular, mothers use more "I", compared to fathers, to narrate their childbirth experience, as evidenced by these excerpts: "I gave birth in two hours, delivery was really fast. I went directly to the delivery room without even labor because I arrived in the

morning at the hospital and I went directly to the delivery room. I did the tracing and they took me to the delivery room at 9.30 and at 11.30 he was born" (Mother # 4); "it was a little easier than I thought. I was a bit scared but when I got there so dilated, they encouraged me to have a natural birth, so I managed myself. I arrived at 9.30 am and the delivery was completed around 1:00 pm. [...] At a certain point I felt an incredible release, a strong emotion and finally I saw it" (mother #13).

On the contrary, in the narration of the fathers, a greater use of "We" was observed: "At the beginning we were a bit hesitant about the fact that I was present but then, talking about it among ourselves, we decided that it was beautiful as an experience. Actually, we can say in retrospect that it is a beautiful and intense situation to live" (father # 4). Furthermore, "We were gratified, let's say, by this experience, because in any case we did everything as they told us to do, and we had an important strength in facing the moment" (father # 9).

Finally, the narratives also differed significantly in terms of the use of references to the social relations. Fathers reported greater use of reference to "others" ($W=-2.924$; $p<.01$) and "social" (-2.518 , $p<.01$) categories than mothers. For instance, a father narrated: "When I saw her that she was so small I was almost afraid to touch her and so I asked the doctors and they told me to stay calm. First the midwives gave the baby to my wife and then later the midwives took her and gave her in my arms" (father #5). Similarly, father#1 reported: "I tried to talk to the midwife for clarification, but she said that the protocol was that. At the same time, I was walking around the corridors and I saw another woman who had arrived after us who had already given birth. So I got worried but the medical staff told me to rest assured".

Differences close to significance ($p <.06$) have been found for the positive feelings and optimism about which fathers have used words indicating positive and optimistic feelings more than mothers.

Differently, no differences emerged between fathers and mothers regarding the other variables analyzed (all $p > .05$).

4. DISCUSSION

The main purpose of the present study was to explore narratives of transition to parenthood in the early time after childbirth. In particular, we investigated the meaning parents construct on this significant life event, considering the differences between mothers and fathers.

Overall, our results show that, even when the transition to parenthood is an “easy” and normative experience, it still implies a developmental crisis that involves a great deal of sensation and feeling in the couple.

In line with the literature [21, 29], our data provide broader elements in showing that mothers and fathers live this process not only with different roles, but also referring to different contexts. Indeed, mothers and fathers seem to house two different spaces: one mental and one physical. Mothers' narratives focus on the intimacy of the domestic setting (see the “Management of the baby” theme), while fathers' also include the external environment, characterized by work and other activities unrelated to the home (see the “Daily routine reorganization” theme).

Concerning childbirth, mothers narrate their experience through two themes, the first related to emotional aspects of this event, and the second referring to corporeal and procedural. Both these aspects concern childbirth as a complex and intimate experience. In fathers, the childbirth experience is connected to the first meeting with their baby (see the “To take part in childbirth” theme) and to the acquisition of a paternal role (see the “Transition to fatherhood” theme). This first encounter marks the beginning of a new significant relationship: fathers claim an active role in childbirth, sharing emotional and sensory issues in narratives. This is not consistent with Page's results [30], who pointed out a greater and stereotyped gender difference, with mothers mainly focused on emotional issues and fathers on informative ones, such as organizational and medical features of the birth.

Moreover, the new parents also differ regarding the management of the baby. Mothers' narratives are characterized by a strong agency through a wide use of words that refer to actions that they perform on and with the child, emphasizing their active part in the baby's management. The baby's rhythms are followed by them through a daily adaptation, which marks the everyday routine. In the fathers' narratives, the management of the baby focuses on the night and sleep issues, which suggests a lesser sense of agency towards the baby, who is often experienced as an element of interference with the opportunity to sleep and rest. In other words, fathers seem to manage the newborn with difficulty, an observation that enriches literature that explains how mothers and fathers pay different kinds of attention to the baby [10, 18, 19].

The transition from couple to the triad is also addressed by both parents but in different ways. Mothers focus on the need to reorganize the couple relationship more than fathers, given the new family structure. The narratives of mothers are focused on the need to look for and find a balance in the relationship with the father of the baby, called “dad” and not “partner” or “husband”. The words “crisis” and “life” underline that the new mothers recognize a turning point opportunity in the

transition from the couple to the triad. In contrast, fathers are more focused than mothers on aspects related to the reorganization of everyday life, where the separation between home and work, day and night, is clear. The words used suggest how fathers tend to live in two disconnected dimensions: domestic and work.

Mothers and fathers focus on different issues, also regarding the transition process: while for mothers, two of the four themes are related to the memory of delivery, fathers refer their experience more to the difficulty of building confidence in their new role and of thinking for three.

The further analysis carried out by LIWC on the theme of childbirth is consistent with these results. It highlighted a different role played by mothers and fathers in this complex event. Specifically, while in the maternal narratives, the protagonist role of the woman emerges, underlined by greater use of the “I” (see “agency” in the previous T-Lab's analysis), different and interesting appears to be the role played by the father that has to face and manage two important tasks at the time of delivery. In fact, if on the one hand, the father acts as a guarantor of the context, assuming a role of filtering of the information between the mother-child's dyad and the outside world (obstetricians, gynecologists and, more generally, the environment), on the other hand, he assumes the important role of serving as an emotional container for the “We”, acting as a bridge between the “We” as a couple and the “We” as a triad. Moreover, the fact that fathers have referred more than mothers to the relational (“other” and “social”) dimensions underlines the importance of this role. The father in telling about the birth not only focused on “We” but also on other partners confirming his role as mediator with the world outside the couple (Compare in this respect what had emerged from the analysis with the T-LAB)

Therefore, the results of this study highlight an interesting aspect. While the role of the mother seems to be in line with what is reported in the literature, in which she is the protagonist at the time of the birth of the child [9, 21], the role of the father is of particular importance for the way in which it favors the development and evolution of the “three-way thinking” process by bringing the “We” and the “others” components into the couple.

5. LIMITATION

Despite the undeniable interest in the results, this study presents some limitations. First, it is possible that there are some methodological problems related to the nature of the small and culture-specific sample. The second limitation is the inclusion criteria. In particular, we selected only primiparous women with singleton and no-risk pregnancy. Moreover, our sample included only women who experience a natural delivery. Therefore, it would be interesting to include a more heterogeneous sample of couples, in order to give greater validity to our results.

Despite these limitations, this study provides a contribution to the knowledge of the representation of transition to parenthood of new parents. In particular, the present study highlights the connections and the differences in the points of views of mothers and fathers on this crucial life-challenging

moment. The narrative design of the present study is in line with the narrative task of new parents, characterized by the need to reconstruct the story of their transition to parenthood and to give it meaning [31 - 35].

CONCLUSION

In conclusion, our results highlight that childbirth represents an important turning point that requires continuity from thinking for two to thinking for three. In this process, both parents have to face three crucial issues concerning: giving meaning to the childbirth experience, reorganizing family life, and managing the newborn. Our results have relevant clinical and social implications, emphasizing the importance of supporting new parents during the entire perinatal period, helping them to connect their pre- and post-natal experience, and supporting them, starting from a personalized evaluation of their specific needs as they emerge, using a narrative medical approach.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The Ethical Committee of the Local Health Authorities (CEAVNO) Florence, Italy approved the study under ethical approval no. (n.12749/2018).

HUMAN AND ANIMAL RIGHTS

No Animals were used in this research. All human research procedures followed were in accordance with the ethical standards of the committee responsible for human experimentation (institutional and national), and with the Helsinki Declaration of 1975, as revised in 2013.

CONSENT FOR PUBLICATION

Informed consent was obtained from all individual participants included in the study.

AVAILABILITY OF DATA AND MATERIALS

The data that support the findings of this study is available from the Laboratory of Methods and Techniques of Illness Experience Analysis (MeTA-Es), Department of Psychology - University of Florence, Italy.

FUNDING

None.

CONFLICT OF INTEREST

Dr. Andrea Smorti is the Editorial Board Member of The Open Psychology Journal.

ACKNOWLEDGEMENTS

The present work arises in the context of the “Verification of the effectiveness of the psychological service of primary prevention of prenatal life” which was co-financed under Cassa di Risparmio 2017.0860 2018.

REFERENCES

[1] Belsky J, Lang M, Huston TL. Sex typing and division of labor as

determinants of marital change across the transition to parenthood. *J Pers Soc Psychol* 1986; 50(3): 517-22.

- [2] Parfitt Y, Ayers S. Transition to parenthood and mental health in first-time parents. *Infant Ment Health J* 2014; 35(3): 263-73. [http://dx.doi.org/10.1002/imhj.21443] [PMID: 25798480]
- [3] Ponti L, Smorti M, Ghinassi S, Tani F. The relationship between romantic and prenatal maternal attachment: The moderating role of social support. *Int J Psychol* 2020; 1-8. [http://dx.doi.org/10.1002/ijop.12676] [PMID: 32319679]
- [4] Smorti M, Ponti L, Pancetti F. A comprehensive analysis of postpartum depression risk factors: The role of socio-demographic, individual, relational, and delivery characteristics. *Front Public Health* 2019; 7: 295. [http://dx.doi.org/10.3389/fpubh.2019.00295] [PMID: 31709213]
- [5] Yu CY, Hung CH, Chan TF, Yeh CH, Lai CY. Prenatal predictors for father-infant attachment after childbirth. *J Clin Nurs* 2012; 21(11-12): 1577-83. [http://dx.doi.org/10.1111/j.1365-2702.2011.04003.x] [PMID: 22409833]
- [6] Condon JT, Boyce P, Corkindale CJ. The First-Time Fathers Study: A prospective study of the mental health and wellbeing of men during the transition to parenthood. *Aust N Z J Psychiatry* 2004; 38(1-2): 56-64. [http://dx.doi.org/10.1177/000486740403800102] [PMID: 14731195]
- [7] Deave T, Johnson D, Ingram J. Transition to parenthood: The needs of parents in pregnancy and early parenthood. *BMC Pregnancy Childbirth* 2008; 8(1): 30. [http://dx.doi.org/10.1186/1471-2393-8-30] [PMID: 18664251]
- [8] Höfner C, Schadler C, Richter R. When men become fathers: Men's identity at the transition to parenthood. *J Comp Fam Stud* 2011; 42(5): 669-86. [http://dx.doi.org/10.3138/jcfs.42.5.669]
- [9] Naldini M. La transizione alla genitorialità Da coppie moderne a famiglie tradizionali. Bologna, Italy: Il Mulino 2016. *The transition to parenthood, from modern couples to traditional families*
- [10] Yavorsky JE, Dush CM, Schoppe-Sullivan SJ. The production of inequality: The gender division of labor across the transition to parenthood. *J Marriage Fam* 2015; 77(3): 662-79. [http://dx.doi.org/10.1111/jomf.12189] [PMID: 26430282]
- [11] Petch J, Halford WK. Psycho-education to enhance couples' transition to parenthood. *Clin Psychol Rev* 2008; 28(7): 1125-37. [http://dx.doi.org/10.1016/j.cpr.2008.03.005] [PMID: 18472200]
- [12] Doss BD, Rhoades GK, Stanley SM, Markman HJ. The effect of the transition to parenthood on relationship quality: An 8-year prospective study. *J Pers Soc Psychol* 2009; 96(3): 601-19. [http://dx.doi.org/10.1037/a0013969] [PMID: 19254107]
- [13] Oechsle M, Müller U, Hess S. Fatherhood in late modernity: Cultural images, social practices, structural frames. Opladen: Verlag Barbara Budrich 2012. [http://dx.doi.org/10.2307/j.ctvddzvgg]
- [14] Premberg Å, Carlsson G, Hellström AL, Berg M. First-time fathers' experiences of childbirth—a phenomenological study. *Midwifery* 2011; 27(6): 848-53. [http://dx.doi.org/10.1016/j.midw.2010.09.002] [PMID: 20956030]
- [15] Smorti M, Ponti L, Ghinassi S, Rapisardi G. The mother-child attachment bond before and after birth: The role of maternal perception of traumatic childbirth. *Early Hum Dev* 2020; 142: 104956. [http://dx.doi.org/10.1016/j.earlhumdev.2020.104956] [PMID: 31986464]
- [16] Smorti M, Ponti L, Tani F. Maternal depressive symptomatology during pregnancy is a risk factor affecting newborn's health: A longitudinal study. *J Reprod Infant Psychol* 2019; 37(4): 444-52. [http://dx.doi.org/10.1080/02646838.2019.1581919] [PMID: 30880451]
- [17] Vreeswijk CM, Rijk CH, Maas AJB, van Bakel HJ. Fathers' and mothers' representations of the infant: associations with prenatal risk factors. *Infant Ment Health J* 2015; 36(6): 599-612. [http://dx.doi.org/10.1002/imhj.21541] [PMID: 26536277]
- [18] Gjerdingen DK, Center BA. First-time parents' postpartum changes in employment, childcare, and housework responsibilities. *Soc Sci Res* 2005; 34(1): 103-16. [http://dx.doi.org/10.1016/j.ssresearch.2003.11.005]
- [19] Biehle SN, Mickelson KD. First-time parents' Expectations about the division of childcare and play. *J Fam Psychol* 2012; 26(1): 36-45. [http://dx.doi.org/10.1037/a0026608] [PMID: 22182336]
- [20] Craig L. Does father care mean fathers share? A comparison of how

- mothers and fathers in intact families spend time with children. *Genet Soc* 2006; 20(2): 259-81.
[<http://dx.doi.org/10.1177/0891243205285212>]
- [21] Magaraggia S. Essere giovani e diventare genitori Esperienze a confronto. Roma, Italy: Carocci Editore 2015. *Being young and becoming parents. Comparing experiences*
- [22] Charon R. Narrative medicine: Honoring the stories of illness. New York: Oxford University Press 2008.
- [23] Donzelli G, McGreevy KS. Perinatal care at the confluence of narrative medicine and personalized medicine: What lies downstream? *J Matern Fetal Neonatal Med* 2016; 29(17): 2807-9.
[<http://dx.doi.org/10.3109/14767058.2015.1105210>] [PMID: 26794262]
- [24] Bruner JS. Acts of meaning. Cambridge, MA: Harvard university press 1990; Vol. 3.
- [25] Fioretti C, Smorti A. How emotional content of memories changes in narrating. *Narrative Inq* 2015; 25(1): 37-56.
[<http://dx.doi.org/10.1075/ni.25.1.03fio>]
- [26] Lancia F. Strumenti per l'analisi dei testi. Milan, Italy: FrancoAngeli 2004. *Methods for texts analysis*
- [27] Pennebaker JW, Francis ME, Booth RJ. Linguistic inquiry and word count: LIWC 2007. Austin: LIWC 2001.
- [28] Smorti A, Pananti B, Rizzo A. Autobiography as tool to improve lifestyle, well being, and self-narrative in patients with mental disorders. *J Nerv Ment Dis* 2010; 198(8): 564-71.
[<http://dx.doi.org/10.1097/NMD.0b013e3181ea4e59>] [PMID: 20699721]
- [29] Belsky J, Spanier GB, Rovine M. Stability and change in marriage across the transition to parenthood. *J Marriage Fam* 1983; 567-77.
[<http://dx.doi.org/10.2307/351661>]
- [30] Page RE. Evaluation in childbirth narratives told by women and men. *Discourse Stud* 2002; 4(1): 99-116.
[<http://dx.doi.org/10.1177/14614456020040010501>]
- [31] Elmi B, Bartoli E, Smorti A. Autobiographical memory and autobiographical narrative of a staged event: The influence of the listener. *Appl Cogn Psychol* 2019; 33(6): 1044-54.
[<http://dx.doi.org/10.1002/acp.3540>]
- [32] Fioretti C, Pascuzzi D, Smorti A. The role of the listener on the emotional valence of personal memories in emerging adulthood. *J Adult Dev* 2017; 24(4): 252-62.
[<http://dx.doi.org/10.1007/s10804-017-9263-z>]
- [33] Pasupathi M. The social construction of the personal past and its implications for adult development. *Psychol Bull* 2001; 127(5): 651-72.
[<http://dx.doi.org/10.1037/0033-2909.127.5.651>] [PMID: 11548972]
- [34] Pasupathi M, Billitteri J. Being and becoming through being heard: Listener effects on stories and selves. *Int J List* 2015; 29(2): 67-84.
[<http://dx.doi.org/10.1080/10904018.2015.1029363>]
- [35] Winnicott DW. Through pediatrics to psychoanalysis: Collected papers. London: Routledge 2014.
[<http://dx.doi.org/10.4324/9781315831282>]

© 2021 Ghinassi *et al.*

This is an open access article distributed under the terms of the Creative Commons Attribution 4.0 International Public License (CC-BY 4.0), a copy of which is available at: <https://creativecommons.org/licenses/by/4.0/legalcode>. This license permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.