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STUDYING FAMILY INTERACTIONS

On the border of...

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INTRODUCTION

The present work has, as a general objective, the observation of family interactions in different relational contexts, both from clinical and research perspectives. The importance of these interactive dynamics for the child's development and well-being, and then for the future individual he/she will become, has been described for a long time and also in recent literature much more thoroughly, which by considering new contexts and new family configurations that diverge from the "traditional" ones is increasingly improving our knowledge.

The modern techniques of medically assisted procreation have allowed a modification of the morphology of the family, enabling new family configurations where the biological bond between child and parents is not as obvious as before and where there can be more than two parents for a child.

The transition to parenthood is in itself a complex phenomenon; complexity that can increase in some situations, where the actors involved, their representations and their interactions multiply, and where the social context cannot be excluded. Observing such complexity becomes more and more important in order to know and understand the child's development; furthermore it is extremely important doing it through observational methods of dynamic contexts that are able to discriminate interactive dysfunctional aspects regardless of the typology of the family.

During my PhD I had the chance to stay in an area that I would like to define as on the border, for different reasons. My work concerned the observation of the moment of transition to parenthood both in “traditional” contexts with hetero-parental families and in “non-traditional” contexts such as homoparental families.

In fact it was possible to meet families during a period of growth, when they are moving from we as a couple on to we as a family. During these meetings families talked about themselves, allowing me to observe their transition and to listen to their questions, their frustrations and preoccupations, happiness and successes.

The child’s psychological development research distanced from the entirely dyadic perspective that only considers the mother-child relationship; as a matter of fact international literature is unanimously expressing that the child’s and the individual’s well-being is strongly related to his/her primary relationships. Observing these moments in families outside clinical services allowed us to know what happens normally, so that we can help families in difficulty and we can know if a specialist’s intervention is required.

The border area is also this one, between research and clinical practice.

This thesis is divided in three sections; the first part is dedicated to the analysis of the literature concerning three themes: the transition to parenthood, co-parenting, and family interactions. The fourth chapter introduces us to the second part of the thesis, in which the six studies that have composed the PhD work are presented.

The first five studies have been realized thanks to the voluntary participations of families. Volunteers presented themselves at the University laboratories and they talked to us about themselves, their desires, their joy and the difficulties they found during parenthood. Thanks to their participation it was possible to observe the transition to parenthood from different points of view, in different specific moments and through different methods that range from single case study to contrasted case, to group comparison.

The leitmotiv of these studies is the use of the Lausanne Trilogue Play paradigm, an extremely interesting instrument that allows to observe the parental intuitive competence and the co-parenting alliance, in the prenatal version, so before the birth of the child, and then after, in the postnatal version, so including the third family member, observing the triad at play and its family interactions.

The last work presented in this second part of the thesis was realized in collaboration with the Neuropsychiatry center of ULSS 16 of Padua and concerns the application of such observational procedure in a clinical context, where it is possible to work on family interactions and on co-parenthood, supporting the individual clinical work with children and adolescents.

To finalize, the third part includes the general discussion, the limits and further applications of this research.

CHAPTER 1

ON THE TRANSITION TO PARENTHOOD

Becoming a parent represents a main life transition that, even when desired and planned properly, is usually complicated. As Cowan and Cowan (Cowan, & Cowan, 1992) said, "The transition to parenthood constitutes a period of stressful and sometimes maladaptive change for a significant proportion of new parents" (p. 412). The stress that the future parents are supposed to support refers to "both the expected and unexpected strains involved in the bearing and rearing of children" (Kline, Cowan, & Cowan, 1991 p. 287).

Since the 1950s it has been established that the transition to parenthood is a stressful experience that obliges constant adjustments both at the individual level (Delmore-Ko, Pancer, Hunsberger, & Pratt, 2000), and at the dyadic level (i.e., parental unit) (Lawrence, Cobb, Rothman, Rothman, & Bradbury, 2008; McHale & Irace, 2011; Simonelli, Bighin, & Palo, 2012); and that these stressful experiences can have grave consequences for both the couple's relationship and for the individuals that take on that relationship (Delmore-Ko et al., 2000).

As Belsky and his colleagues (Belsky, Ward, & Rovine, 1986) noted, "often unrecognized is the degree of real, and frequently stressful, adaptation that goes on when an individual as dependent as a new baby is added to the family" (p.124).

The experience of stress that accompanies parenthood is a complex construct that implicates both affective, cognitive, and behavioral components (Abidin,

1995) and which can be conceptualized as child-related characteristics (e.g., “demandingness”) that may present difficulties for parents, and parent related characteristics (e.g., depression) that may similarly create stress in the whole family system (Crnic & Acevedo, 1995).

Frequently, the perception of a stressful role is experienced when a new role is too demanding or, even when the individual has multiple other roles that have to co-exist with the new role they have taken on. For a woman, employed full-time, for example, the transition to motherhood could be experienced in a drastically different way than a mother who has the opportunity to stay home full-time to take care of her child. Both new mothers might have several responsibilities, but the mother who is employed full-time may experience a greater amount of strain because the new role of parenting comes on top of other existing roles (Nazarinia Roy, Schumm, & Britt, 2014). This aspect is also magnified by the fact that motherhood is seen by society as positive and as central to a woman’s identity (Galdiolo & Roskam 2012).

New parents, during the transition to parenthood, meet multiple experiences along the way; researchers supports that, the experience of high level of stress and strain (Sanders & Morgan, 1997) can continue beyond the initial postpartum months (Shapiro, Gottman, & Carrere, 2000). Many distinguished researchers have well established that parenting stress can affect several family outcomes, including positive parenting practices (Greenley, Holmbeck, & Rose, 2006) and positive relationships between parents and their child (Deater-Deckard & Petrill, 2004). Moreover it has been implicated in a higher likelihood of child maltreatment (Holden & Banez, 1996), of higher conflict between family

members (Crnic & Acevedo, 1995), and negative outcomes for children, like for example insecure attachment (Cummings, Davies, & Campbell, 2000).

The authors Cowan and Cowan have argued convincingly, that the stress and vulnerability of even “low risk” couples have been underestimated. Like Belsky and Pensky in 1988, they have confirmed that parents who are married, have fairly good relationships, and are well off in socioeconomic positions, experience difficult strains as they enter parenthood and create an “emergent family system” (Cowan & Cowan, 2000).

Literature claims it unanimously: the transition affects families in broadly different ways that change from individual to individual, from couple to couple, from family to family. In some of them, these normative stresses evoke individual, couple, and social network coping responses, which allow the family as a whole to move through this transitional stressful phase with renewed strength and maturity (Belsky, Hsieh, & Crnic, 1998; Pancer, Pratt, Hunsberger, & Gallant, 2000).

Other families survive to this stressful period suffering temporary distress, without significant, positive or negative, long-term effects on adjustment and relationship quality. Conversely, despite these developmentally normative stresses, not all families are able to overcome them successfully, and the distress experienced leads to significant difficulties either individually or collectively for all the family (Cowan, Cowan, Heming, & Miller, 1991; Gloger-Tippelt & Huerkamp, 1998; NICHD, 1999).

Contributing to parents’ stress and vulnerability are the modifications that occur during the postpartum period, which include modifications in the household

division of labor, extra-familial roles, the time that the couple share together, and their intimacy (Cowan & Cowan, 1995). Gender differences regarding these experiences and roles are emphasized by the transition period, intensifying traditional gender role differences in traditional families (Salmela-Aro, Nurmi, & Halmesmaki, 2000; Galdiolo & Roskman 2012; Eagly & Wood 1999). In fact, parenthood is more significant for women's self-conception than it is for men's (Simon, 1992).

Many studies have tried to describe and predict how this important life transition impacts the history of families. These theories can range from broad scope and high level of abstraction, such as conceptual frameworks, to low level of abstraction and narrow scope such as empirical generalizations based on a handful of empirical studies (Doherty, Kouneski, & Erickson, 1998).

The desire to have a child is very complicated and time-consuming, situated as it is among the genetic code, cultural code and the subjective experience; it can be the result of various components of the experience (De Carlo Giannini, Del Papa & Ceccarelli, 1981).

Nazarinia Roy (Nazarinia Roy et al., 2014) has synthesized that the theories used by researchers interested in the transition to parenthood have been borrowed from multiple disciplines such as sociology, psychology, economics, and anthropology; to name a few.

Knowledge regarding life transition effects on couples has also been advanced indirectly by researchers who have followed couples from their engagement well into their marital years, capturing the relationships of both couples who become parents and their non-parent counterparts (Lawrence et al., 2008; Lawrence,

Nylen, & Cobb, 2007; Shapiro et al., 2000). These methodological improvements have been central to our understanding of how the transition to parenthood affects couples' relationships (Nazarinia Roy et al., 2014).

The transition to parenthood is an emotionally distressful time when parents have to help regulate their newborn child's emotions as well as their own. Pregnancy, even when unplanned, is most often a joyous event for a couple and as such may inflate a couple's relationship satisfaction; partners desire the child, they fantasize on him (Lebovici, 1983) and release creative expression of their couple's mind. After the child is born, this inflation may quickly decline with the advent of the stressful event.

Galdiolo and Roskam (2012) conducted a two-wave longitudinal research program, with the scope of investigate the influence of the transition to parenthood on parents' personality traits and emotional competencies. The study has found that the transition to parenthood does not lead to short-term personality change. At the same time, the study shows a difference between childless adults and pregnant parents that seems to reveal that the transition to pregnancy can represent a potential moment of change.

Longitudinal research conducted by Shapiro et al. (2000) and by Lawrence et al. (2008) studied couples following their process from before their pregnancy to well after the time they have had their child, and indicates that although there may be an inflation of sorts in marital satisfaction during pregnancy, the marital satisfaction of couples who have children declines further and in a shorter amount of time than in nonparent couples. So in other words, couples who do not have children may reach the same level of marital decline as couples who do have

children, but children seem to speed up this decline process (Nazarinia Roy et al., 2014).

Professor Lamb, in 1987, through a longitudinal study, observed the parental behaviors during the newborn period, and found that both parents learnt on the job. However, by the end of the first year, mothers are significantly more competent caretakers and appear more sensitive. This is perfectly comprehensible; mothers have spent significantly more time with their infant than the fathers. Given her greater competence, as well as her gender socialization that has emphasized nurturing and child care, most mothers more easily embrace caregiving, whereas fathers more often defer to mothers (Silverstein, 2002).

To improve the knowledge on this fields, a series of studies in the late 1980s by Lamb, Pleck and Levine (1986; Lamb, Pleck, Charnov and Levine, 1987) coined the term “paternal involvement”. They defined three levels of involvement: accessibility, the father being present but not necessarily interacting with the child; engagement, the father interacting directly with the child; and responsibility, an executive function such as remembering when the child needs to go to the dentist or arranging for babysitting.

This theoretical construct advanced research in several ways: it moved the research focus away from a matricentric model, it provided a standardized way of observing fathering across studies (Conger & Elder, 1994; Leavitt & Fox, 1993), and it increased the complexity of the reflections on how fathers are/were involved with their children (Silverstein, 2002).

Maternal attachment theory, as articulated by Bowlby and Ainsworth (Bowlby, 1969; Ainsworth, Blehar, Waters & Walla, 1978), proposed that the mother has a

unique psychological role, in virtue of the biological bond. According to attachment theory, the early mother-child relationship produces an emotional template that determines the quality of all subsequent emotional relationships. Within this paradigm, the father and other important figures in the child's life are peripheral.

In 1976 professor Lamb published his first book of fathering and his goal was to convince psychologists that fathers played a significant role in child development (Silverstein, 2002). Parke, Power and Gottman (1979) hypothesized that fathers, in addition to having a direct effect on the child, also had significant indirect effect through their relationship with the child's mother. This study has allowed the stretch of the systemic focus on the child's development which has been recognized by developmental psychologists (Silverstein, 2002).

From the perspective of attachment theory, mothers are responsible for meeting the emotional needs of their babies, at the same time as regulating their own emotions (Cowan, & Cowan, 1992; Hann, Osofsky, Barnard, & Leonard, 1994). How well a mother regulates her own emotions is based not only on her internal working model but also on her external regulatory resources which would be her primary sources of social support; this source of support being for most new mothers their child's father (Nazarinia Roy et al., 2014).

In general, researchers who have evaluated individuals' and couples' transitioning to parenthood from an attachment framework have examined how an individual's attachment style influences their social support and coping strategies (Alexander, Feeney, Hohaus, & Noller, 2001; Cobb, 2002; Rholes, Simpson, Campbell, & Grich, 2001; Trillingsgaard, Elklit, Markvart, Pedersen, & Armour,

2011) and how these perceptions influence the relationship between attachment styles and depressive symptoms (Feeney, 2003; Rholes, Simpson, Kohn, Wilson, Martin & Tran, 2011; Simpson, Rholes, Campbell, Tran, Wilson, 2003).

Researchers have also examined how different attachment styles affect couples' relationships across the transition to parenthood (Cobb, 2002; Möller, Hwang, & Wickberg, 2006; Paley, 2002; Rholes et al., 2001; Simpson & Rholes, 2002; Simpson, Rholes, Campbell, Tran, Wilson, 2003).

From the Life Cycle Theory, the key concept that is applicable to the transition to parenthood is the concept of transition. "A transition is a discrete life change that brings change in roles and statuses and represents a distinct departure from prior roles and statuses" (Nazarinia Roy et al., 2014; page 35).

This viewpoint emphasizes the ways in which transitions are socially organized; in particular, some transitions can be viewed as more age appropriate while others violate normative social timetables by occurring too early or too late (Hagestad & Neugarten, 1985). For example, an off-age transition might be becoming a teenage parent; and also there are counter-transitions which can be produced by the life changes of other roles and statuses: parenthood creates grandparenthood.

The timing of transitions is thought to affect an individual's life course, when an event occurs "off-time" the outcome will be more negative. In fact this perspective would assume that couples who have completed school, established their careers, and have a secure relationship would fare better in the transition to parenthood than a couple who has got pregnant while still in the process of any of these three events (Nazarinia Roy et al., 2014).

In this theory context, Urie Bronfenbrenner's (Bronfenbrenner, 1979) established the "ecological systems theory" in which he represented the dyadic relationship between individuals and environments. This hypothesis involves that we can acquire multiple perspectives for the behavior of an individual, if it's estimated on various levels of analysis. The observation from different levels of analysis allows appraising the influence that such behaviours can have on the family system and its members (Bubolz & Sontag, 1993).

The "ecological systems theory" envisages 5 key concepts and levels of analyses that are: Microsystem, Mesosystem, Exosystem, Macrosystem, and Chronosystem.

The first one, Microsystem, consists in the intimate level of the environment; for the child is the space where he contacts his parents in a privileged bidirectional relationship; so, a microsystem could represent a family. The Mesosystem is the second level in Bronfenbrenner's model, this includes connections between microsystems such as home and school. The Exosystem contains the social contexts and its influence to experience; like a parent's work environment, religious groups and institutions, social services, or informal social networks which are important too. The Macrosystem, refers to a level that englobes the culture laws, values, customs, and resources that embrace the development of the individual.

The last layer is the Chronosystem. It refers to the chronological age and is not an external environment but rather captures the passage of time. Bronfenbrenner's theory emphasizes the role of context, underlines that the researchers should adopt an interactionist approach that integrates both personal and contextual variables in

predicting adjustment. Imagining family as a context for human development, Bronfenbrenner (Bronfenbrenner, 1986) later developed the person-process-context model which accounts for a triadic empirical model, in which the infant's temperament is valued as an important factor in play with other individuals and the environment (Nazarinia Roy et al., 2014).

BE PARENTS EXPECTATIONS

As we know, individuals who are parents “manifest different patterns of cognitive, emotional and affective development” (Palkovitz, 1996; page 574). Contributing to advance knowledge, some academics have suggested that there is an association between individuals' expectations concerning parenthood and how successfully they negotiate the transition; unrealistic expectations pertaining to some aspects of parenthood can have a negative effect on adjustment (Belsky, 1985; Hackel & Ruble, 1992).

Studies that examined the effects of individual differences in prenatal expectations on the individual's postnatal experience have found that expectations did in fact result in differing experiences (Delmore-Ko et al., 2000; Pancer et al., 2000). Women who had more complex expectations about the parental role demonstrated higher levels of self-esteem, lower levels of depression, and better marital postpartum adjustment (Pancer et al., 2000). In addition, Delmore-Ko et al. (2000) found that 35 % of women and 29 % of men reported being fearful of their new roles as parents.

A part of the studies above mentioned reported that parents' expectations do not anticipate the traditionalization of roles; the violation of expectations appears to

play a role in the link between marital dissatisfaction and traditionalization (Kalmuss, Davidson, & Cushman, 1992; Kerig, Cowan, & Cowan, 1993). In fact, these issues seem fundamental for couple adaptation (Belsky et al., 1986; Cowan, 1988). For example, Cowan and collaborators (1991) found that husband's concrete involvement in childcare was discrepant with the wife's earlier prediction; for this reason, after the child's birth, wife's precipitous declines in marital satisfaction was observed.

During this transition, when a couple makes space for the "third one", the discrepancy between each parent's expectations and perceptions of childcare support responsibilities are significantly related both to depression and marital adjustment for both parents (Kalmuss et al., 1992; Voydanoff & Donnelly, 1999); and so the bases on which the relationships will be built are set.

Women's negative expectations about motherhood are associated with negative postnatal attitudes, and positive expectations are associated with positive postnatal attitudes (Coleman, Nelson, & Sundre, 1999). Alternatively, individuals with unrealistic or overly positive expectations may be at risk for being disappointed by their experiences (Feinberg, 2002).

When expectations are disappointed, a sense of unfairness and resentment may be provoked (Goodnow, 1998), leading to increased parental stress. These feelings can have an influence on the interaction with the child and can provoke negative emotional stimulation, interfering with the warm-sensitive parenting. The importance of expectations has a direct relevance in prevention.

A major focus on preventive interventions may be helping couples to identify and increase the intrinsic opportunities of their expectations; expectations and

beliefs are not static and therapeutic work can support this process. Johnson & Huston (1998) have undertaken a longitudinal study of newlyweds; change in expectations and beliefs was common although wives tended to change towards husbands' viewpoints more than vice-versa. In fact, the more "love for her husband" the wife reported, the greater her change towards her husband's perspective over time (Feinberg, 2002).

The co-parenting relationship starts during the transition to parenthood, in the prenatal period (Shapiro, Diamond, & Greenberg, 1995). Still before the birth of their child, each future parent imagines themselves and the other one in the relationship with the baby. Their expectations rely on their representations: parents begin to anticipate and make plans around co-parenting issues. This includes all the passages to be faced and those that will follow which range from preparing the child's room, obtaining furniture and materials, attending prenatal health visits and childbirth classes, and organizing for postpartum support (for example grand-parents or babysitters), in order to set precedents on how child related tasks are shared and accomplished. Psychological and emotional preparations, such as responsibility, dependency, loss of freedom, regarding parenthood begin to emerge during this period.

The way in which parents "support each other, as these issues emerge, may have implications for the handling of issues, regarding co-parenting support versus undermining" (Feinberg, 2002; Page 180).

One of the issues involved is the moment for fertility. As men and women attempt to increase their human capital many are holding off on having children, some are deferring their decision, while others are actively deciding to forgo

having children. Women's average age at first birth in the United States (U.S.) rose from 21.4 in 1970 to 23 years old in 2010 (a drop from 24.9-years old in 2000) with variations across states.

In Italy, there has been a major shift of the reproductive calendar. The average age at first childbirth, after a period of decline (from 25.9 years for women in 1933 to 24.9 years for 1946), has been substantially stabilized in the generations of the mid-50s. Since then, women have been disposed to the postponement of the first birth (for the generations of the late 60's exceed the threshold of 27 years). The 2000 years are characterized by a low and belated fertility, as the mean age of the first childbirth is over 30 years of age. This increase in age of first-time parents has been termed a delay or postponement of parenthood.

As women postpone their transition to motherhood in order to pursue their educational goals and/or career objectives, they are also forming more egalitarian relationships as they negotiate more equal levels of power in their relationships.

Researchers have found that individuals who postpone parenthood are, emotionally and financially, better prepared for their parenting role (Frankel & Wise 1982; Wilkie 1981) and less troubled about being a good parent (Issod 1987). A sense of personal security, emotional stability, and self-knowledge (Dion 1995) makes the future parents more ready to undertake the path to become a family.

It is rightfully to specify that low fertility rates have also been associated with a shift in women's gender role in society. A study of van Balen found that for women, finding a proper male partner that will be a future father is another reason for postponement of parenthood (van Balen 2005). When a couple takes the

decision to postpone marriage, they indirectly postpone the transition to parenthood, often in order to enjoy life as a couple before taking on the responsibilities that come with having a child (van Balen 2005) or to have a financial security, or a better job position (Dion 1995; Wilkies 1981).

NEW STRUCTURES, NEW ROLES... NEW FAMILIES

The desire to become parents and consequently to have a child is tied up to many aspects: give and receive love, being accepted as a responsible member of the community responding to a social request; having someone to provide care in old age; and also harbor an illusion about a continuity after death. Some of the disadvantages of having children include: loss of freedom and privacy; reduced time for the partner; financial strain; and family-work conflicts (Cowan and Cowan 2000). These advantages and disadvantages seem to transcend across cultures and times, as couples negotiate their transition to parenthood directly and indirectly linked to these aspects.

In the last decades we have assisted to the emerge of new family structures. Currently over one-third of children born in the United States are born to unmarried mothers (Jose, O'Leary & Moyer, 2010; Nazarinia Roy, et al. 2014); in Italy, children born to unmarried mothers represent the 5,8 % of the population whilst is 3,5% in EU, 7,9% in Africa and 5,5% in Asia. Cohabitation as an alternative to marriage, or preceding arrangement before marriage, has increased in occurrence in the western world over time (Smock, 2000), as has also having children outside wedlock (Hansen, Moum, & Shapiro, 2007).

Specifically in regard to the transition to parenthood, Haward and Brooks-Gunn (2009) found married couples to have more positive trajectories of relationship supportiveness than cohabiting couples. This tendency is in the literature often referred to as “the cohabitation effect” that is caused by preexisting characteristics of people who cohabit where their relationship transitions are characterized more by “sliding than deciding” (Mortensen, Torsheim, Melkevik, & Thuen, 2012; Stanley, Rhoades & Markman, 2006).

Further studies have also found that some of the variables that seem to make an impact on couple’s relationship satisfaction during the transition to parenthood appear to have a special significance when comparing married and cohabiting women’s transition, and include relationship duration, pregnancy planning, divorce in family of origin, religious views, age, level of education, and income (Mortensen, Torsheim, Melkevik, & Thuen, 2012; Doss et al. 2009; Lawrence et al. 2008). Besides, how individuals and couples adapt to the presence of a new baby in their lives can be diverse from country to country, structure to structure.

“Culture is often defined as a belief system and value orientations that influence customs, norms, practices, and social institutions, including psychological processes such as language, caretaking practices, organizations, religions, and so forth” (Nazarinia Roy et al., 2014, Page 75).

The transition to parenthood is, as has often been argued, a complex process where culture matters. A couple who live in a different country from their native state, could find further stress factors during the transition to parenthood, and how much a family maintains their culture of origin practices is based on their level of assimilation in their new society. A good integration depends on the capacity of

assimilation, that is a process by which members of a cultural minority group adapt their own ways to conform to those of the dominate culture.

During this particular process, some families will completely assimilate and take on all the values of their new culture, others on the contrary, would be able to resist and strictly maintain their culture of origin. Other families will strike a balance between their culture of origin and their culture of residence, and probably create factors of risk for the child's development.

Linked to this argument is the fact that family roles are an import aspect of family functioning. These roles are a pattern of behavior by which individual family members fulfill a certain function to meet the needs of their family (Nazarinia Roy et al., 2014). Individuals often absorb their roles from their past relationships and, consciously or not, from past intergenerational transmission. As couples, individuals negotiate their roles as wife and husband, and it depends from how they enact their gender role attitudes.

Also thanks to past research, traditional gender roles hold that the female is responsible for the majority of household tasks and for taking care of the child; while the male is mainly responsible for financial resources. Egalitarian gender roles hold that both female and male have equal power in the relationship and are equal in terms of both household responsibilities and financial contributions to the family (Nazarinia Roy et al., 2014).

The cultural changes see men increasing their contributions to household tasks; although women continue to take on the majority of these responsibilities regardless of marital or parental status (Baxter, Hewitt, & Haynes, 2008).

During the transition to parenthood an unequal division of household labor could represent a factor of risk for the couple's relationship and for the family functioning. Women generally increase their time spent on housework once the transition is over (Kluwer, Heesink, & Van de Vliert 2002; Sanchez & Thompson 1997; Belsky et al. 1986; Cowan and Cowan 2000; Katz-Wise, Priess, & Hyde 2010; Ruble et al. 1988). This life transition however does not lead to equal increases in men's housework over time (Gjerdingen & Center 2004; Sanchez & Thompson 1997). As partners become parents, one of the most important factors influencing their marital satisfaction is the division of labor after the birth of the first child (Cowan and Cowan 2000). The transition to parenthood forces couples to rearrange their roles and responsibilities to meet their new family member needs (Nazarinia Roy et al. 2014). Egalitarian couples have a more equal division of household labor than their traditional counterparts (Coltrane 2000; Lavee & Katz 2002; Pinto & Coltrane 2009).

Riskind and Patterson (2010) published nationally representative data about parenting intentions and desires in a sample of American childless lesbian, gay and heterosexual people, and they found that 37% of childless lesbian participants expressed desire to have children, compared with 68% of heterosexual women. On the contrary, 54% of childless gay men expressed wanting children compared to 67% of heterosexual men. Despite this difference between gay men and lesbians, gay men who reported the desire to become parents were less likely to express also the intention of becoming parents than heterosexual men were. Differently, lesbians who expressed the desire of becoming parent expressed the intention of it as well (Riskind & Patterson, 2010).

Couples who have more traditional family roles in the division of housework tend to adjust better to their new roles as parents (Hackel & Ruble 1992). The decision of a new mother to stay home could also be based on the cost of childcare and on the inequality in women's income compared to their male counterparts.

The greatest part of the same-sex couples has hetero-parental birth families; in their construction of their parental role they are often unable to rely on socially prescribed gender-linked division of household tasks. In consequence, they need to negotiate their particular system of divided labor, than frequently consists in a more equal division (Green & Mitchell, 2008). Matthews, Tartaro, and Hughes (2003) found that lesbians were more likely than heterosexual women to indicate a good share in household tasks with their partner. In contrast, opposite-sex couples tend to a traditional gender-linked division of labor (Peplau & Spalding, 2000).

FAMILY SUPPORT DURING THE TRANSITION

As exposed in the precedents paragraphs, the couple of future parents try to cope with their new responsibilities across the transition to parenthood; they develop these competences with the support received from family members, which changes in this period. These interactions may increase in frequency (Belsky 1984; Bost, Cox, Burchinal, & Payne 2002; Knoester & Eggebeen 2006) or decline, depending on several factors including geographic location, in-law relationship quality, and the financial resources of the couple (Belsky 1984; Bost et al. 2002; Cowan and Cowan 2000; Gjerdingen & Chaloner 1994). Several

studies have suggested that close family members served as a primary source of support during the postpartum period (Crinic, Greenberg, Ragozin, Robinson, & Bashman, 1983; Hopkins, Marcus, & Campbell, 1984; Tinsley & Parke 1984); and still other studies have reported that support received from the maternal grandmother, in particular, played an important role in a new mother's adjustment to motherhood (Fischer 1981; Tinsley & Park 1984).

In particular for the first born, grandparents have been found to provide help with childcare, offering a great support to new parents (Gjerdingen and Center 2004). In fact their proximity can affect the hands-on support they provide, such as childcare, emotional, and material supports (Belsky 1984; Miller-Cribbs & Farber 2008). It has, however, been suggested that no matter how much support is received from extended family members, high expectations of support is associated with more difficult adjustment to motherhood (Kalmuss et al. 1992). Women experience more stress after the birth of their child than during pregnancy, thus support during the postpartum period is crucial to their adjustment to parenthood (Goldstein, Diener, Mangelsdorf 1996).

Generally all women experience stress due to an adjustment to the parenting role (Thorp, Krause, Cukrowicz, & Lynch 2004). Although an increase in the amount of support received from the child's father significantly decreases postpartum maternal stress, specific stressors vary based on cultural and socioeconomic differences of mothers. Mothers who are younger, unmarried, and/or poor are believed to have higher levels of stress and greater difficulty in making the adjustments to motherhood (Kalmuss et al. 1992). Mothers who report high levels of stress indicate childcare tasks as one of their greatest stressors (Horowitz & Damato 1999).

Support from the child's father on such tasks can again be a crucial factor in a mother's ability to adjust well to her new parenting role. Middle-class families making the transition to parenthood may have more resources than their low-income counterparts, but they are more likely to find themselves completely on their own (Schulz, Cowan, & Cowan, 2006) in situations unfamiliar to their own parents' generation. The experience of being a more isolated nuclear family and an economic need for dual incomes (Cowan & Cowan 2000) can be mitigated or at least reduced when extended family support is present, even if there are generational differences in parenting experiences. Although most of the literature on family support across the transition to parenthood has focused on heterosexual couples, same-sex parents experience similar increases in family support. Both gay fathers (Bergman, Rubio, Green, & Padrón 2010; Mallon 2004; Schacher, Auerbach, & Silverstein 2005) and lesbian mothers (Goldberg, 2006; Gartrell et al. 1996, 2000) report an increase in family support over time. The desire to become parents is similar for gay men and lesbian women and for their heterosexual counterparts (Baetens & Brewaeys 2001; Bigner 1999; Bigner & Jacobsen 1992) therefore it is not unexpected that we would find similar patterns of increased family support across this transition. Although family support increases when same-sex couples become parents, the level of support they receive is considerably less than their heterosexual counterparts (Oswald, 2002).

SAME-SEX HEADED FAMILIES

Over the last 50 years, the great medical progress in addition to cultural changes, have allowed couples of the same sex to live parenthood. Different combinations are possible, assisted medical procreation, surrogacy, adoption, co-parenthood etc. Many issues have been raised concerning parenting by lesbian, gay, or bisexual parents, with considerable controversy and ideological bias (Regnerus, 2012; Cameron & Cameron 2012; Goldberg & Allen 2013; Stacey & Biblarz, 2001).

Much research has been conducted on the fields about the transition and access to parenthood for lesbian and gay couples (Goldberg 2006; Tornello, Farr, & Patterson 2011; Schumm, 2008). The first researched question of debate has shifted from whether LGB parents are as “good as” traditional heterosexual parents to the possibility that some LGB parents may be better, on average, than heterosexual parents (Biblarz & Stacey 2010; Schumm, 2011). The complexity of this theme is recognized: LGB parents may have to face legal biases concerning their suitability as parents (Ritenhouse 2011); establishing parental legitimacy, and overcoming heteronormativity; gaining validation and support from families of origin and the greater community; answering questions about the family’s structure with their children and other individuals (Green & Mitchell, 2008; D’Amore, Gresse, Pauss, 2011).

Gay men have long been stereotyped as uninterested in children and parenting (Mallon, 2004); it appears that desire for parenthood is lower among gay men and lesbians than among heterosexuals, explaining in part, why fewer LGB persons become parents (Riskind and Patterson 2010), although those LGB persons who

do wish to become parents may have stronger intentions than the average heterosexual person (Nazarinia Roy et al. 2014).

As has been pointed out above, the research on heterosexual be-parents' motivations, showed that men and women often highlight perceived psychological or personal rewards for having children (Goldberg, 2012), such as the emotional benefits of the parent-child bond, enjoyment of children, and personal fulfillment (Dion, 1995; Langdrige, Connolly, & Sheeran, 2000; Langdrige, Sheeran, & Connolly, 2005).

Cultural changes suggest that more LGB individuals may possibly pursue parenthood in the future (Goldberg et al. 2012) and that many LGB parents accomplish it through adoption (Gianino 2008; Leung, Erich, Kanenberg, 2005; Ryan & Whitlock 2006). Adoption involves its own challenges, regardless of parental sexual orientation (Baldo and Baldo 2003), although many children of LGB parents come from previous heterosexual unions (Tasker & Patterson 2007). Lewin's (1993) study of 73 lesbian mothers and 62 heterosexual mothers found that both groups articulated psychologically-oriented reasons, such as the belief that parenthood is an important part of personal development, and gender related reasons, such as the belief that motherhood enables one to achieve the status of a complete woman, in explaining their desire to be parent (Goldberg, 2012).

Even for LGB couples the transition to parenthood implies increased fatigue (Elek, Hudson, & Fleck 2002; Medina, Lederhos, & Lillis 2009), decrease in sexual activity and in couple satisfaction (Foux 2008; Gianino, 2008; Pacey 2004; Robinson et al. 1988), discussion of balancing domestic and other priorities, challenges of dealing with infant crying (Meijer and van den Wittenboer 2007),

and a sense of transformation of own identity (Gianino 2008; Goldberg and Perry-Jenkins 2007; Reimann 1997; Weir 2003).

In particular, declines in relationship satisfaction and quality of mental health like postpartum depression, are as common for lesbian as for heterosexual mothers (Goldberg and Sayer 2006; Goldberg and Smith 2008). Some LGB parents experience rejection by the larger LGB community, some of whom view parenting as a “sell-out” to traditional family structures (Gianino 2008); lesbians and gay men become parents in a societal context that stigmatizes them for their sexuality and when they become parents, they often find that their parenting is under scrutiny, which may contribute to stress and anxiety (Goldberg, et al. 2014). Social support has been found to mediate parenting stress; in a study of gay adoptive fathers, Tornello et al. (2011) found that social support from friends, but not family, was negatively related to parenting stress, after accounting for other key predictors, for example child characteristics (Goldberg, et al. 2014).

Becoming a parent involves more difficulties and challenges for gay or lesbian couples, associated to the social context, to the way they access parenthood or the support of the family of origins (Chabot & Ames 2004; Knauer, 2012; Ross, 2005). Despite these difficulties, Riskind and Patterson (2010) using nationally representative data studied parenting intentions and desires in a sample of childless lesbian, gay, and heterosexual Americans. The authors found that 37% of childless lesbian participants expressed a desire for children, compared to 68% of heterosexual females. Conversely, 54% of childless gay men participants expressed a desire for children compared to 67% of heterosexual men (Baiocco & Laghi, 2013).

The biological bond with the child is in fact, one of the aspects of this aspiration. “When the mother’s egg and father’s sperm are used in IVF and the mother undergoes the pregnancy, the parents have both a genetic and gestational link to the child in the same way as parents of naturally conceived children.” (Golombok, Blake, Casey, Roman, & Jadva 2013; Page 653); whilst among gay or lesbian couples, usually only one parent is the biological parent (Goldberg & Smith 2008).

Legal climate and internalized homophobia can have an influence on changes in mental health among new gay or lesbian parents (Goldberg and Smith 2011; Herek & Garnets, 2007; Sue, 2010). Herek, Gillis, and Cogan (2009) describe heterosexism like an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community (Baiocco & Laghi 2013).

Despite the sheer number of studies that have confirmed LG parenting skills (Goldberg, Kinkler, & Hines, 2011; Patterson, 2009), and the psychosocial developmental outcomes (Stacey & Biblarz, 2010; Tasker, 2010) of their child, these homonegative attitudes remain and affect the family functioning.

CHAPTER 2

THE COUPLE

It must be by now clear that the relationship between parents is a central risk or a protective factor, affecting how well the family adjusts itself to major life transitions. A great number of researchers have attempted to understand the nature of couples' relationship, to determine why relationships succeed or fail. Develop ways to help troubled relationships is fundamental also for promote well-being in the fields of developmental psychology.

Before the birth of a first child, the primary task for couples is to establish themselves as a dyad (Bouchard, 2014). The intimate relationship with the partner represents the most important proximal context, and many studies have shown that parenthood typically undermines couple satisfaction (Huston & Holmes, 2004). In fact, during the transition to parenthood, partners undergo an intense transformation, differentiating their relationship into two subsystems: the marital or romantic subsystem and the co-parenting one (Carneiro et al., 2006; Schoppe-Sullivan et al., 2004; Simonelli et al. 2012).

Early psychological studies of marriage focused on identifying patterns of spousal behavior that might predict marital outcomes (Flanagan et al. 2002). In the earliest works on this topic, relationship distress was conceptualized as the result of deterioration of mutual reinforcement (Stuart, 1969), asymmetrical reinforcement (Patterson & Reid, 1970), and aversive control strategies (Patterson & Hops, 1972).

Investigations on couple's relationships relating conflicts have revealed several robust differences between distressed and non-distressed couples in their behavior and affection (Flanagan et al. 2002). Distressed couples exhibited personal attacks, including threats, criticisms, and insults (Fichten & Wright, 1983; Hooley & Hahlweg, 1989; Koren, Carlton, & Shaw, 1980; Rush et al., 1974; Revenstorf et al. 1984), they demonstrate less empathy (Birchler et al., 1984; Wegener, Revenstorf, Hahlweg, & Schindler, 1979), appear less self-confident (Fichten & Wright, 1983; Margolin & Wampold, 1981), or touch less affectionately or positively during discussions (Margolin & Wampold, 1981) than non distressed couples (Flanagan et al. 2002). Studies that did investigate affection indicated that distressed partners revealed fewer emphatic smiles, less warm voice tones, less laughter, more raised voices, and more coercive gestures than what non distressed couples did (Gottman et al., 1977; Margolin & Wampold, 1981; Revenstorf et al. 1984; in Flanagan et al. 2002).

The development of this knowledge has been possible thanks to the work of many researchers since the 1970's. These academics, working with observational measures, have allowed the understanding of the domains of behavior and perception in couple's relationships. For example, the Gottman laboratory built a "Talk table" whereby couples were videotaped in a conversation while they rated the perceived costs and benefits of each exchange. A coding system assessed the positivity and negativity behavior as well as cognition exchanges (Gottman, Markmann, & Notarius, 1977).

Burgess' longitudinal study (1953) found that, for most couples, marital satisfaction was high right after the wedding, and then began a slow, steady, and non trivial decline. Nonetheless, recent data proposes that when children leave

home, couples experience an increase in their marital satisfaction (Gorchoff, John, & Helson, 2008).

An important work of Bateson and colleagues (1956) suggested that “characteristic and rigidly entrenched dysfunctional interaction patterns could be observed by watching clinical families, and dismantling the basic verbal and non-verbal components of messages sent and received” (In Gottman & Notarius, 2002).

Markman (1981) found that spouses’ rating of their partners’ behaviors was not related to concurrent satisfaction but was associated with satisfaction up to 5 years later. Besides, also gender differences in the relations behavior and long term satisfaction have been found in longitudinal study. Another study by Gottman and Krokoff (1989) found that husbands’ negativity was associated with concurrent distress but long-term satisfaction whereas wives’ positivity was associated with concurrent satisfactions but long-term distress.

Also, in line with social learning perspectives, a number of studies (Bradbury, Campbell, & Fincham, 1995; Carrere & Gottman, 1999; Gill, Christensen, & Fincham, 1999; Gottman, Coan, Carrere, & Swanson, 1998; Johnson et al., 2005; Katz & Gottman, 1993; Kiecolt-Glaser et al., 2003; Gottman & Levenson, 1999; Pasch & Bradbury, 1998; Rogge & Bradbury, 1999) have proved that negative behaviors are associated with steeper declines in relationship satisfaction over time and/or greater likelihood of divorce (McNulty & Russell, 2010).

CO-PARENTING

The relationship of a couple is an important factor affecting the transition to parenthood (Belsky e Pensky, 1988; Cowan e Cowan, 1992; Twenge, Campbell e Foster, 2003). For married couples, the first child is frequently born within the first five years of marriage, a period that has been shown to hold the highest risk for divorce (Bramlett & Mosher, 2001), and the period succeeding this transition may be a critical time for determining the health and longevity of the marital relationship (Doss, et al. 2009).

Mitnick and colleagues (2009) also concluded from their research that married couples experience smaller declines in relationship satisfaction over the transition to parenthood than unmarried couples; also, they found that declines were smaller for relationships of longer duration.

Furthermore the quality of a couple's relationship succeeding the child's birth, has several implications for the baby's early development (Belsky & Kelly, 1994), including physiological arousal (Gottman, Driver, & Tabares, 2002), attachment (e.g., De Wolff & Van Ijzendoorn 1997) and language development (e.g., Horwitz et al., 2003).

Even for adults this period can be critical. During this time, in fact, mothers experience a full range of mental disorders, varying from minor to psychotic (Brockington, 2004). Postpartum mental disorders can be devised into three groups: postpartum sadness, postpartum depression, and postpartum psychosis (Kaplan & Sodok, 2005). Woman with physical, intrapersonal, family and communicative compatibilities can have successful pregnancy and childbirth (Aghapour & Mohammadi, 2011). A study of Jahromi and colleagues (2015),

based on the data collected by Enrich Marital Satisfaction Scale, find that 60% of the women in the depressed group had low marital satisfaction, and 35% had moderate satisfaction. In comparison, 40% of the non-depressed women had low marital satisfaction and 35% had high marital satisfaction.

A satisfying marital relationship is crucial to a family's health and marks effective parenting both directly and indirectly (Jahromi, Zare, Taghizadeganzadeh, & Koshkaki 2015). It also increases interaction among children and between children and their parents and enhances competence and adaptability in children (Khoda-Rahimi, 2003).

In order to ensure these aspect, new parents must develop a parenting alliance, or a capacity to acknowledge, respect, and value each other's parenting role and tasks (Abidin & Brunner, 1995). Schoppe-Sullivan and colleagues (2004), with a longitudinal study on community sample of families, have assessed both co-parenting and marital behavior when children were 6 months and 3 years of age, and have shown that the quality of parenting alliance tends to be stable over the first year of parenthood and beyond. In line with other studies (Gable, Belsky & Crnic, 1995; Van Egeren, 2003; Fivaz-Depeursinge et al., 1996) these researchers found evidence for modest to moderate stability in co-parenting behavior across this 2.5-year phase, which spanned developmental periods (i.e., from infancy to the preschool years).

The learning process of parental function sharpens thanks to the ability of the couple to take care of it and of their child, facing the stressful situations. The cooperation and support attempts to resolve conflicts and misunderstandings are fundamental elements for the development of a good affinity and good co-

parenting. The parents will sustain, for example, the responsibility for the socialization process of children belonging to their family system.

The co-parenting relationship refers to the ways that parents work together in their roles as parents, and it provides the conceptual framework for integrating two prominent areas of family-focused prevention-parenting interventions and couple relationship programs (Feinberg, 2003). The quality of the couple's relationship or its satisfaction is conclusively better in the exercise of co-parenting (Fincham and Bradbury, 1987)

Mark E. Feinberg (2002) proposes that there are four basic components of co-parenting: “support versus undermining in the coparental role; differences on child rearing issues and values; division of parental labor; and management of family interactions, including exposure of children to interparental conflict (pag.178)”. A great number of studies have clarified the distinction between “how parents share and coordinate parenting responsibilities and the rest of their instrumental and expressive relationship components” (Frank, Jacobson, & Hole, 1986; Feinberg, Reiss, Hetherington, & Plomin, 2001; Gable, Belsky, & Crnic, 1995; McHale, Kuersten-Hogan, Lauretti, & Rasmussen, 2000).

Researchers in last decades have demonstrated that the co-parenting relationship is related to couple relations, parent–child relationships and child outcomes. A report completed by Schoppe, Mangelsdorf, & Frosch (2001) indicates that supportive or undermining co-parenting relations when a child is 3 years old predicts child externalizing behavior at 4 years. Frosch, Mangelsdorf, and McHale (2000) observed interparental conflict during family play with a 6-month old

infant, but not dyadic marital interaction conflict, predicted attachment security at 3 years.

Feinberg (2002) assumed also that “First, in practical terms, the co-parenting relationship offers a more circumscribed and potentially modifiable target for intervention than the overall couple relationship. Although programs have been successful in altering aspects of the couple relationship, an intervention focused on the more limited co-parenting relationship may have stronger effects. Second, research indicates that the co-parenting relationship is more powerfully and proximally related to parenting than and other aspects of the couple relationship” (page 178). When the couple’s relationship and co-parenting are compared in the same study, co-parenting often is found to be more significant. Bearss and Eyberg (1998) reported that parenting alliance had a stronger relationship with child problems than what marital adjustment did; and that co-parenting mediated the relationship between marital conflict and parenting (i.e., the association between marital conflict and parenting became nonsignificant when co-parenting was added to the model; Margolin et al., 2001).

In other analyses with data from the non-divorced subsample of the Non-shared Environment and Adolescent Development project Feinberg and collaborators supported the findings of both of these studies (Feinberg, Neiderhiser, Reiss, Feinberg Hetherington, & Simmens, 2000).

THE FOUR COMPONENTS OF CO-PARENTING

With the scope of integrating and organizing the emerging literature on co-parenting Feinberg theorized a model of co-parenting, with four interrelated components.

“The first component of co-parenting is support versus undermining in the parental role” (Page 176). This first factor relates to “each parent’s supportiveness of the other”: affirmation of the other’s ability, attitude as a parent, “acknowledging and respecting the other’s contributions, and upholding the other’s parenting decisions and authority” (Belsky, Woodworth, & Crnic, 1996; McHale, 1995; Weissman & Cohen, 1985). Researchers have found that positive perception of the co-parenting relationship has been associated to perceived parental competence (Floyd & Zmich, 1991); authoritative parenting and lower parenting stress (Abidin & Brunner, 1995); and preschool boys’ inhibition (Belsky, Putnam, Crnic, 1996).

“Childrearing disagreement, the second co-parenting component, involves differences of opinion over a range of child-related topics, including moral values, discipline, educational standards and priorities, safety, peer associations, and so on” (pag.176). Childrearing disagreement has been linked to child problems in different periods of child life (Deal, Halverson, & Wampler, 1989; Block, Block, & Morrison, 1981; Vaughn, Block, & Block, 1988). It is a better predictor of behavior problems for young children than general marital conflict and adjustment (Jouriles, Murphy, Farris, Smith, et al., 1991; Ingoldsby, Shaw, Owens, & Winslow, 1999).

At the same time, the author clarifies that childrearing disagreement per se may not be problematic. He explains for example that parents who “agree to disagree” are able to maintain high levels of mutual co-parenting support. These parents who actively and respectfully negotiate resolutions of disagreements may not experience detrimental effects from childrearing disagreement (pag.176).

The third component of co-parenting relates to “the division of duties, tasks, and responsibilities pertaining to daily routines, child care, and household tasks; financial, legal, and medical issues; and other child related duties” (pag.176).

Perceived unfairness in the division of labor was another concept that received attention (Feeney et al. 2001). A number of investigators have found that the role arrangements that constitute a couple’s division of family labor become more traditional when partners become parents. This shift in roles appears to spill over into communication between husbands and wives as marital conflict increases and the “Who does what?” of daily life becomes the number one issue of conflict between them (Cowan et al., 1985).

Numerous studies on childcare and division of household labor expectations across the transition to parenthood have supported that mothers’ perception of fairness in fathers’ contributions is linked to increased marital quality, while perception of inequity is linked to decreased marital quality (Terry, McHugh, & Noller, 1991). Cowan & Cowan (1988) found that mothers report that the issue of household chores is the single most important trigger of conflict in the postpartum period.

Several studies have been conducted on traditional families (Aldous, Mulligan, & Bjarnason, 1998; Demo, Acock, & Hurlbert, 1993; Hetherington et al., 1999;

Lamb, 1995; Peterson & Gerson, 1992). Often the decline in marital satisfaction across the transition to parenthood is due in large part to spouses' unfulfilled expectations (Nazarinia Roy, et al. 2014). In fact, a great number of couples anticipate equal involvement in childcare and household responsibility, even if the division of labor is not equal before the birth of their child (Cowan & Cowan, 2000).

Researchers in the last decades have demonstrated interest in the division of labor in same-sex families and principal findings have shown that lesbian couples report dividing household and child-care labor equally between the partners (Kurderk, 1993; Peplau, Veniegas & Campbell, 1996; Patterson & Farr, 2011) which also lead to high couple satisfaction (Flaks et al., 1995; Koepke, Hare & Moran, 1992).

The researchers results lead to the conclusion that expectations of the partner's role and the fulfillment of these expectations appeared to have an impact on the perceptions of fairness and the mothers' romantic satisfactions more so than actual divisions of labor.

The fourth co-parenting component: "parents' management of interactional patterns in the family, is comprised of three aspects: conflict, coalitions, and balance" (Page 176). The interparental conflict has been recurrently associated to children's externalizing behaviors (Johnson et al., 1999; Lindahl & Malik, 1999; Buehler et al., 1998; Emery, 1982; Johnson & O'Leary, 1987; Jouriles, Bourg, & Farris, 1991; Rutter, 1994), internalizing disorders and other problems (Holden & Ritchie, 1991; Jouriles, Barling, & O'Leary, 1987; Jouriles, Murphy, & O'Leary, 1989).

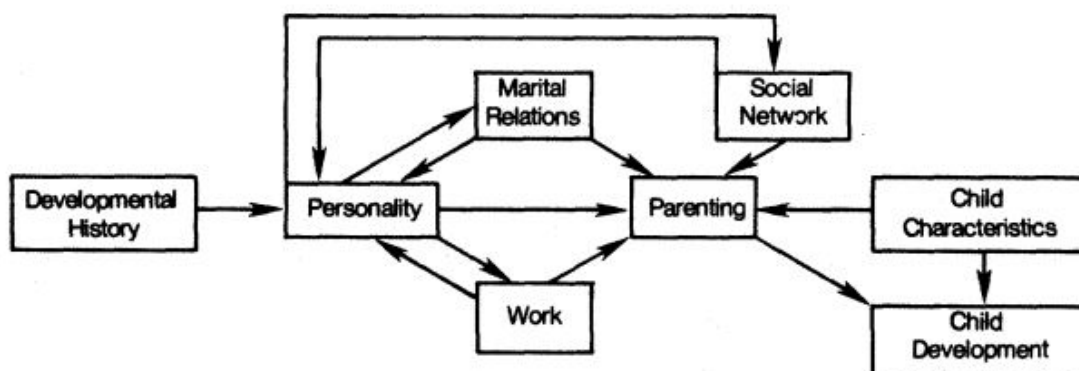
“Exposure of children to conflict, especially frequent, unresolved, and/or physical conflict (Grych & Fincham, 1990), is the central issue in terms of how parents jointly manage couple conflict” (Pag.176).

Consequently, children may “become sensitized to conflict, and conflict may disrupt development of emotional or self-regulation and family-level emotional security” (pag.177).

PERSONALITY TRAITS

In 1984, Professor Jay Belsky, drew up a specific model (Figure 1) called “The determinant of parenting” where he supposes that the parental function is determined by multiple factors, which go from individual characteristics of parent personality, individual history, factors of stress, to social support and couple’s satisfaction; and include the individual child (child characteristics of individuality), and the broader social context in which the parent-child relationship is embedded, specifically, marital relations, social networks, and occupational experiences of parents.

Figure 1: Belsky process model of the determinants of parenting, 1984



On these bases, co-parenting is related to individual characteristics of both parents and children. Individual parent characteristics, ranging from cognitions (e.g., parental beliefs) to more affective features (e.g., depression, hostility) affect parents' ability to cooperate in childrearing and family management (Belsky & Hsieh, 1998).

Belsky (1984) assumes that: "By considering research pertinent (...) support for three general conclusions regarding the determinants of parenting will be provided: (1) parenting is multiply determined; (2) with respect to their influence on parenting, characteristics of the parent, of the child, and of the social context are not equally influential in supporting or undermining growth-promoting parenting; and (3) developmental history and personality shape parenting indirectly, by first influencing the broader context in which parent-child relations exist (i.e., marital relations, social networks, occupational experience)" (Pag.84).

It is also likely that child temperament may affect the parental function and therefore the co-parenting relationship. For example, when parents are experiencing difficulty managing a child's behavior, the consequent stress, frustration, and feelings of failure may lead each parent to blame the other's parenting skills for the child's behavior. The characteristic of the child that has received the most attention in terms of influencing parental functioning is temperament, especially those behavioral styles that make parenting more or less difficult (Bates, 1980). There is evidence of the influence of child problems on the couple's relationship (Mash, 1984), however a more precise investigation would likely find that child temperament and behavior are more closely linked to the co-parenting relationship (due to domain specificity).

Another individual characteristic, stress, is a likely entry point for the influence of environmental, contextual factors on co-parenting. According to this view, stress—whether derived from pressure at work or financial difficulty, extended family relations, or other sources—typically undermines individuals' functioning, leading to less ability to tolerate frustration and to more negative interpersonal relationships (Atkinson, Paglia, Coolbear, Niccols, Parker, & Guger 2000; Garnezy, Masten, & Tellegen, 1984; Matheny, Aycock, Pugh, Curlette, et al., 1986). Thus, high levels of environmentally-influenced stress will tend to result in less supportive, more conflictual co-parenting. In an investigation about the relationship of stress with co-parenting, stress accentuated the relationship between spousal differences and negative co-parenting interactions (Belsky et al., 1995).

However, environmental or contextual variables may also serve as protective factors. Extra-familial social support may be a general protective factor (Johnson & Sarason, 1978) facilitating the coping of families experiencing stress and enhancing the co-parenting relationship. To the extent that co-parenting is influenced by individual, family, and environmental characteristics and in turn influences relevant outcomes, co-parenting can be viewed as a mediator. This view of co-parenting as a mediator is relevant to intervention, as a general prevention strategy is to target modifiable mediators of outcomes. For example, Floyd et al. (1998) suggests that positive co-parenting may protect parenting quality and child adjustment from the negative effects of depression in one parent. Such domain specificity may partly justify Margolin's view (Margolin et al., 2001) that co-parenting represents a risk mechanism, while general marital conflict or marital quality may represent a risk indicator (Rutter, 1994). In

developing prevention programs, it is obviously much more important to target the risk mechanism rather than a factor that may merely be a marker of risk. The view of co-parenting as a risk mechanism is supported by evidence of co-parenting as a mediator of the relationship between the couple's relationship and parenting both across sectionally and longitudinally (Feinberg et al., 2000; Floyd, Gilliom, & Costigan, 1998; Gonzales, Pitts, Hill, & Roosa, 2000).

CHAPTER 3

THE FAMILY INTERACTIONS

The studies carried out in the last decades have come to the conclusion that studying the child from zero to three years inside the family context would lead to a better understanding of developmental psychopathology.

Thanks to the progress done over the last years, researchers working on the infant's early social skills postulate that the infant progresses from a primary relationship with one individual (often represented by the mother), to relationships with a growing number of people (Dunn, 1991; Tronik et al. 1992; Schaffer, 1984); fathers and siblings for example, have been shown to be actively involved in the care of infants and young children. Even during the dyadic interactions, the presence of the other, the “third”, can have an influence on the behavior of each member of the dyad and the quality of their emotional exchanges (Galdiolo & Roskam 2016).

In an evolutionary optic, our survival depends on our competence of cooperating in groups; it results therefore fundamental to decode the social situations and to coordinate with more people contemporarily. Evidence in neurosciences studies support this concept (Sluzki, 2007). For a newborn, the first group to come upon is the family, and parents allow him to develop these competences.

For Professor Edward Z. Tronik and his colleagues : “The basic tenet of the strategic model is that infant social engagement occurs in an interactive context where the motivations and goals, opportunities, and constraints for interaction differ between infant and caregiver; where social factors such as group

composition, values, and customs promote particular child-rearing patterns; and where ecological variables such as climate, food supply, and environmental risks affect the work effort of caregivers and the types of protection and care they must provide to infants. According to this perspective, ways of thinking, feeling, and behaving are shaped by community based processes that reflect the fitting together of caretaker and child strategies.” (Tronik et al. 1992, page 569).

The study of children’s physical development has focused, for a long time, on the parent-child interactions, and for really many decades researchers focused on mothers as responsible for children’s negative behavior (McHale & Grolnick, 2002).

In 1999 Elisabeth Fivaz-Depeursinge and Antoniette Corboz-Warnery with their group publish a new complex method of observation based on a developmental family systems approach. These emphasize the family as a unit and the relationships between its members, according to which, a family is a whole that cannot be reduced to the sum of its parts. The family triad has thus become a specific object of study for understanding the specific relational processes occurring at the family level.

It is an organized whole that has stable interaction patterns of its own, which are related to and yet distinct from the interaction patterns of the dyads and other subsystems that compose the family. In turn, although dyadic and other subsystem relationships within the family can be described individually, they can never be completely understood if separated from the overarching qualities of the family whole (Cox & Paley, 1997; Minuchin, 1988). Although much past research on family relationships focused on dyadic relationships or whole-family

functioning in clinical samples, recently there has been an emerging interest in broader levels of the family system (e.g., triadic family processes and family organization), their associations with well-researched dyadic relationships (e.g., marital, parent-child), and the implications of the quality of family relationships for child's functioning in nonclinical samples (Cowan & McHale, 1996; McHale & Fivaz-Depeursinge, 1999).

Departing from the study of co-parenting, a sub-system of a family system, researchers have also increasingly focused on family-level affective processes, which are theorized to include both positive and negative aspects (McHale et al., 1996). From studies that appraise the effectiveness of therapy has emerged that in some cases is more effective to program an indirect type of intervention focused on couples to get changes in the symptomatology of a child (Favez, 2013). In fact, family therapists have long recognized that many families exhibit a predominant affect. One family may be raucously positive, engaging in many teasing and joking behaviors, whereas another may seem hostile or depressed (S. Minuchin, 1974). "Family affective processes involve interactions among all family members and may also include the family's typical response to interactions within and among family subsystems. In turn, overall family affectivity may serve as an index of family adaptive functioning and could even help to determine whether subsystem difficulties will lead the family into dysfunction". (Schoppe-Sullivan, Mangelsdorf, & Frosch, 2001; Page 528).

It is important to underline that even if family affective processes and co-parenting are both at the triadic level of the family system (Hayden et al., 1998), family affectivity must be distinguished from co-parenting in the measure that family affective processes focus on affect itself, regardless of its behavioral cause.

During these last decades, the notion of a young infant's primary intersubjectivity, or "sense of shared experience" (Rochat & Striano, 1999), has been gaining acceptance, thanks to a growing body of evidence (Fivaz-Depeursinge, et al. 2010). Research suggests that examinations of family affective processes may play an important role in understanding child functioning. For example, in a study of Goodman, & Gotlib (1999) has emerged how emotional difficulty in parents (both in father and mother) engrave on child development and this relationship between these two factors is mediated by parental behavior. Bronstein, Fitzgerald, Briones, Pieniadz, and D'Ari (1993) found that no hostile expression of emotion within the family was related to positive social and psychological adjustment over time for young adolescents. Studies such as this, emphasize the role of affective family processes for child functioning beyond the influence of parenting behavior (Schoppe-Sullivan, Mangelsdorf, & Frosch, 2001). Co-parenting and other triadic family processes are not just extensions of parent-child relationships (McHale, Kuersten, & Lauretti, 1996), these subsystems represent a separate sphere of influence on child functioning and on the family system functioning (e.g., Hayden et al., 1998).

The family relationships can also reveal points of strength, resources on which therapeutic change is founded in order to favor a positive prognosis.

Besides the role of mediation developed by the conjugal support, the consequences of conflict have also been studied: it can be cause of troubles in the emotional sphere both for the parents and for the child; first of all because it distracts the parenting and the affective availability towards the child (Fainsilber Katz, & Gottman, 1996). A longitudinal study of Murphy, Jacobvitz, & Hazen (2015) has isolated the construction of parental competitiveness and underlines a

direct and predictive relationship between the child's externalizing problems and the parent's devaluation of their partner's parental competences in front of the child. Child's exposure to an extreme conjugal conflict can cause in the child dysregulated problems and hamper the development of theory of the mind (McHale, Fivaz-Depeursinge, Dickstein, Robertson, & Daley, 2008; Favez, Abbet, & Frascarolo, 2006). In childhood, at its worst, this process may lead a child whose parents are in an intractable conflict to play the role of go-between or scapegoat and risks emotional development disturbance (Minuchin, 1974). Given the exacerbation of distress known to occur in couples in conflict during the transition to parenthood (Shapiro, Gottman, & Carrere, 2000); this problematic process is likely to originate in infancy.

According with Professor Salvator Minuchin, "Family members relate according to certain arrangements, which govern their transactions" (1974, p. 89). The structural family theorist is vitally concerned with these "arrangements" or architectural properties of families and less concerned with the quality of actual transactions (of which co-parenting and family affective processes could be examples) (Schoppe-Sullivan, et al. 2001). Evolving toward the consideration of the triad, this evidence has been confirmed. Family structure can be said to reflect diverse aspects of the family, such as alliances or coalitions, boundaries, and cohesiveness (Johnson, Cowan, & Cowan, 1999; S. Minuchin, 1974). Children who live in families with low levels of family heat, cohesion or affective tuning, in which the tendency is to exclude one of the members from the triad or in which the dyadic exchanges are privileged over triadic exchanges, have significantly higher probability to develop psychopathology. The familiarity with early family process has documented Minuchin's clinical concepts, such as the influence of the

marital and coparental subsystems on child development (1974), or the influence of early family factors, such as warmth and cooperation, on the child's later interactions with peers (McHale & Fivaz-Depeursinge, 1999).

Ideally, relationships within the two-parent families are structurally balanced, in a way so that the parents represent a clear, unified authority, and boundaries between family subsystems are clear and yet flexible enough to foster family members' feelings of interconnectedness (Johnson et al., 1999; S. Minuchin, 1974). It can happen however, that family alliances are not stable; this is the case when children have more authority than parents; or when a too close parent-child relationship exists, leading to the exclusion of the other parent (triangulation); or families may be overly involved with, or disengaged from, each other (Bowen, 1978; Haley, 1967; Johnson et al., 1999; S. Minuchin, 1974). Unstable family alliances affect family structure by making effective co-parenting difficult for parents and this pathway may lead to more externalizing behaviors such as delinquency and aggression in children (Belsky, Putnam, et al., 1996; Christensen & Margolin, 1988; Fivaz-Depeursinge, Frascarolo, & Corboz-Warnery, 1996; Lindahl & Malik, 1999).

Cohesiveness is a family structure dimension defined as the extent to which family members appear united and emotionally connected to other members (Johnson et al., 1999); it could be an important factor to consider when examining the effects of family organization on children's externalizing behavior (Johnson et al., 1999; Lindahl & Malik, 1999; McHale & Fivaz-Depeursinge, 1999).

Recent findings on family communication process during the first years of a child's life shed a new light on triangulation. These results regard the infant's

capacity of triangulation and the style in which it is engaged in functional vs problematic family alliances (Fivaz-Depeursinge, Favez, Lavanchy, de Noni, & Frascarolo, 2005). “By observing the infant playing with both parents rather than in the traditional dyadic context, research has uncovered an as yet unnoticed competence, namely the young infant’s capacity to handle three-way interactions” (Fivaz-Depeursinge & Favez, 2006; Page 4).

Actually, researchers agree that the baby, observed inside the primary triangle is an actor that appears to all the effects involved in the game of interaction, already from the first infancy. A three month-old child makes bids for sharing their effects of pleasure, interest, or distress with both parents; they rapidly alternate their gaze and affect signals between them. Parents respond by conveying that they feel what the infant is feeling (Fivaz-Depeursinge, 2003; Fivaz-Depeursinge, Favez, Lavanchy, de Noni, & Frascarolo, 2005).

“A normative development of triangular interactions exists in which the infant is part of “2+1” or “3-together” alliances rather than being the excluded one in coalitions of “two against one” (Fivaz-Depeursinge & Favez, 2006; Page 4). It is the case when infants under stress with one parent use their capacity for triangular interactions to turn to the other parent to signal their distress.

THE FAMILY ALLIANCE

“Family alliances are defined as the degree of coordination that family members achieve as they perform a task, such as play, separation-reunion, discipline, or learning” (Fivaz-Depeursinge & Favez, 2006; Page 4).

Family Alliance can be measured by the degree of coordination going from the most functional to the most problematic. Parents and children are all included in the interaction and each of them is engaged in a specific role, where the parents support each other in front of their child. Exclusion and interferences or withdrawal from the roles demanded are the main patterns; where parents undermine or fail to support each other (Fivaz-Depeursinge & Corboz-Warnery, 1999).

How the three regulate the dyadic intrusion-avoidance pattern depends from the family alliance: for example, the mother may find ways to support the infant by validating her signal without interfering with the father or withdrawing. This is the case of a functional family alliance in which co-parenting is cooperative, and in which the infant experiences empathic support and learns to handle the father's intrusion by herself/ himself. The infant's triangular capacities are mostly recruited in the service of her own development despite the limitations imposed by the intrusion-avoidance dyadic pattern. But it can happen however that the mother may fail to validate the infant's signal and several scenarios are possible, like excluding herself from the threesome, or excluding the infant (who thus experiences rejection by both parents), or may engage with the baby and thus interfere with the father (Fivaz-Depeursinge, Favez, Lavanchy, de Noni, & Frascarolo, 2005).

These scenarios show a problematic family alliance in which co-parenting is hostile-competitive, and the parents compete for the infant's attention (McHale & Rasmussen, 1998). The triangular capacities of children play an important role in the parents' conflict; in fact they are employed to regulate the tension between them (Minuchin, 1985).

A second aspect of parents' role in managing family interactions relates to the presence of a unified coparental coalition versus triangulation of the child in an overt or covert parent-child coalition (Ihinger-Tallman et al., 1995; McHale, 1997; Minuchin, 1985). Even mildly dissatisfied couples tend to triangulate children (Lindahl, Clements, & Markman, 1998). Several family researchers have described the negative effects of triangulation and scapegoating processes within families (Christensen & Margolin, 1988; Kerig, 1995; Lindahl et al., 1998; Maccoby, Buchanan, Mnookin, & Dornbusch, 1993; Minuchin, Rosman, & Baker, 1978; Vuchinich, Emery, & Cassidy, 1988). Triangulation of children is linked to marital dissatisfaction (Margolin et al., 2001). Retrospective research demonstrated that a determinate father-daughter alliance during childhood predicted depression, anxiety, and low self-esteem in young adult women even after controlling current father-daughter alliance (Jacobvitz & Bush, 1996). Issues of triangulation and alliances may also involve other members of the family, for example, the meaning of certain parent-child relationships may depend on parent-sibling relationships (Feinberg et al., 2000; Feinberg, Reiss, & Hetherington, 2001) or the role played by a grandmother in a family system. Nevertheless, the central issue here is how the coparents jointly manage such family relations. The final aspect of family interaction is a balance between parents in interactions with the child. The issue of interactional balance concerns in part the relative proportion of time each parent engages with the child in triadic situations. Discrepant levels of parental involvement in triadic play predict later rated anxiety, while parental hostility and competitiveness in such interactions predict more aggression (Mc Hale & Rasmussen, 1998). Further, another study found that

parenting discrepancy (triadic balance) is independent from the marital quality that husband and/or wife report (McHale, 1995).

CHAPTER 4

GUIDING OBJECTIVES OF THE STUDIES

The general objective of this work was the observation of family interactions in different relational contexts. Our intent was to observe, through different methodologies, the different ways to desire and create a family. This PhD path has allowed me to explore the world of family interactions in both clinical and research contexts, in traditional and non-traditional frameworks.

At the beginning of this PhD, the first objective was, through a systemic developmental approach, to observe the transition to parenthood and the characteristics of family alliance and child development in lesbian headed families and heterosexual headed families. We would have liked to be able to see the coparental interactions during pregnancy and the triadic interactions at the child's birth through a longitudinal quantitative approach. This objective was found to be very difficult to implement, in particular because of the recruitment of lesbian headed families. As a result of these aspects we modified the objective of departure building parallel studies that could represent windows of observation on this topic.

In the specific case of same-sex headed families four studies will be presented with the intent to photograph different life steps for same-sex families.

The first one presented is a longitudinal case study; a prenatal observation taking place at the 7th month of pregnancy, and a postnatal observation when the child is

3 months old. In line with the analysis of the literature presented, we observed the LTP prenatal procedure is apt to capture the parental and coparental intuitive abilities of the future parents. Our assumption was to see a continuum with the postnatal LTP where the parents enact their interactive competences with the child.

Still photographing family interactions with the second study, a contrasted case analysis will be presented, with a focus on co-parenting, one of the sub-systems that composes the family alliance. Once more, the LTP paradigm allows us to dwell on the interactions and see the behavior linked to co-parenting.

The third study is characterized by the different methodology employed, that answers specific research questions. First of all, we sought to investigate the quality of the triadic interactive dynamics in lesbian headed families, underlining possible specific characteristics and peculiarities of these families. Furthermore, another objective was to compare the lesbian headed family interactions with the data emerged from the literature on the triadic interactions in "traditional" families. These three works have been effectuated with the support of Prof. D'Amore.

The fourth and last work focuses on co-parental interaction attitudes and the quality of couples' relationships observed during the decision process (intention and desire) to be (or become) parents. Our goal was to explore these aspects in a cross-national sample composed of Italian and Belgian heterosexual, lesbian and gay couples. The intent of this work was to observe similarities and/or differences concerning co-parenting among stable gay, lesbian and heterosexual couples without children; and to evaluate, among LG couples, the correlation between co-

parental dimension, dyadic adjustment, internalized homophobia and social support.

The two final works concern the “traditional families”, composed by mother, father and child. These studies were achieved thanks to the co-tutelage project that has allowed me to increase my competences and knowledge on the observation of family interactions. The participation in these consistent studies has been for me, and for my researcher path, particularly interesting.

The fifth study’s focus was the investigation of the characteristics of marital satisfaction during pregnancy, in particular how the quality of co-parenting in pregnancy is linked to marital variables. This work has another main objective: to verify if the LTP could assess the main characteristics of co-parenting during pregnancy.

From the research context we move on to the clinical one. The last work presents the results of a one-year pilot research study evaluating the clinical effectiveness of an integrated treatment, characterized by psychotherapy for the child/adolescent and parental support for the parents in addition to the assessment of family interactions.

PARTIE II
STUDIES

SAME-SEX HEADED FAMILIES

DE DEUX À TROIS...
TRANSITION À LA PARENTALITÉ
ET ALLIANCES FAMILIALES DANS LES FAMILLES
LESBOPARENTALES

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ABSTRACT

From two to three... Transition to parenthood and family alliance in lesbian parents families. – The present paper focuses on a particular period in the family life cycle called « transition to parenthood ». Previous researches have studied this complex period and emphasized the necessity to adopt a multifactor and procedural perspective in order to understand the developing family system (Belsky, 1984). Two main aspects were chosen to be studied: a) the development of family interactive competences, the couple's capacity to organize triadic interactive models during pregnancy and to reorganize these models following the child's birth; and b) the child's own characteristics, such as temperament, as factors contributing to the development of precocious interactive competences and to the parenting style. These aspects have been widely explored in the context of heterosexual parents' families (Fivaz et al., 2001, Favez et al., 2010, McHale et coll., 2001) but very few has been written concerning homosexual parents families (D'Amore et coll., 2011). Most of previous studies aimed to compare the child development in these two types of families, focusing on different dimensions such as the quality of parent-child relationship, the psychosocial

development, or the gender identity (Vecho & Schneider, 2005). This paper presents the situation of a family from our current longitudinal study in the Systemic and Relational Psychopathology Clinic, University of Liège. It describes two stages of the Lausanne Triadic Play: a prenatal situation taking place at the 7th month of pregnancy, and a postnatal situation when the child is 3 months old. We observe the particular interests of the LTP prenatal procedure as a predictive instrument of the parental abilities to enact their interactive competences after the child's birth, as verified with the postnatal procedure.

INTRODUCTION

Au cours des cinquante dernières années, nous avons assisté à une perpétuelle évolution et à un changement continu du panorama social. Celui-ci a suscité l'intérêt des chercheurs et des cliniciens travaillant sur la parentalité et sur le développement des enfants vivant dans des contextes non traditionnels, apparus suite à la formation de « nouvelles familles », différant du modèle traditionnel soit par leur composition (recomposée ou monoparentale), soit par leur culture (immigrée, interculturelle), soit par l'orientation sexuelle des deux parents (familles homoparentales).

Dans le panorama de la recherche internationale, les processus relationnels et développementaux au sein des familles homoparentales constituent des phénomènes relativement récents et encore peu étudiés. Ces études portent d'une part sur les compétences parentales des homosexuels des deux sexes, et d'autre part sur le développement des enfants dans ces familles. En effet, la question centrale ayant motivé de nombreuses études et recherches est la suivante: un enfant peut-il se développer adéquatement dans une famille dans laquelle les parents sont de même sexe?

Nombreuses sont les études qui ont démontré l'absence de différence significative en ce qui concerne les compétences parentales des gays et lesbiennes (Vecho et coll. 2003 ; Goldberg, 2010), mais également en ce qui concerne les enfants qu'ils élèvent, comparés à des enfants élevés dans un contexte hétéroparental. Il ressort de ces études que l'orientation sexuelle des parents ne porte pas préjudice à la qualité du développement de l'enfant ; il semblerait plutôt que la bonne ou la mauvaise adaptation de l'enfant soit, comme dans toute famille, corrélée davantage avec la qualité des processus familiaux tels que l'attachement, les alliances familiales, la coparentalité et la gestion des événements stressants internes et/ou externes à la famille (D'Amore et coll., in presse). Parmi les recherches menées jusqu'à présent, aucune n'a encore choisi comme objet d'analyse spécifique les alliances coparentales et familiales avec l'objectif de comprendre quelles seraient les similarités et/ou différences avec les autres structures familiales (Farr, Patterson, 2011).

Le but de notre recherche est d'observer et de mettre en évidence les processus évolutifs de la famille « précoce » lesboparentale, c'est-à-dire la construction des interactions familiales durant la transition à la parentalité et les premières années de vie des enfants. L'objectif serait d'ouvrir des pistes de réflexions et de générer des nouvelles hypothèses dans le domaine des compétences triadiques et interactionnelles des familles lesboparentales.

TRANSITION À LA PARENTALITÉ ET

DÉVELOPPEMENT DE L'ENFANT

La période de la grossesse est un moment très délicat et important tant pour l'individu et le couple que pour le futur développement de l'enfant et de la famille dans son ensemble. Les individus qui deviennent parents sont transformés et ont une

trajectoire développementale différente par rapport aux individus n'étant pas engagés dans des rôles parentaux. Cette période est pour eux une transition importante dans le cycle de vie, une période charnière qui demande de nombreux changements soit interpersonnels comme le degré de la satisfaction conjugale (Lawrence et coll. 2008 ; McHale 2010 ; Simonelli 2012), soit intra personnels comme le développement d'une nouvelle identité (Delmore-Ko, 2000).

Une image de l'enfant se construit progressivement dans l'esprit des parents, et une série de projections, de désirs et aspirations modèlent « le bébé imaginaire »).

Dans les familles dites « traditionnelles », ce domaine a été étudié surtout au niveau des représentations maternelles de l'enfant à naître et de leur influence sur la relation mère-bébé après la naissance. L'optique adoptée était donc clairement dyadique. Les études pionnières de Burgin et von Klitzing (1994) et de von Klitzing et coll. (1999) ont ensuite ouvert de nouveaux horizons en démontrant que les représentations triangulaires des parents pendant la grossesse prédisent la place qu'ils donneront à l'enfant dans l'interaction à 3 mois après la naissance. Dans la prospective de la famille, il s'agit du moment où se constitue l'alliance familiale dans le triangle primaire, dans le cas de notre étude, mère - mère - enfant (Fivaz-Depeursinge et Corboz – Warnery, 1999).

L'importance de prendre en compte le niveau des processus familiaux fut d'abord évoquée par les thérapeutes familiaux, qui ont mis en avant des modèles interactifs familiaux spécifiques liés au fonctionnement affectif et à certaines manifestations psychopathologiques chez l'enfant. L'exemple le plus connu est le processus de triangulation par lequel l'enfant est pris au piège dans le conflit entre ses parents et finit par agir comme un intermédiaire. D'autres études sur les relations conjugales ont également démontré que la dynamique relationnelle au sein d'un sous-système dans lequel l'enfant n'est pas directement impliqué comme participant peut néanmoins avoir

un impact sur le développement de l'enfant (Cowan et Cowan, 1992). En particulier, les études de Raikes et Thompson (2006) ont démontré que la coopération, des conflits résolus entre des parents et un climat émotionnel positif global dans la famille forment un contexte avantageux pour l'enfant lui permettant de comprendre des perspectives multiples et de développer une connaissance positive des relations sociales (Favez et coll. 2012). Les mesures de la qualité de co-parenting manifeste (les comportements interactifs des parents devant l'enfant) et du co-parenting caché (ce qu'un parent dit à l'enfant de l'autre parent quand ce dernier n'est pas présent) ont mis en évidence une tendance prédictive avec le développement des compétences psychosociales de l'enfant (Frosch, Mangelsdorf et McHale, 2000 ; McHale et Rasmussen, 1998). La coopération entre les parents, la chaleur et l'intégrité familiale pendant les premières années sont également prédictives d'une meilleure adaptation pendant les années préscolaires, le début de l'âge scolaire, et sont de plus associées aux symptômes extériorisés et intériorisés (in Favez et coll. 2012).

Plusieurs études récentes ont souligné l'impact du couple parental, distinct du couple conjugal sur le développement des compétences interactives de l'enfant (McHale, 1999). La socialisation de l'enfant à l'âge scolaire constitue l'une des manifestations de cet impact (McHale et Fivaz-Deperusinge, 1999).

DU COUPLE À...

La reconnaissance des droits civils et parentaux que différents pays sont en train d'accorder aux couples gays et lesbiens nous permet d'assister à une augmentation importante d'enfants conçus avec l'aide de la médecine (PMA1, insémination alternative avec donneur connu et/inconnu, FIV 2,) mais également par adoption. Indépendamment du mode de procréation, ces familles doivent faire face à certains défis

qui sont typiques à toute famille homoparentale : établir la légitimité des parents, obtenir le soutien de la famille d'origine et faire face au regard de la société (Green, Mitchell, 2008). Abbie Goldberg (2006, 2010) a observé trois aspects-clés influençant ces défis : le niveau démographique des parents, le choix du recours à l'insémination artificielle (donneur connu ou inconnu) et, dans une optique de recherche écosystémique, le support social (Cowan et Cowan, 1988).

La création d'une famille homoparentale demande une haute motivation, une importante capacité de tolérer les frustrations ainsi qu'une certaine disponibilité économique pour faire face aux nombreux frais juridiques et médicaux.

Il existe cependant une littérature lentement croissante sur des couples de lesbiennes avec enfants, ainsi qu'un certain nombre d'études s'étant intéressées aux lesbiennes et aux couples homosexuels sans enfants (Goldberg, 2010). Il est important de noter que de nombreuses recherches sur les rôles parentaux des femmes lesbiennes ont été motivées par des préoccupations pour les enfants élevés par des parents homosexuels, notamment la crainte qu'ils se développent moins que les enfants de parents hétérosexuels (Vecho et Schneider, 2005).

Certaines recherches ont néanmoins été menées indépendamment de la structure familiale (recomposée, adoption, insémination artificielle) et ont démontré notamment que les mères lesbiennes ont un fort désir de parentalité et consacrent un temps important au projet et au choix du type de parentalité. Par ailleurs, elles se décrivent et se montrent particulièrement égalitaires en ce qui concerne l'exercice des rôles parentaux, la prise de décisions et l'organisation des tâches familiales. Elles expriment également des hauts niveaux de satisfaction concernant leur couple et leur parentalité (Bos, van Balen, van den Boom, 2007). En général, les couples homosexuels tant féminins que masculins rapportent une haute satisfaction quant à la qualité de leur

relation en comparaison aux normes de satisfaction conjugale établies pour des couples hétérosexuels (Patterson, 1995 ; Peplau et Cochran, 1990).

D'autres recherches, toujours dans une optique de comparaison entre mères lesbiennes et hétérosexuelles, ont démontré une santé psychologique (psychological health) plus importante chez les mères lesbiennes, en particulier dans les domaines de « self-confident » et « self-esteem » (Rothblum et Factor, 2001).

Les études dans le domaine de la transition à la parentalité ont confirmé que, dans le couple hétéroparental, il est possible d'assister à une diminution dans la qualité des interactions du couple avec l'arrivée de l'enfant. Les interactions peuvent être marquées par une diminution de la chaleur et une augmentation des conflits (Goldberg, Sayer, 2006), par la différenciation des soins concernant le bébé et par la proximité affective de l'enfant avec un parent plutôt qu'avec l'autre au cours de la vie familiale. Ces résultats encouragent à se détacher d'une vision rigidement égalitaire et harmonique de la dynamique interactionnelle de ces familles, suggérant sans surprise qu'elles sont assujetties à des changements qui sont propres à toute famille et à ses transitions (D'Amore et coll., in presse).

Mais qu'en est-il en du coparentage mis en place par ces parents ?

Le co-parenting, ou la capacité de la dyade conjugale à travailler ensemble pour encadrer l'enfant, est un sous-système important de la famille. Il s'agit de la capacité de deux ou plusieurs adultes de s'allier, se coordonner et fonctionner en tant qu'équipe face aux besoins physiologiques, émotionnels et sociaux des enfants. Le coparentage a été principalement étudié dans les familles hétéroparentales.

En ce qui concerne les couples gays et lesbiens, le coparentage a généralement été étudié uniquement en termes de division du travail familial (Goldberg, 2010 ; Patterson, Farr, 2011). Les recherches existantes ont montré que les couples homoparentaux

rappellent une division du travail familial, organisée sur un mode du partage, tandis que les couples hétérosexuels rapportent davantage un mode basé sur la spécialisation, et particulièrement en lien avec les prescriptions de genre (Goldberg, 2010). Farr et Patterson (2011) ont comparé les couples de parents lesbiens, gays et hétérosexuels sur la dimension du coparentage, ainsi que son impact sur les issues développementales de l'enfant. Leurs résultats confirment que les parents lesbiens et gays relatent davantage un partage des tâches familiales tandis que les couples hétérosexuels relatent davantage une spécialisation. Les observations des interactions familiales confirment ce pattern : les parents gays et lesbiens participent plus équitablement que les parents hétérosexuels dans l'interaction coparentale et familiale. En particulier les couples lesbiens montrent des comportements parentaux plus soutenant que les couples hétérosexuels (D'Amore et coll., in presse).

Dans une autre étude, Chan, Raboy et Patterson (1998) ont mesuré la division des tâches familiales chez les couples lesbiens et hétérosexuels et l'ajustement des jeunes enfants. Parmi les mères lesbiennes non biologiques, celles ayant déclaré une plus grande satisfaction relative à la répartition des tâches ont également déclaré une plus grande satisfaction quant aux relations conjugales et moins de problèmes de comportement des enfants. Les couples hétérosexuels étaient plus susceptibles d'exprimer leur mécontentement quant au partage du travail familial lorsqu'ils déclaraient une plus grande spécialisation, suggérant qu'un inconvénient potentiel serait lié à une répartition trop traditionnelle des tâches en fonction du genre. Les mères dans les couples hétérosexuels ayant déclaré assumer plus de tâches familiales que les pères étaient également plus susceptibles que les pères de rapporter une insatisfaction quant à l'organisation actuelle.

Une limite importante de ces études est de considérer l'alliance coparentale principalement en termes de partage du travail domestique et familial. En accord avec McHale, Kuersten-Hogan et Rao (2004), concevoir la coparentalité uniquement en termes de travail familial ne permet pas d'accéder à d'autres dimensions centrales qui la caractérisent. Ces auteurs en identifient trois : le degré de solidarité et le support entre les coparents, l'ampleur de la dissonance et de l'antagonisme, ainsi que le degré d'implication des partenaires (D'Amore et coll., in presse).

POUR UNE NOUVELLE MÉTHODOLOGIE DE RECHERCHE

Porter attention à la famille précoce implique non seulement un changement de perspective théorique, mais également un choix précis de méthode. La recherche sur les relations familiales s'est souvent focalisée sur des observations et/ou comptes rendus cliniques, sur la méthode narrative dans une perspective reconstructive, typique de l'étude des processus cliniques au sein des systèmes dysfonctionnels. Alternativement, si nous souhaitons prêter attention aux processus évolutifs qui contribuent à la structure des interactions familiales, il est nécessaire d'acquérir des méthodes observationnelles standardisées et des protocoles de recherche longitudinaux. Cela permettra, d'un côté, l'étude des dynamiques et des processus évolutifs et, de l'autre, de les appliquer à des populations différentes de familles et à différents phases du développement des systèmes familiaux.

Dans la littérature existante, une autre limite souvent relevée concerne la méthodologie utilisée : souvent ces études se basent uniquement sur des instruments d'autoévaluation (échelles, questionnaires) et, à l'exception de l'étude de Farr et Patterson (2011), ne prennent pas en considération l'interaction triadique observable, c'est-à-dire l'observation simultanée des dyades et de la triade parentale.

En résumé, concernant les familles homoparentales, et en particulier lesboparentales, très peu de recherches empiriques et quantitatives ont été menées en abordant le co-parenting et tous les aspects liés à son implication dans le développement de l'enfant et de la famille dans son ensemble. Aucune recherche sur les interactions primaires dans les familles homoparentales n'a pris en considération la triade comme une unité d'observation. Quant aux alliances coparentales chez les mères lesbiennes, elles n'ont pas encore été étudiées à l'aide d'un dispositif objectif. Cela demeure donc une question ouverte à laquelle nous aimerions pouvoir apporter quelques éléments de réponse.

A la suite de ces préoccupations d'ordre théorique et méthodologique, une nouvelle lignée féconde d'études et de recherches se sont focalisées sur les processus émotionnels et interactionnels de la triade mère-père-enfant et leur impact sur le bien-être global de la famille et de ses membres (Fivaz-Depeursinge, Corboz-Warnery, 1999).

Le concept d'alliance coparentale est d'un intérêt particulier, entendue comme le degré de coordination atteint par les parents face aux tâches de développements qui sont spécifiques à la phase du cycle de vie familial. Notre étude se concentrera sur cette transition à la parentalité en adoptant l'optique d'un modèle fondamental, celui de « l'Alliance Familiale » définie comme « le degré de coordination familiale atteint par ses membres pour réaliser une tâche » (Fivaz et coll., 2001). Il s'agit en particulier d'observer comment les membres de la famille interagissent et quelles émotions circulent entre eux.

En outre, notre étude place comme fondement théorique l'interaction parent-enfant, élément fondamental de la relation comme moment d'échange tant sur le plan comportemental, affectif qu'émotionnel. Dans les premières phases de vie de l'enfant, le

composant fondamental de tels échanges est non verbal. Stern (1995) le définit comme étant à l'origine de la relation et même de la co-construction des compétences relationnelles du jeune enfant. Les comportements interactifs non verbaux structurent donc la relation entre l'adulte et l'enfant, et permettent de façonner les compétences interactives de l'enfant. Ils consistent en des micro-régulations réciproques et représentent les démarches fondamentales du processus ; celui-ci co-construit et règle l'interaction. De telles caractéristiques interactives semblent constituer le noyau à explorer dans l'étude de la qualité des modèles interactifs-relationnels précoces, et ce non seulement dans les dyades adulte-enfant, mais également dans une perspective triadique. Les compétences interactives triadiques ne se développent pas successivement aux compétences dyadiques, mais leur développement en est au moins parallèle dans le processus plus général de développement affectif-relationnel précoce (Fivaz-Depeursinge et Corboz-Warnery, 1999 ; Simonelli et coll., 2012). Notre objectif est de comprendre comment la famille lesbienne parentale construit ses différents sous-systèmes à travers le temps, comment elle s'organise de la grossesse à la présence de l'enfant. Notre intérêt se porte également sur le développement de compétences interactives et psychosociales de l'enfant durant sa première année de vie. Notre recherche, se centrant sur l'homoparentalité et le développement de l'enfant, propose donc une approche longitudinale et multiaxiale (interactive et représentationnelle) qui considère la famille dans son ensemble.

Les études conduites jusqu'à présent sur la transition à la parentalité et les processus évolutifs de l'enfant dans les familles « traditionnelles » ont souligné la nécessité d'une perspective d'analyse multifactorielle et procédurale pour la compréhension du système familial en voie de développement (Belsky, 1984), en déterminant principalement deux facteurs : a) le développement des compétences

interactives familiales et la capacité du couple à organiser des modèles interactifs triadiques pendant la grossesse et à les réorganiser successivement dans leur relation avec l'enfant ; b) le rôle des caractéristiques propres à l'enfant, comme le tempérament, qui peuvent influencer le développement des compétences interactives précoces ainsi que le style de parenting (Fivaz-Depeursinge et Corboz-Warnery, 1999).

Par la présente recherche, nous posons l'hypothèse générale que les processus de développement des compétences interactives et psycho-évolutives de l'enfant et la qualité des alliances familiales sont indépendants des facteurs d'orientation sexuelle du couple parental.

QUESTIONS DE RECHERCHE ET MÉTHODOLOGIE

A la lumière des aspects mis en avant dans la revue de la littérature, nous proposons l'hypothèse générale selon laquelle les processus de développement des compétences interactives et psycho-évolutives de l'enfant, ainsi que la qualité des alliances familiales des familles lesboparentales seront indépendants de l'orientation sexuelle du couple parental, mais seront plutôt liés à la relation et à la satisfaction conjugale, ainsi qu'aux caractéristiques propres à la personnalité des parents (voire compétences émotives). Nous nous attendons à ce que les familles de mères lesbiennes soient capables de construire des alliances familiales fonctionnelles. Nous nous attendons également à observer une diminution du degré de satisfaction conjugale après la naissance de l'enfant (Gartrell et coll., 2000) sans que cela n'empêche la formation d'une alliance familiale fonctionnelle post-natale. Nous supposons que cet aspect sera plutôt équilibré à travers les ajustements du co-parenting.

D'autres questions seront à investiguer. Ces alliances seront-elles stables dans le temps imparti à la recherche? Quelle sera l'attitude du parent biologique et du parent

social face au rôle de l'autre ? Pouvons-nous établir un lien entre le type d'alliance familiale et les niveaux de cohésion et de flexibilité familiale ?

Au cours de cette analyse, nous nous questionnerons également quant au rôle des caractéristiques propres à l'enfant: le tempérament de l'enfant peut-il avoir une influence sur les alliances familiales ainsi que sur le style de parenting ?

L'intérêt de cette recherche se fonde sur les avancées tant théoriques que pratiques qu'elle propose. Nous espérons que les résultats autoriseront une compréhension approfondie des dynamiques familiales lesboparentales à travers les processus relationnels et psychosociaux qu'ils refléteront. Ces repères pourraient ensuite s'avérer utiles dans des programmes spécifiques de thérapies avec les familles homoparentales.

De manière plus précise, il nous paraît important de saisir comment les rôles parentaux (affectif, d'encadrement, de soutien, etc.) se distribuent en présence d'une symétrie sexuelle des partenaires, et ce en évitant d'assimiler les rôles parentaux à la variable de genre sexuel. Cette conception novatrice en matière de familles de même sexe permet non seulement d'approcher la qualité du développement de l'enfant mais également de déplacer l'intérêt des chercheurs de l'orientation sexuelle des parents vers les dynamiques familiales. Indépendamment de la structure familiale, le couple en transition vers la parentalité se trouve confronté à de multiples demandes développementales, inhérentes à la construction de la famille et à l'évolution de l'enfant.

Dans le but de répondre à nos questions de recherche, nous tenterons de recruter un échantillon de 30 familles lesboparentales attendant leur premier enfant à travers IAD et FIV. Le recrutement aura lieu dans des hôpitaux s'occupant d'insémination artificielle, au travers des médecins, des forums et des associations homoparentales. Les informations données aux familles mentionneront que l'étude porte sur l'exploration de

la communication familiale et qu'elles pourront recevoir un feedback quant à leurs interactions familiales.

Dans le but d'analyser ce processus interactif-relationnel et de répondre à nos questions de recherche, la méthodologie utilisée implique l'observation de la famille dans son ensemble depuis le 7^e mois de grossesse jusqu'au 9^e mois de vie de l'enfant ; nous rencontrerons les familles en trois étapes : 7^e mois de grossesse ; 3^e mois de vie de l'enfant ; 9^e mois de vie de l'enfant.

Il nous semble important de privilégier une méthodologie multiaxiale par rapport aux méthodes purement individuelles jusque-là exploitées et qui ne questionnaient au mieux qu'un sous-système dyadique de la famille (Vecho et Schneider, 2005 ; McHale, 2010). À travers ce niveau multi-méthodologique, nous souhaitons croiser quatre niveaux d'analyses, et ce à l'aide des instruments suivants :

- Le premier niveau concerne les relations triadiques observées.
 - Le « Lausanne Trilogue Play » (Fivaz-Depeursinge E. et Corboz-Warnery A., 2001) codifié à travers le « Family Alliance Assessment Scale » est un instrument qui permet l'observation systématique des interactions.
- Le deuxième niveau concerne les caractéristiques relationnelles de co-parenting et de satisfaction conjugale, est à la recherche des aspects suivants :
 - l'organisation des rôles parentaux et la répartition des tâches à travers : Who does what ? le Questionnaire du Co-parenting (McHale, Kuersten-Hogan, Lauretti et Rasmussen, 2000) ;
 - la satisfaction, intimité et communication conjugale durant la transition familiale qui est liée à la naissance d'un enfant à travers le Dyadic Adjustment Scale.
- Le troisième niveau est relatif aux « child outcomes » et aux caractéristiques tempéramentales de l'enfant à travers :

- l’Infant Behaviour Questionnaire ;
- le Vineland Social Maturity Scale ;
- la Symptom Check List pour l’évaluation du niveau social-adaptif de l’enfant.
- Le quatrième et dernier niveau prend en considération l’influence des facteurs contextuels : le soutien social et la perception de l’homophobie à travers :
 - le Gay and Lesbian Acceptance and Social Support Index.

Les variables de contrôle individuelles seront observées à l’aide d’une fiche signalétique et d’un questionnaire, le Symptom Check List 90 revised (Derogatis LR, et coll., 1977) afin d’évaluer la présence d’éventuels symptômes pathologiques.

ETUDE DE L’ALLIANCE FAMILIALE DU PRÉNATAL AU POSTNATAL

L’alliance familiale se rapporte tant à la manière dont les individus agissent ensemble qu’à la manière dont les émotions circulent entre eux (Frascarolo-Moutinot et coll., 2007). Ce concept reprend donc différentes dimensions telles que l’engagement relationnel, le degré de communication, le soutien, la négociation des rôles, autant de facettes dont nous avons déjà évoqué l’importance dans l’étude des processus familiaux. Ainsi, Lavanchy Scaiola, Favez, Tissot et Frascarolo (2008) ont développé une catégorisation reflétant les nuances que peuvent démontrer les familles concernant cette coordination : l’alliance coopérative (fluide ou tendue), l’alliance conflictuelle (couverte ou ouverte) et l’alliance désordonnée (exclusive ou chaotique). Une telle perspective dans l’abord des familles de même sexe nécessite des changements majeurs dans la conduite des recherches. Pour commencer, un plan de recherche longitudinal est nécessaire à l’étude des processus qui s’inscrivent et s’expriment dans une temporalité.

SITUATION D'OBSERVATION:

LE LAUSANNE TRILOGUE PLAY

Le cadre et le dispositif du LTP impliquent que la famille soit placée en triangle pour jouer. Les deux parents sont assis côte à côté et peuvent s'observer grâce à leur vision périphérique. L'enfant est assis en face. Deux caméras positionnées sous des angles différents permettent de filmer les trois partenaires.

Le jeu est constitué de quatre parties. Durant la première partie, l'enfant joue avec un parent pendant que l'autre est simplement présent en tant qu'observateur participant. Il se positionne en retrait mais demeure empathique et attentif au jeu. La famille choisit quel parent commence à jouer. Après quelques minutes, la famille peut passer à la deuxième partie. Le parent qui était actif devient observateur, le parent observateur devient actif et joue avec l'enfant. Durant la troisième partie, les trois partenaires jouent ensemble. Cette étape à trois est plus difficile car la coordination nécessaire est plus importante et exige un ajustement et une synchronisation des membres. Les parents doivent coopérer pour que l'enfant participe au jeu, tandis que l'enfant doit, quant à lui, réagir et s'investir dans l'interaction avec deux partenaires. Et enfin, durant la quatrième partie, les deux parents discutent ensemble pendant que l'enfant occupe la position d'observateur. Les parents ont une interaction partagée et doivent essayer de ne pas lui prêter d'attention tout en continuant à veiller sur son bien-être.

Les résultats des études menées par l'équipe de Lausanne (Favez, et coll., 2006) ont montré que le type d'alliance familiale formée par une triade, et mesurée à l'aide du LTP aux trois mois de l'enfant, est relativement stable durant la première année de vie.

Si, comme nous l'avons développé, l'alliance familiale est déjà en formation entre les parents pendant la grossesse, il s'avèrerait dès lors très utile de pouvoir évaluer la coopération entre les futurs parents et leurs interactions autour du bébé à venir,

autrement dit leur alliance parentale prénatale (Fivaz-Depeursinge et Corboz-Warnery, 2001).

C'est dans cette optique qu'a été créé le diapositif du Lausanne Trilogie Play Prénatal dans le cadre duquel les futurs parents sont assis en triangle face à un couffin avec une poupée représentant le bébé. Cette poupée a le corps d'un jeune bébé, mais son visage est indéfini. Trois caméras les filment pour obtenir deux images vidéo : une vue générale de la situation (caméra 1) et les visages des parents (caméra 2 et 3). La consultante les prépare au jeu en jouant elle-même l'infirmière qui leur présente la poupée-bébé. Elle leur demande de jouer avec « leur » enfant pour une durée de 4 à 5 minutes en tout. La tâche fait ainsi appel à leurs capacités de jeu en termes ludiques et en termes de jeu de rôle ; de plus, le thème fait appel à leur créativité et peut impliquer des émotions très profondes.

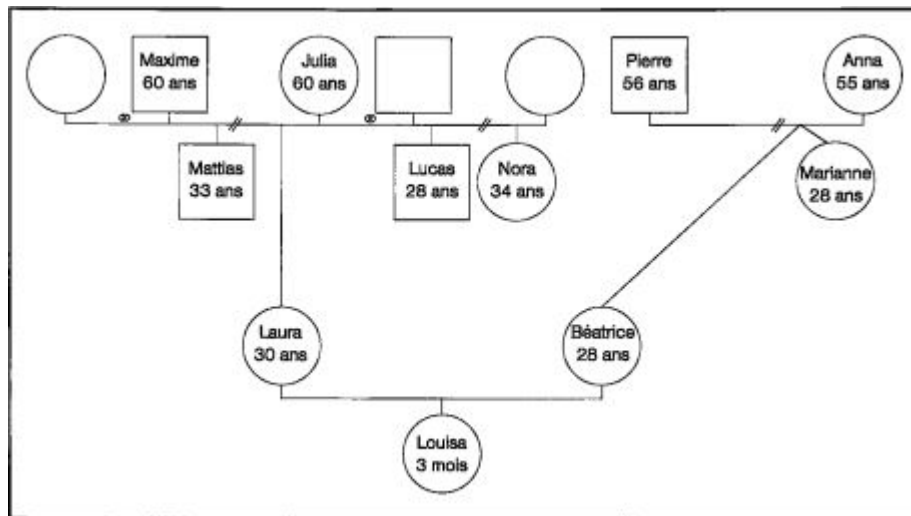
ETUDE DE CAS

Afin de présenter l'intérêt de ces alliances pré et postnatales, nous développerons ici un cas clinique. Il s'agit d'une famille lesboparentale ayant participé à notre recherche au sein du Service de clinique systémique et psychopathologie relationnelle de l'Université de Liège. Nous développerons deux extraits : le LTP prénatal et LTP postnatal à 3 mois de vie de l'enfant.

Nous rencontrons pour la première fois Laura, 30 ans, et sa compagne Béatrice, 28 ans, alors que cette dernière est enceinte de 7 mois. Tous les noms et autres détails permettant d'identifier les membres de la famille ont bien évidemment été modifiés. Laura et Béatrice sont toutes deux enseignantes. Elles se sont rencontrées durant leurs études à l'université. Laura est issue d'une famille recomposée. Ses parents ont divorcé lorsqu'elle avait 10 ans et sont tous deux remariés. Laura a donc un frère aîné

biologique, un demi-frère et une demi-sœur. Les parents de Béatrice sont également divorcés. Elle a une sœur jumelle. Béatrice considère son père comme sa principale source de support, tandis qu'elle évoque une relation parfois tendue avec sa mère en raison d'une importante consommation d'alcool de cette dernière. Les deux femmes se sentent soutenues et acceptées par leurs familles respectives, tant dans leur relation de couple que dans leur décision d'avoir un enfant. Le génogramme ci-dessous permet un aperçu de la situation familiale du couple.

Après leur rencontre, les deux femmes ont vécu ensemble quelques années durant lesquelles Laura travaillait et Béatrice était toujours étudiante. Elles ont ensuite voyagé durant un an à l'étranger avant de revenir en Belgique, commencer à travailler comme enseignantes dans le secondaire et acheter une maison.



Leur projet d'enfant est né à cette époque mais a mis plusieurs années à se concrétiser. Les deux femmes se questionnaient sur la parentalité homosexuelle et les possibles conséquences sur un enfant. Elles ont alors pris le temps de se renseigner, ce qu'elles ont trouvé difficile étant donné le peu d'informations scientifiques disponibles

en français. Elles ont également discuté de leur désir de parentalité avec leurs propres parents et leurs familles d'origine. Ensuite, selon Laura :

« Une fois qu'est venu le déclic... En fait, on a compris que notre famille attendait ça... il y a trois ou quatre ans... pour eux, ça devenait une suite logique à notre foyer. Donc quand on a compris ça, ça nous a rassurées terriblement. Et du coup, on s'est dit : " Pourquoi pas ? On ne sera pas plus mauvaises que d'autres... " »

Les démarches ont ensuite demandé du temps, le couple ayant opté pour une insémination artificielle avec donneur anonyme : attendre un rendez-vous, rencontrer un psychologue, passer des tests médicaux,... Les démarches ont finalement duré trois ans, ce qui est une période assez longue. Laura explique :

« Oui, ça peut être plus rapide... Mais nous, on ne voulait pas... on attendait un accord du comité d'éthique. Mais quand on a eu l'accord, on a laissé passer du temps. Voilà, en sachant qu'on pouvait, que c'était réalisable, on s'est dit qu'on allait attendre un peu. »

Et Béatrice poursuit :

« On n'a pas voulu le faire autrement... le brusquer. Et attendre que nos situations professionnelles soient un peu plus stables aussi. On était dans le bon créneau... On venait d'acheter une maison, donc je ne nous voyais pas commencer tout de suite. (...) Voilà, c'était un cheminement long et progressif. Et... Il faut le temps de se découvrir aussi... Enfin, on était ensemble depuis des années mais... On venait d'acheter une maison, donc prendre le temps de vivre un peu à deux dedans, aussi, c'est gai. Et de préparer cette période-là, un futur... mais pas le concrétiser forcément tout de suite. Et on a eu de la chance, quand on a pris la décision, que ça marche tout de suite. »

Le couple a choisi que Béatrice serait la mère biologique de leur premier enfant. Laura explique ce choix :

« On aimerait bien avoir deux enfants, donc on verra bien. Mais ça a toujours été une évidence que je voulais que ce soit Béa qui porte en premier... euh... parce que je préférerais regarder ça un petit peu de loin. Et puis, Béa étant moins... ayant peut-être moins confiance en elle, je préférerais... je trouvais que c'était bien qu'elle soit... qu'elle se sente plus impliquée dès le départ. Parce que ce n'est pas la même chose quand c'est l'autre personne. Et donc je trouvais que ce serait bien qu'elle s'épanouisse dans cette grossesse, (...) je trouvais que ça lui réussirait bien. Et c'est le cas. »

Un questionnement reste néanmoins en suspens, il s'agit de choisir comment leur futur enfant appellera ses deux parents ; Laura étant principalement concernée par ce choix et ses implications :

« On ne sait pas. On cherche toujours des... pas des réponses, mais... On essaie d'en parler un maximum parce que je crois que c'est vraiment le sujet qui... en tout cas, moi, me perturbe un petit peu depuis le début. (...) Pour moi, le nom "maman", il n'y a pas d'équivalent à cela, ça représente tout. Donc trouver quelque chose qui est significatif de parent, c'est très très difficile. Moi, ça me pose problème depuis quelques temps, parce que je cogite tout le temps là-dessus et que je ne trouve pas de réponse. Béa m'a très gentiment dit : " Ecoute, pour moi, peu importe. Donc tu peux t'appeler maman. " Mais je trouve... ça n'a pas de sens. C'est toujours quelque chose en pleine réflexion. (...) On s'est dit qu'on essaierait peut-être de voir un psychologue pour enfants pour un petit peu en discuter... ce qui valait mieux pour l'enfant, pour ne pas le déstabiliser. (...) Mais il y a une chose dont on est sûr, c'est qu'on ne s'appellera pas toutes les deux " mamans ". Parce qu'il n'y a qu'une maman, et il n'y en aura jamais qu'une. Mais pour le deuxième nom, on hésite. »

Lorsque nous les rencontrons au 7^e mois de grossesse, Laura et Béatrice anticipent différemment les prochaines semaines. Béatrice se dit appréhensive :

« C'est vraiment la période où ça commence à faire un peu peur... elle va vraiment arriver. (...) Mais, en soi, quelque chose d'extraordinaire, qu'on voulait toutes les deux. Donc ça ne suscite pas du négatif... juste de l'appréhension. (...) C'est surtout de savoir... est-ce qu'on est prêtes ? Enfin, est-ce que je suis prête ? On ne sait pas... Enfin, pourquoi je ne le serais pas ? Parce que ça a été quelque chose de réfléchi... C'est juste un gros cap dans une vie et j'ai peur de ne pas être prête pour la petite, de ne pas savoir comment m'y prendre... Et toi ?».

Laura se perçoit différemment :

« Moi, je ne réalise pas du tout. J'ai l'impression depuis quelques temps d'être “ ailleurs ”. (...) Je suis dans une bulle depuis peu... C'est une joie immense. J'aurais les larmes aux yeux à chaque fois que j'en parle. C'est... moi, je... je ne sais pas me projeter, essayer d'imaginer ou de... Donc, c'est ce que je ressens maintenant, une joie... Etre prête, je ne sais pas... Je crois qu'on apprend tous. Personne n'est prêt avant mais on découvre au fur et à mesure. Là, maintenant, ça ne me fait pas spécialement paniquer. (...) Parce que ça remplit tellement l'esprit, il y a tellement de choses auxquelles il faut penser. Moi, je m'occupe de ce côté-là, parce que Béa a son petit bagage à porter... Donc, moi, je m'occupe du reste ».

RÉSUMÉ DU LTP PRÉNATAL

Pendant la première partie, le rôle de parent actif est occupé par Laura, la mère sociale. Elle met en place des comportements intuitifs parentaux en utilisant une attitude enjouée vis-à-vis de la tâche (Fivaz-Depeursinge et Corboz-Warnery, 2001). Elle regarde sa compagne, plaisante un peu et ensuite prend la poupée dans les bras. En la regardant, elle explore son corps : la tête, les mains,... et elle lui parle avec douceur.

Béatrice observe la scène avec une attitude enjouée et, en même temps, touchée.

Après quelques minutes, les deux futurs parents se regardent et Laura propose en souriant à Béatrice de jouer à son tour. Béatrice paraît embarrassée par la tâche, elle prend la poupée que Laura lui tend en faisant attention à sa tête, la regarde, ensuite regarde sa compagne, qui est à présent en position de tiers et l'encourage verbalement. Pour lui venir en aide, elle ajuste la couverture, mais Béatrice lui demande de reprendre la poupée. Laura reprend alors la poupée et l'installe dans le couffin, l'orientant vers elle et lui demandant doucement : « Est-ce que tu es bien installée ? » Elle regarde ensuite sa compagne qui s'est retirée de l'interaction malgré une position corporelle toujours active.

Béatrice répond au regard de Laura, touche son ventre et se positionne davantage en arrière, marquant ainsi le passage à la quatrième partie durant laquelle les deux parlent entre eux. La tonalité de la voix reste douce, Laura touche le ventre de sa compagne et lui demande si tout se passe bien, comme si elle percevait les difficultés de sa compagne à entrer dans le jeu. Et en effet, après seulement une minute d'interaction entre elles deux, Béatrice demande à appeler la chercheuse et signale ainsi la fin du jeu. À l'arrivée de la chercheuse, elle s'excuse et explique qu'elle n'est pas arrivée à entrer dans le jeu et jouer ses parties.

Nous pouvons observer durant les premières parties une différence entre le jeu de Laura et la tentative de jeu de Béatrice. La première s'engage et active des comportements parentaux, comme les caresses, l'exploration du corps et le baby-talk, d'une manière adéquate. Elle soutient également Béatrice dans sa tentative de jouer le parent actif. Elle active ainsi un soutien coparental vis-à-vis de sa compagne, qui, elle, démontre une certaine difficulté à s'impliquer dans le jeu. Béatrice observe sa compagne, comme pour comprendre ou apprendre, mais reste figée lorsque son tour arrive, incapable de jouer activement. La troisième partie se déroule similairement et est

caractérisée par la même tonalité : Laura tente de porter le jeu à trois, tandis que Béatrice reste spectatrice de sa compagne. Au cours de la quatrième partie, les deux parents parlent brièvement de la difficulté de Béatrice à entrer dans le jeu et appellent ensuite la chercheuse.

Le score obtenu rentre dans la catégorie des alliances fonctionnelles, les deux parents démontrent une bonne coopération. Nous pouvons néanmoins observer chez Béatrice une difficulté à activer ses compétences parentales. À la lumière de ces observations, nous pouvons nous demander : comment cela se passera-t-il lors de l'arrivée de leur fille Louisa ? L'alliance coparentale prénatale que nous observons sera-t-elle prédictive de l'alliance familiale postnatale ?

... À TROIS

Nous rencontrons pour la deuxième fois Laura, Béatrice et leur fille Louisa, cinq mois plus tard, alors que la petite est âgée de 3 mois. Les deux parents nous racontent que tout se passe très bien depuis la naissance et décrivent Louisa comme un bébé facile et joyeux. Elles évoquent une période d'adaptation durant laquelle il leur a fallu « créer de la place, de l'espace à la maison et dans l'organisation ». Béatrice est retournée travailler après deux mois de congé de maternité. Elle se dit heureuse de retrouver ses élèves. Elle craignait le moment de la séparation, tant pour Louisa que pour elle-même, mais affirme que les premiers jours se sont déroulés sans difficultés. Les deux parents décrivent comme très positive la relation de Louisa avec sa gardienne.

Les deux femmes évoquent également la présence de leurs familles d'origine qui les valorisent énormément en tant que jeunes parents. Elles mettent particulièrement en avant le support émotionnel et pratique du père de Béatrice, ainsi que les conseils du frère de Laura et de son épouse, eux-mêmes parents de jeunes enfants. Ces neveux et

nièces constituent également ce que Laura et Béatrice considèrent comme une « aide », de par leurs questions et les explications qu'ils réclament. « C'est une bonne préparation pour plus tard ! » plaisante Laura.

Lors de cette rencontre, nous leur demandons à nouveau de jouer en famille, selon le protocole du LTP postnatal que nous avons développé précédemment.

RÉSUMÉ DU LTP POSTNATAL À 3 MOIS

Durant la première partie, Laura occupe de nouveau le rôle de parent actif, Béatrice joue le rôle du parent simplement présent. Laura commence à parler à Louisa, vérifie si elle est bien installée dans le siège. Précisons que le siège du bébé restera orienté vers le centre du triangle pendant toute la durée du jeu. Après quelques secondes, Laura commence à interagir avec la petite qui regarde la ceinture du siège ; elle essaye de capturer l'attention de sa fille mais Louisa semble davantage intéressée par la ceinture.

Laura en sourit, verbalise le manque d'intérêt de Louisa et choisit alors de s'intéresser également et avec elle à la ceinture, partant du point sur lequel est centrée Louisa pour démarrer une interaction. Béatrice commence à rigoler avec Laura et, à ce moment, Louisa regarde ses deux mères. Par la suite, Louisa répond activement, elle est engagée dans l'interaction, tourne sa tête vers les deux parents, pour ensuite rester orientée vers Béatrice. Nous assistons à un beau moment de partage affectif entre les trois membres de la famille. Béatrice reste en position de retrait (buste retiré), mais l'expression de son visage capture l'attention de la petite. Laura reste, pendant quelques secondes, spectatrice puis elle regarde Louisa sans essayer de reprendre son regard.

Béatrice demande verbalement à la petite de regarder sa mère, mais sans succès. Après quelques secondes, Laura propose un jeu avec les mains durant lequel elle parvient à interagir avec sa fille. Louisa lui sourit, mais ensuite tourne immédiatement

sa tête vers Béatrice dont les interférences ont rompu l'interaction en cours. En effet, elle affiche de grands sourires et des expressions faciales joyeuses auxquelles Louisa répond. Laura regarde alors sa compagne et, sur un ton humoristique, lui rappelle que ce n'est pas son tour de jouer avec Louisa. Béatrice commence alors à marquer des « fuites du regard », de légères auto exclusions afin d'éviter d'interférer avec l'interaction. Laura et Louisa interagissent encore quelques secondes, avant que Louisa ne commence à montrer des signes d'inconfort et de stress.

Le passage à la deuxième partie est caractérisé par une intervention de Béatrice en réaction au stress de Louisa. Elle intervient, déplace son buste vers l'enfant et tente de calmer la petite. Louisa semble se calmer et Laura passe à la position de tiers, éloignant son buste et se retirant de l'interaction. Louisa, après quelques secondes, commence à pleurer. Béatrice la prend dans ses bras pour la calmer et la pose ensuite sur ses genoux en l'orientant vers sa compagne. Nous observons dans les minutes suivantes une interaction à trois, Laura essayant de se retirer et de laisser jouer Béatrice seule avec la petite. Le passage à la partie suivante se déroule entre des moments interactifs dyadiques entre Béatrice et Louisa et des interventions de Laura demandant implicitement à être réintégrée dans l'interaction. La troisième partie durera le plus longtemps, les deux mères ne respectant pas la consigne relative aux positions corporelles, elles interagissent avec Louisa sans la remettre dans le siège et lui proposent le « jeu du vol » (la faisant se balancer dans les airs). Béatrice demande à Laura de prendre la petite dans ses bras. La troisième partie est donc orientée de nouveau dans la direction de Laura ; orientation que Béatrice semble privilégier.

La quatrième et dernière partie se déroule très brièvement, Louisa étant assise dans le siège avec sa sucette, et les deux parents discutant entre eux.

DISCUSSION

Nous pouvons observer dans ce LTP postnatal une alliance familiale entre la coopérativité et la conflictualité¹. En effet, les parents expriment de la positivité malgré la tension exprimée au travers des nombreuses interférences mutuelles. Le climat affectif ambiant se caractérise par une pseudo-positivité qui prédomine tout au long de la tâche, ce qui provoque chez l'observateur une certaine dissonance entre la tension perçue dans les échanges familiaux et les affects positifs forcés, exprimés par les partenaires. Bien que quelques échanges chaleureux et empathiques soient présents, principalement dyadiques, mais également quelques échanges triadiques, le chercheur ne parvient cependant pas clairement à reconnaître la place et les rôles de chacun des membres dans les différentes configurations du jeu. Les interférences semblent exprimer à la fois de la compétition entre les deux parents et à la fois du soutien à l'interaction. En particulier, nous avons observé un LTP prénatal caractérisé par une difficulté de Béatrice à s'engager dans le jeu et à mettre en place ses comportements intuitifs parentaux. Les interférences de Laura intervenaient alors comme une aide.

Dans le LTP postnatal, nous pouvons observer chez Béatrice un désir de « jouer la relation », d'être active. Ce désir semble exister en parallèle avec une demande implicite d'aide et de soutien de sa compagne à l'activation de la relation. Face à cette demande, Laura semble hésitante à jouer ce rôle de facilitatrice/activatrice de la relation entre Béatrice et Louisa, notamment en se retirant elle-même de l'interaction.

Nous avons également observé, en lien avec la littérature et les questionnaires remplis par les deux parents, que Béatrice et Laura démontrent un partage égalitaire des tâches parentales, et un rôle actif de l'enfant à la mise en place de l'interaction. En effet, plus Louisa se montrait active, souriait, et plus les parents montraient des bonnes

¹ Dans cet article, nous n'avons pas le but de montrer une analyse complète et exhaustive du codage du LTP. Notre objectif est de montrer les possibilités de recherche et approfondissement à la compréhension des interactions familiales que l'outil nous permette d'aborder.

capacités d'interaction et d'encadrement. En lien avec la littérature (Fivaz-Depeursinge et Corboz-Warnery, 2001) nous avons pu observer que les deux parents semblent conserver un mode de communication qui leur est propre et qu'ils ont construit durant la grossesse.

CONCLUSION

La recherche sur le développement de l'enfant est une recherche sur le processus du développement de la famille. Certains auteurs ont montré que la valeur prédictive du bon fonctionnement de la famille ne se retrouve pas tant dans l'organisation structurelle à elle seule que dans la qualité des processus relationnels, symboliques et psychosociaux que la famille est capable de construire. En poursuivant cette recherche, nous souhaitons essayer d'étudier la manière dont les différents membres qui composent la famille construisent les relations entre eux, définissent et gèrent leurs rôles, règlent les distances et rapprochements, conjuguent cohésion et adaptabilité face aux changements intérieurs et extérieurs, donnent un sens à leurs expériences et interagissent avec le monde extérieur. Nous intéresser à la compréhension de ces différents éléments nous permet d'adopter une approche fondamentale pour l'étude des processus et de leurs résultats (D'Amore, 2010).

L'étude des dynamiques interactives ouvre des nouvelles perspectives dans la compréhension du fonctionnement des familles homoparentales et la résolution des tâches développementales qu'elles doivent affronter; nous insistons donc sur l'importance d'une optique de recherche multiaxiale et longitudinale qui permette de tracer les lignes évolutives de ce fonctionnement, ainsi que pour une meilleure pratique clinique.

CO-PARENTING AMONG LESBIAN HEADED FAMILIES:

TWO CONTRASTED CASE

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ABSTRACT

The parental function is an individual competence taking place within a dyadic interaction and relationship between adult and infant; and in which each parent actualizes with the infant independently from the other parent. Co-parenting, instead, concerns the ways in which mothers and fathers function together as parents, how they cooperate, support and/or undermine each other in their reciprocal presence or absence and how they manage triadic processes. This key notion inserted with good marital and parent-child relationship seems correlated with good child outcomes (e.g., Brown, et al., 2010). Numerous longitudinal studies has observed co-parenting in “traditional families” (e.g. Favez at al. 2012) and his impact on family alliance; in lesbian headed family co-parenting was studying mainly in terms of couples’ division of family labor (Patterson & Farr, 2011), which researchers view as one aspect of co-parenting (e.g., Feinberg, 2003). In this paper we observe two contrasted co-parenting in two lesbian headed families. Co-parenting will be observed at the help of Lausanne Trilogue Play

approach (LTP Fivaz-Depeursinge & Corboz-Warnery's 1999) during triadic family interaction.

INTRODUCTION

In the last fifty years research on lesbian and gay headed families has increased and has emphasized the importance of the relationship network on their children's development (Feinberg, 2003). For a great part the research focus was on the parental competence of gay and lesbian individuals and their developmental issues compared with heterosexual headed families. Main questions were "Are these parents able to be good parents? Are these children healthy?" These studies reveal no significant difference between the children of the heterosexual headed families and those of the homosexual headed families; they highlight the fact that the homosexuality of both parents does not influence in a dysfunctional way the identity of genre (Golombok, & al., 1983) neither the identity of role, their social relationships, emotional and compartmental development and of these children (Green, & al. 1986). Such characteristics are rather correlated in the structure of the personality of the parents, in their capacity to braid as couple and in the temperament of the child (Vecho, & Schneider, 2005).

Numerous longitudinal studies focused then on the child's emotional and cognitive development and have shown the significant influence of early interactions assessed at a family level, during the first years of life (e. g. Schoppe-Sullivan & al. 2004). These interactions are not influenced by the parents 'sexual orientation (Golombok, & al., 1983; Patterson, 1996). In this perspective, researchers have found that good marital and parent-child relationship are not the only dimensions correlated with good child outcomes (e.g., Brown, & al. 2010; Teubert, & Pinquart, 2010); in fact theoretical and

empirical approaches have established a distinction between the “co-parental” and “marital” couples for a better understanding of developmental outcomes (Katz, & Gottman, 1996; McHale, 2007; McHale & Fivaz-Depeursinge, 1999; McHale, & al., 2004).

In this theoretical context co-parenting emerged as a key notion describing the coordination between adults in their parental roles (Minuchin, 1974). Co-parenting does not only refer to sharing work and responsibilities in child caregiving; rather, it refers to the coordination and support between adults who are responsible for childcare and childrearing (McHale, 2007; Irace, & McHale, 2011). Researchers have found that the quality of co-parenting is predictive of child outcomes even after controlling the influence of marital quality (Frosch, & al., 2000; McHale, & Rasmussen, 1998) or parenting (e.g. Karreman, & al., 2008). Lesbian and gay couples co-parenting has generally been studied in terms of couples’ division of family labor (Patterson, & Farr, 2011), which researchers view as one aspect of co-parenting (e.g., Feinberg, 2003). Still less studies have observed co-parenting among family interactions during the child’s first years of life (D’Amore, & al., 2010). In previous studies D’Amore & al. (2013) have compared 10 non-clinical lesbian headed families procreating through medically assisted procreation (IVF) through a t test for independent sample, with the validation’s study of the FAAS (Favez, & al. 2010). No statistically significant differences were found among co-parenting in lesbian headed families and straight parents families. The aim of this paper is to observe co-parenting in lesbian headed families during the mother-mother-infant interaction in the child’s first year. Two contrasted case will be introduced.

RESEARCH ON CO-PARENTING

Studies of interactions in family subsystems such as the mother–child and father–child dyads have documented the importance of social contexts for the child development. During the transition to parenthood individuals who become parents are transformed by this experience and follow a developmental trajectory different from individuals who are not committed in parental roles (Palkovitz, & al., 2003). The transition to parenthood is an important "turning-point" in the life cycle, asking for changes as much interpersonal, as the degree of conjugal satisfaction (e. g. McHale & al., 2010, Simonelli & al., 2012), that intra-personal, as the emergence of a new identity (Delmore-Ko, 2000). When a couple is expecting their first-born, their primary task of forming a dyad as a couple is now challenged and the relationship must make place for two new subsystems: the marital and the parental ones (Hedenbro, 2006).

Co-parenting abilities are different from parental functions. The parental functions are the individual competences taking place within a dyadic interaction and relationship between an adult and an infant; and in which each parent actualizes with the infant independently from the other parent. Instead, in a family dynamic perspective, co-parenting is a cooperative function involving the two parents and the coordination they are able to reach in the manifestation of their parenting. This happens at an interactive but also representative level. This co-parenting function can be defined as one specific subsystem of family interactions referring to two adults' abilities to coordinate and interact while performing their parental roles toward the child (McHale, 2007; Simonelli & al., 2012). These co-parenting functions evolved with time and the child's age, Schoppe-Sullivan, & al. (2004), given that the co-parenting challenges that parents of infants face are likely very different from those faced by parents of toddlers or preschoolers. Children are co-actors in family dynamics; they develop and become able

to do more on their own, parents need to encourage and facilitate their nascent skills as well as prevent them from hurting themselves or others as they experiment and discover. As a result of these developmental changes, parents must coordinate different parenting behaviors, progressing from a focus on working together to meet the children's basic needs when they are younger to helping the children develop and appropriately use new skills as they get older.

The few studies that have examined co-parenting across time suggest moderate stability across the first three years after a child is born. Supportive or undermining co-parenting appears to be stable whether operationalized as one dimension (McHale, & Rotman, 2007; Van Egeren, 2004) or as two (e.g. Schoppe-Sullivan, & al., 2004; Simonelli, & al., 2012). Beyond the sharing of childcare labor, three primary, core features of coparental alliances were initially articulated in reports by McHale (1995) and by Belsky, & al., (1995): the degree of solidarity and support between the coparental partners, the extent of dissonance and antagonism present in the adults' coparental strivings, and the extent to which both partners participated actively in engaging with and directing the child. Cooperation between the parents, warmth, and promotion of family integrity during the first years are predictive of better adaptation during the preschool years and at school entry when compared with co-parenting that is either conflictual or imbalanced (one of the parents systematically withdrawing from family life), which is associated with externalized and internalized symptoms (McHale, 2007; Schoppe-Sullivan, & al., 2004; Teubert, & Pinquart, 2010). Several studies have shown that parents with high marital distress tend to show less adjusted parenting interventions than parents with low marital distress (Cowan, & Cowan, 1992). McHale and Fivaz-Depeursinge (1999) argued that there is a need to study family group

dynamics across periods of child development; and we add another need, to study family group dynamics in lesbian headed families.

CO-PARENTING AMONG LESBIAN HEADED FAMILIES

The co-parenting dimension has also been observed in gay and lesbian families in the last two decades (Farr, & Patterson, 2013; Goldberg, 2009). Existing research has shown that lesbian and gay couples often report dividing child-care labor relatively evenly, whereas heterosexual couples often report specialization (Goldberg, 2010). In addition, lesbian parents tend to report ideally wanting an equal distribution of child care between partners.

In contrast, heterosexual mothers report ideally wanting to do somewhat more than half of the child care, and heterosexual fathers report ideally wanting to do somewhat less than half (Patterson, & al., 2004). Patterson (1995) explored division of labor among lesbian couples and adjustment among young children. When child care was evenly divided, lesbian mothers reported greater satisfaction with divisions of labor and fewer child behavior problems, thus raising the possibility that shared division of labor might be, in itself, beneficial for children. However it is worth noting that since mothers reported that they shared and this was their ideal patterns, it was unclear which was more important, or whether other variables might be involved, such as couple relationship satisfaction, parental roles or expectations, or parental education. Chan, & al., (1998) also examined division of labor among lesbian and heterosexual couples (who had used donor insemination) and young children's adjustment. Among lesbian non-biological mothers, those who reported greater satisfaction with division of labor also reported greater couple relationship satisfaction and fewer child behavior problems.

The effect of division of labor on child's adjustment was mediated by the couple relationship satisfaction. Overall, then, existing research suggests it is the parents' feelings about their arrangements rather than the actual division of labor that are most closely correlated with child outcomes (Patterson, & Farr, 2011). Further research is needed to clarify these associations and to examine the pathways through which they occur.

However, according to McHale, conceptualizing co-parenting only in terms of family chores does not address the three other dimensions of the concept: the degree of solidarity and support between co-parents, the extent of discord and antagonism, and the degree of involvement with partners (2007). To observe these dimensions, research needed a methodology allowing a systematic observation of the family and therefore of their triadic interactions.

INTEREST OF THE LAUSANNE TRILOGUE PLAY

In order to observe the triadic interaction (sum of the child, parent, and couple subsystems) in LGBT families, research needed to use standardized methods and longitudinal protocols. According to the family system theory, the interactions within the parent subsystem are not the only ones to influence the family functioning. The child is also an active co-actor; his triadic abilities influence the co-parenting and consequently influence the family alliance as well. This is a revolutionary way to understand the toddler development. Triadic play interactions evoke interactive skills differing from the dyadic parent-child interactions (McHale, & Fivaz-Depeursinge, 1999). Until the interactions of the entire family unit are assessed, we cannot know how the various subsystems – co-parental, marital, parent-infant, and individual – function.

In our study, according to this viewpoint, the co-parenting subsystem is defined and studied according to Fivaz-Depeursinge, & Corboz-Warnery's (1999) approach, which broadened the focus beyond the co-parenting subsystem to the family unit of mother, mother, and infant using an assessment tool specifically developed to study families.

The central element of this approach is the use of a semi-naturalistic play situation, the Lausanne Trilogue Play situation (LTP), which involves the two parents and their infant in a cooperative task. In fact, the goal of trilogue play is a shared experience of positive affects, regardless of any transitory moments in negative affective states (e.g., tiredness, frustration, etc.). The capacity to regulate affects as a group is one of the foundations of family communication.

In precedents works D'Amore & al. (2010) have investigated "family alliance" in a sample of 10 lesbian parents families and have found that from a quantitative point of view the proportion of families with cooperative alliance (75 %) is very close to that of the heteroparental sample of "Centre d'Etude de la Famille" of Lausanne, where 80 % of families were estimated functional (D'Amore, & al., 2010).

Longitudinal observations have found differences between infants growing up with parents who support each other in their parental function versus parents in conflict. The infants from good co-parenting relationships engaged more easily in triangular interaction and received more sensitive and adjusted responses than infants who grew up with conflictual parenting (Fivaz-Depeursinge & Corboz-Warney 1999; Favez & al., 2010).

In the "traditional setting" the Lausanne Trilogue Play (LTP) is a play situation involving the father, mother and infant together. The parents sit in front and on each side of the child, who sits in a chair specially designed to be adapted to the child's size

and weight and to be oriented toward each parent or between them. The parents' and the child's body positions thus form a triangle. The main goal is to observe the family experience moments of pleasure together. The degree of coordination they reach in fulfilling these functions determines their "family alliance" (Fivaz-Depeursinge, & Corboz-Warnery, 1999). The more coordinated the interactions are, the more functional the family alliance, and consequently, the partners regularly capacity to regulate affects as a group (Simonelli & al., 2012).

The technical equipment includes two cameras: one records the parents, and the other the baby. The following instructions are given: "we'll ask you to play together as a family in four separate parts. In the first part, one of you plays with the child, and the other one is simply present. In the second part, you reverse the roles. In the third part, the three of you will all play together. In the last part you will talk a while together; it will be the child's turn to be simply present." The play is thus structured in four parts, related to the four possible relational configurations in a triad: (1) 2 + 1, one parent is active with the child, (2) 2 + 1, the other parent is active, (3) 3, all play together, (4) 2 + 1, both parents together while the child is in the third party position.

The Lausanne Trilogue Play paradigm (LTP: Fivaz-Depeursinge, & Corboz-Warnery, 1999) is coded using Family Alliance Assessment Scale (FAAS Favez & al., 2010).

The evaluation of the family interactions is analyzed according to 7 different dimensions: 4 dimensions are relative to the structural aspects of the interactions: Participation (Postures and gazes and Inclusion of partners); Organization (Role implication and Structure); Focalization (Co-construction and Parental scaffolding); Affect sharing (Family Warmth, Validation and Authenticity); 1 dimension is relative to

the dynamic aspects of the interactions: errors of communication and their resolutions (Interactive mistakes during activities and Interactive mistakes during transitions). The last 2 dimensions are relative to the functioning of various sub-systems: Co-parenting (support and Conflicts), Infant's involvement (Involvement and Self-regulation).

Each scale allows an assessment of the interaction according to an ordinal scoring system in three points: “appropriate” (2 points), “moderate” (1 point) and “inappropriate” (0 points).

In this context we observe the dimension of Co-parenting including Support and Conflicts. In particular we can observe Support when the parents work together and coordinate themselves all along the task and the play. They show mutual verbal and/or body support. The interferences which are carried out aim at supporting the spouse in the accomplishment of his role as a parent. Conflict is generally observed in the conjugal discussions. The parents present then incapacity to agree on the current situation and their shares; they express reproaches to the other one; express an open conflict or a current problem of the couple / of the family, etc.

CASES ANALYSES

We met the families at our laboratory within the Service de Clinique Systemique et Psychopatologie Relationnelle at the University of Liège, in Belgium. They agree to participate to a research on “family communication” and received a feedback after their participation. The following section refers to two contrasted cases, illustrating two different styles of co-parenting. We choose two families experimenting the first year of family life including three members, meaning two mothers and a baby born through

medical assisted procreation (MAP). The first case presents Maya's parents in two episodes of support and coordination during two parts of LTP. Maya is 12-month-old.

Support and cooperation: Maya's Parents - First episode.

When there are support and cooperation the parents work together and coordinate themselves all along the task and the play. The following episode takes place in the first part of the LTP, in which the non-biological mother is interacting with Maya while the biological mother is in an observation position. In the first second of this part the baby is whining, she doesn't want to stay in the chair. The non-biological mother searches her attention trying different methods: she moves the chair, Maya looks at a painting on the wall and said: "uh", then points out the painting and looks at her mother, then points out another painting and keeps saying "uh", thus successfully involved in the interaction. The biological mother compliments her partner "Good job!" and smiles. She presents this way a verbal support to her partner and smiles for the shared pleasure to see her succeed well in the dyadic interaction with their daughter. After two minutes of interaction, Maya folds up to the right and starts exploring the chair. She slightly slobbers on her shirt. The biological mother (still in an observation position) gets up and looks for a handkerchief. When she arrives with the handkerchief, her partner proposes to change to the next LTP part and she turns the chair to her.

Discussion. In the episode described above the two parents support each other and coordinate along the part. Their exchanges are supportive and help the interaction with a whining baby. The interferences carried out by the biological mother aim at supporting her partner in the accomplishment of her parental role. These exchanges are made with positive attitude and with a tone of voice that does not disturb the interaction or take away the baby's focus from the interaction with her other mother.

Second episode. Here we are in the third part of LTP, the two parents are playing together with the child. During the play Maya tries again to get out the chair. The parents try to introduce a game in order to distract her and convince her to keep sitting. The biological mother makes a grimace breathing air out on the baby's face. Maya is then quiet for one second, surprised, and she looks her mother in the eyes. The other parent comments: "What is that? What is Mammy doing?" with the same expression of amazement. The attention of Maya is taken and she stops crying, so the biological mother keeps doing some grimaces with her partner supporting her, commenting and taking pleasure watching the interaction.

Discussion. This episode begins with Maya whining again and testing the limits. The parents try to be creative and to catch her attention. The stimulation is chaotic for a few seconds, and then the biological mother succeeds in catching her attention. The non-biological mother supports and encourages the game, in order to join the shared focus and co-construct a joint activity. There is no competition between the mothers, the propositions are accepted and integrated by the partners.

Competition and low support: Olivier's family

The second case presents two episodes of Olivier's family in which the parents do not reach a coordination or support of each other during the play. Different initiatives are individually carried out, each parent in turn, without being negotiated. Each parent follows his own course, and does not comply with the other parent's requests. Different activities follow one another with no continuity. Olivier is 7-month-old.

First episode. During the first LTP part, the biological mother is in an active position while the non-biological mother is in an observation position. The biological mother then is playing with Olivier and they share a positive and warm feeling. The non-

biological mother is watching the dyad but a tension is perceivable from her cold attitude and unauthentic laughs. She presents a “still face”, meaning that no emotions are evident on her face. This attitude is present for all the first part. Sometimes the baby looks at her non-biological mother and she answers him without involving her partner or sharing complicity with her, instead we can feel a sense of «coalition» against the biological mother.

Discussion. Support and coordination can be observed in the first two part of LTP with a positive attitude and interest of the third on the interaction between the dyad.

The marks of support can be physical, like permissions of head, positive emotional gestures that do not interrupt the interaction. In this frame there's not support and the coder have the sensation of covert conflict between them.

Second episode. This episode begins during the transition to the LTP third part. The non-biological mother is playing with the baby and invites her partner to play together; without a look between them. The biological mother starts then playing with Olivier excluding her partner who is watching the dyad without participating. She presents a cold gaze among 20 second before beginning the interaction. She takes Olivier's foot and caresses him while the biological mother takes his arm and play with it for 5 second. They both talk with the child as if the other parent was absent. The non-biological mother adjusts the child's shirt and her partner says: “leave it, otherwise...” and takes Olivier's arm away from her hand.

Discussion. Different actions are carried out in turn, without being negotiated. Both parents follow their own course, and do not comply with the other's requests. Different activities follow one another with no continuity. The coders have a sense of coldness, covert conflict is identified. In this episode one major disruptive interference reveal an

aggressive competitive atmosphere between the parents. This interference is perceived by the second parent as disruptive resenting her behavior. The third part during 4 minutes, the coder feels the atmosphere as very heavy. The transition takes place with an abrupt intervention on the part of one partner, with no mutual ratification.

CONCLUSIONS

Our objective through the description of these brief frames was to demonstrate the importance to observe co-parenting during family interactions. In fact in “traditional families” researchers have underlined the necessity of a multifactorial and procedural analysis to understand the developing of family systems (Belsky, 1984) by determining mainly two factors: a) The development of family interactive skills and the couple’s capacity to organize interactive triadic models during the pregnancy and to reorganize them successively in their relationship with the child; b) The role of peculiar characteristics of the child, as the temperament, which can influence the development of premature interactive skills as well as the style of (Fivaz-Depeursinge, & Corboz-Warnery, 1999). Various relational configurations are possible in the way the partners articulate and influence their various sub-systems: either the conjugal couple, or the co-parental couple and each of the parents in connection with the child (Frascarolo-Moutinot & al., 2004). The specific coevolution of these various sub-systems allows us to think that there is no single way to start and develop a family; the various actors are urged to find their “appropriate” way “to be together” and to work jointly (McHale, & Lindahl, 2011). We postulate that lesbian headed families present different developmental characteristics from traditional families, but this does not influence the quality of the family alliance, or the evolution of the child’s skills. In fact, many studies

have demonstrated that lesbian couples described themselves and show themselves equally regarding exercise of parental roles, decision-making and organization of family work, they also show good levels of conjugal satisfaction (e.g. Bos, & al., 2007). The Lausanne Trilogue Play paradigm is a standardized procedure allowing us to observe interactive patterns specific to lesbian headed families, outside of a previously comparative framework. We started a longitudinal study from pregnancy to 9th month of child life (Miscioscia, & al., 2013) that can, in order to delineate the characteristics of this group, underline his particularities and competences.

**LA QUALITÀ DELLE INTERAZIONI TRIADICHE NELLE
FAMIGLIE LESBO-GENITORIALI: UNO STUDIO PILOTA CON
LA PROCEDURA DEL LAUSANNE TRILOGUE PLAY**

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ABSTRACT

Objective: The aim of the study was an exploratory research about the quality of the triadic family interactions across homo-parental families, in which the parental couple is composed by two women. The objectives have been: a) to investigate the quality of the triadic interactions of lesbo-parental families, by identifying specificity stings of strength and/or weakness; b) to compare the quality of lesbian headed families interactions with the data emerged by the literature on the triadic interactions in “traditional families” (Favez, Lavanchy Scaiola, Tissot, Darwiche, Frascarolo, 2010).

Method: 10 lesbian headed families procreating through medically assisted procreation (IVF) have participated belonging to a not clinic population and recruit through associations and web sites devoted to homosexual couples and homo-parental families. The quality of the triadic interactions has been valued through the Lausanne Trilogue Play (LTP; Fivaz-Depeursinge e Corboz-Warnery, 1999). The biological mothers have a mean of 34.4 years (SD = 5.85), not biological mothers have a mean of 36.6 years (SD = 7.69), and children have a middle age of 28.3 months (SD = 22.08). No significant differences were found on T-test analysis about children ages. **Results:** The collected data show good reliability of the LTP coding to discriminate the quality of the family interactions in comparison to different typologies of families. The comparison among

the lesbian headed families group with the data of the research of Favez et al. (2010) on three groups of families (hetero-parents, with depressed mother, hetero-parents recurrent to Medically Assisted Procreation) has shown only meaningful differences with the clinical group. Conclusions: The emerged data seem to underline that the quality of the family triadic interactions is not influenced by the composition of the family. The LTP procedure is able to discriminate the different interactive base typologies of families, with particular reference to those in which a parent manifests clinical symptoms. Otherwise the lesbian headed families appear characterized by a level of triadic iteration closer to hetero-parental families. The present study refers to a different legislative reality from the Italian; we hope that more research can also be developed in the Italian context stimulating the attention of the researchers.

INTRODUZIONE

Tradizionalmente, lo sviluppo del bambino e delle sue competenze cognitive, affettivo-relazionali e sociali è stato studiato nell'ambito di famiglie con genitori biologici, eterosessuali, con uno status sociale e professionale medio, appartenenti al medesimo contesto culturale riferito ai valori etici occidentali. Sono invece relativamente recenti l'interesse e la ricerca concernenti le caratteristiche e il ruolo sullo sviluppo a breve e lungo termine dei contesti di crescita che potremmo definire «non tradizionali» per composizione (famiglie mono-genitoriali e/o ricomposte), cultura (famiglie i cui membri appartengono a culture diverse e/o sono immigrati da paesi non occidentali) e orientamento sessuale (famiglie in cui i genitori sono omosessuali). All'interno di quest'ampia gamma di «nuove famiglie», i nuclei omogenitoriali costituiscono un ambito ancora poco definito e studiato dalla letteratura nazionale e internazionale.

Nel nostro paese, inoltre, l'interesse di ricerca per questa tipologia di famiglie risulta parzialmente alieno considerando l'assenza di una legge che regolamenti le unioni omosessuali, l'impossibilità di fare ricorso all'adozione e, non ultimo, a tecniche di fecondazione e/o inseminazione eterologa per le coppie etero e omosessuali². Anche per questi motivi legati a limiti sociali e legislativi, nella realtà scientifica italiana la maggior parte dei lavori verte sulla valutazione degli atteggiamenti rispetto al matrimonio, sulla famiglia omogenitoriale e la loro correlazione con il livello di omofobia interiorizzata (Lingiardi, Baiocco, Nardelli, 2012; Pacilli, Taurino, Jost, Toorn, 2011). Tra questi, lo studio di Baiocco e collaboratori (Baiocco, Argalia, Laghi, 2012), su un campione di 373 soggetti che definiscono se stessi come omosessuali, ha riscontrato una correlazione tra alti livelli di omofobia interiorizzata e un basso

² I riferimenti di legge in materia di Procreazione Medicalmente Assistita (PMA) riguardano l'articolo 5 della Legge 40/2004.

desiderio di matrimonio e con uno scarso riconoscimento degli effetti positivi di una legislazione a favore delle famiglie omogenitoriali.

Di fatto, invece, le famiglie omogenitoriali sono un fenomeno socialmente rilevante sia in Italia sia in Europa, non solo come «risultato» di precedenti unioni eterosessuali con figli, ma in maniera sempre più evidente come una scelta specifica che vede la coppia omosessuale (gay o lesbica) accedere al desiderio e alla realizzazione della genitorialità.

La situazione appare differente in altri paesi dell'Unione Europea, in cui esistono sistemi legislativi e sociali che riconoscono maggiormente lo statuto, i diritti e le necessità delle famiglie omosessuali e, in generale, delle nuove famiglie. Tra questi, il Belgio (a cui fa riferimento la popolazione di famiglie omogenitoriali considerate nella parte empirica del presente lavoro) costituisce una realtà interessante da osservare.

La situazione legislativa in questo paese, infatti, permette piena eguaglianza dei diritti tra coppie eterosessuali e coppie omosessuali. In particolare, la Legge del 13 febbraio 2003 ha permesso la modificazione di alcune disposizioni del Codice Civile per aprire le porte al matrimonio tra persone dello stesso sesso, mentre la Legge del 18 maggio 2006 autorizza le coppie omosessuali all'adozione. Proprio in riferimento a tali specificità legislative, il Rainbow Europe Country Index³ colloca il Belgio al secondo posto su una classifica di cinquanta paesi europei relativamente al rispetto dei diritti umani e all'uguaglianza legale delle persone LGBT (Lesbian, Gay, Bisexual, Transgender); nello stesso elenco l'Italia si qualifica al trentunesimo posto.

A partire da questi aspetti, non è facile poter fornire cifre che descrivano adeguatamente l'entità del fenomeno dell'omogenitorialità in Italia. In mancanza di dati

³ L'ILGA-Europe (International Lesbian, Gay, Bisexual, Trans and Intersex Association, sezione Europea) stabilisce un'analisi delle leggi e pratiche amministrative che proteggono o violano i diritti umani delle persone LGBT secondo 16 categorie, suddividendo ogni paese su una scala tra 11 (risultato più alto: rispetto dei diritti umani e piena uguaglianza legale delle persone LGBT) e -4 (risultato più basso: violazione dei diritti umani e discriminazione delle persone LGBT).

Istat, un riferimento attendibile deriva dall'indagine "Modi di"⁴ (Lelleri, Pietrantoni, Graglia, Chiari, Palestini, 2005), la prima ricerca quantitativa sulla salute e il benessere della popolazione omosessuale italiana condotta dall'associazione Arcigay nel 2005 con il patrocinio dell'Istituto Superiore di Sanità. Da tale indagine risulta che il 17.7% dei gay e il 20.5% delle lesbiche con più di 40 anni hanno almeno un figlio. Considerando tutte le fasce d'età, sono genitori un gay o una lesbica su 20, mentre il 49% delle coppie omosessuali vorrebbe poter adottare un bambino. In base ai dati di questa ricerca, in Italia i bambini con genitori omosessuali sono circa 100.000⁵.

Ulteriore questione, che si aggiunge alla difficoltà nel reperimento di dati epidemiologici attendibili sull'entità e sulle caratteristiche del fenomeno, riguarda i modelli e i metodi della ricerca in questo settore. Infatti, la maggior parte delle ricerche, soprattutto in ambito internazionale, sono state guidate dalla seguente domanda: il bambino può crescere ed evolvere adeguatamente all'interno di una famiglia i cui genitori sono omosessuali? In tal senso, quindi, l'idea ha riguardato la verifica dei possibili fattori di rischio per lo sviluppo e l'adattamento del bambino nell'arco di vita concernenti la presenza di due figure adulte di riferimento non differenziate rispetto al genere e all'orientamento sessuale. Tali lavori, tuttavia, presentano due limiti fondamentali che necessitano un superamento teorico e metodologico. In primo luogo, la valutazione dell'impatto sullo sviluppo del bambino della presenza di due genitori omosessuali è stata svolta assumendo una sorta di sovrapposizione teorica (e quindi anche nel disegno stesso delle ricerche) tra sesso biologico di appartenenza, ruolo di genere e ruolo genitoriale di cura e protezione del piccolo. Tuttavia, nonostante i limiti emersi nei costrutti e nel disegno generale di questi studi, numerose evidenze hanno

⁴ Ricerca nazionale sulla salute di lesbiche, gay e bisessuali - Progetto finanziato dall'Istituto Superiore di Sanità all'interno del V° Programma nazionale di ricerca sull'AIDS. http://www.salutegay.it/modidi/la_ricerca/

⁵ *Sesso e salute di lesbiche, gay e bisessuali oggi in Italia* (2005) - Sintesi dei principali risultati sociosanitari della ricerca "Modi di", realizzata da Arcigay nazionale e dall'Istituto Superiore di Sanità, in collaborazione con Lelleri, Pietrantoni, Graglia, Chiari e Palestini.

mostrato che l'orientamento sessuale dei genitori non sembra un fattore in grado di pregiudicare la qualità dei percorsi evolutivi del bambino (Goldberg, 2009; Patterson, 1996). Diversamente, l'adattamento nel corso dello sviluppo sembra piuttosto correlato, come nelle famiglie «tipiche», a caratteristiche dei processi interattivi familiari, come la qualità del legame di attaccamento tra bambino e caregiver, l'adeguatezza dello svolgimento della funzione cogenitoriale da parte degli adulti, la gestione degli eventi stressanti interni e/o esterni alla famiglia stessa (D'Amore, Gresse, Paus, 2011). Secondariamente, il maggior numero di studi, anche sulle dinamiche familiari tipiche, non si è focalizzato sui processi evolutivi di quella che alcuni autori definiscono «la famiglia precoce» (Simonelli, Bighin, De Palo, 2012), ossia il sistema familiare in costituzione a partire dalla coppia genitoriale e in via di sviluppo nei primi anni di vita del bambino.

Tali studi si sono piuttosto interessati all'osservazione e alla definizione di pattern relazionali clinici che si strutturano entro il sistema famiglia (McGoldrick, Heiman, Carter, 1993), sottolineando la carenza di conoscenze sui meccanismi e sui processi che definiscono la costruzione delle interazioni e relazioni dei componenti della famiglia e che sottendono ai percorsi evolutivi di ognuno di loro (McHale E Fivaz-Depeursinge, 1999). Si delinea, quindi, una prospettiva sistemico-evolutiva allo studio della famiglia che si caratterizza per i seguenti aspetti: (a) l'interesse per lo studio delle interazioni familiari precoci, ossia quelle emergenti dalla creazione della coppia coniugale, in evoluzione all'interno della diade cogenitoriale e in trasformazione attraverso l'accesso al terzo e alla triade familiare una volta nato il bambino; (b) lo spostamento d'interesse dall'osservazione delle comunicazioni verbali tra i componenti del sistema familiare: l'attenzione alla componente verbale degli scambi interattivi familiari, di fatto, non consente una piena comprensione del funzionamento della triade nel suo complesso

(Parke, Power, Gottman, 1979). Inoltre, lo studio della componente verbale degli scambi interattivi costituisce un importante limite metodologico per quanto riguarda la possibilità di osservare lo sviluppo delle interazioni familiari precoci, caratterizzate principalmente da una comunicazione di tipo non verbale effettuata attraverso l'uso di segnali quali l'orientamento dello sguardo, le espressioni facciali, vocali e i gesti (McHale e Fivaz-Depeursinge, 1999).

In sintesi, ci troviamo di fronte a tre ordini di cambiamenti nella concettualizzazione e nella ricerca sull'evoluzione affettivo-relazionale precoce del bambino: (1) l'esigenza della formulazione di una teoria dello sviluppo delle interazioni e delle relazioni familiari, che si affianchi a modelli clinici già ampiamente descritti e indagati; (2) l'attenzione allo studio delle interazioni familiari "precoci", ossia delle interazioni tra i membri della famiglia appena costituita, a partire dalla gravidanza fino ai primi anni di vita del bambino; (3) la scelta del piano non verbale, ossia dei comportamenti interattivi, come oggetto di indagine privilegiato nello studio dei processi individuati. Conseguenza diretta di questi spostamenti del focus di interesse teorico ed empirico è stata la realizzazione di nuovi strumenti creati al fine di poter osservare e comprendere meglio le caratteristiche e lo sviluppo delle interazioni familiari (ibidem): la maggior parte di questi strumenti si basa sull'osservazione diretta della famiglia e, pur differenziandosi nella definizione teorica dei paradigmi di ricerca, si accomunano nell'oggetto della misura, ossia la comunicazione non verbale (Mazzoni e Tafà, 2007).

Tra tutti i contributi che si sono sviluppati nel tempo, il quadro teorico e metodologico di Fivaz-Depeursinge e Corboz-Warnery (1999) sembra il più interessante e promettente approccio nello studio delle interazioni triadiche familiari secondo le linee identificate e sta ricevendo un ampio interesse e applicazione in ambito

italiano e internazionale, sia relativamente ai processi evolutivi delle famiglie tipiche, sia a quelli dei nuclei familiari “atipici”, sia alle dinamiche disfunzionali e/o psicopatologiche (Simonelli et al., 2012).

In questa prospettiva teorica e metodologica il lavoro presenta, quindi, una rassegna della letteratura sullo sviluppo delle interazioni familiari nelle famiglie omogenitoriali e, in particolare, in quelle lesbo-genitoriali, costituite pertanto da due madri lesbiche. Inoltre, vengono riportati i primi dati di uno studio pilota sulla qualità delle interazioni familiari in questi nuclei, valutate con la procedura del Lausanne Trilogue Play (LTP; Fivaz-Depeursinge, Corboz-Warnery, 1999) e confrontate con quelle di altre tipologie di famiglie, tipiche e atipiche, con l’obiettivo di individuarne caratteristiche specifiche ed eventuali continuità.

LA TRANSIZIONE ALLA GENITORIALITÀ NELLE COPPIE LESBICHE

Se in passato la maggior parte dei bambini figli di genitori lesbiche provenivano da una precedente unione eterosessuale conclusa con una separazione o con il divorzio, attualmente molti di questi bambini vengono concepiti all’interno della coppia omosessuale lesbica grazie alle tecniche di Procreazione Medicalmente Assistita (PMA; che possono essere applicate tramite inseminazione da parte di donatore conosciuto e/o sconosciuto, Fivet⁶, ecc.) oppure vengono adottati in quei paesi in cui la legge lo

⁶ Ceccotti (2004) evidenzia due tipologie di tecniche di Procreazione Medicalmente Assistita diffuse in Italia a partire dagli anni ottanta: omologhe, quando i gameti utilizzati appartengono alla coppia di genitori del nascituro, il quale presenterà quindi un patrimonio genetico comune a coloro che lo allevano, ed eterologhe, quando uno o entrambi i gameti utilizzati provengono da un soggetto esterno alla coppia.

Si distinguono: (a) tecniche di primo livello, le più semplici, che si attuano dopo un periodo di rapporti sessuali mirati al concepimento, ma privi di successo e comprendono l’inseminazione intrauterina (IUI), intraperitoneale (IPI) e intracervicale (ICI), e (b) tecniche di secondo e terzo livello che sono invece quelle che prevedono la fecondazione al di fuori del corpo della donna, a seguito di prelievo degli ovociti e sono caratterizzate da quattro momenti peculiari (Ardenti, La Sala, 2003): - la stimolazione ormonale, finalizzata a ottenere una maggiore produzione di ovociti da parte della donna, ottenuta attraverso l’utilizzo di farmaci specifici; - il prelievo degli ovociti dalle ovaie; l’inseminazione in vitro degli ovociti con gli spermatozoi; - il trasferimento in utero degli embrioni ottenuti attraverso l’inseminazione in vitro. Tra le tecniche più diffuse

consente. Indipendentemente dalla tecnica di procreazione utilizzata, tuttavia, quello che accomuna queste famiglie è il fatto che devono fare fronte a sfide che sono tipiche di tutte le famiglie omogenitoriali: stabilire la legittimità dei genitori e della loro genitorialità, ottenere il sostegno delle rispettive famiglie di origine e rispondere alle richieste implicite e/o esplicite del contesto sociale in cui sono inserite (Green e Mitchell, 2008). La creazione di una famiglia omogenitoriale, infatti, richiede agli adulti un elevato livello di motivazione, una importante capacità di sopportare le frustrazioni come anche una certa disponibilità economica per fare fronte all'insieme consistente delle spese giuridiche e mediche che non corrispondono certamente a quelle che affrontano le famiglie eterogenitoriali, fatta eccezione per le coppie che fanno ricorso all'adozione e/o alle tecniche di Procreazione Medicalmente Assistita per accedere alla genitorialità.

Questo insieme di aspetti psicologici, medici, sociali e, non ultimo, economici rende tali bambini sottoposti ad un lungo lavoro di «tessitura» nella mente dei loro genitori, dal momento che la loro nascita non è in alcun modo casuale.

Esistono molteplici ricerche, molte di queste longitudinali, sulle famiglie composte da coppie lesbiche per ciò che concerne l'elaborazione e la realizzazione del progetto genitoriale: i dati mostrano un elevato investimento sulla genitorialità che passa anche attraverso la scelta da parte delle partner del tipo di genitorialità da realizzare (adozione, PMA, ecc.) e delle modalità della stessa. Inoltre, le famiglie lesbo-genitoriali evidenziano una ripartizione paritaria dei ruoli, della presa di decisione e del lavoro all'interno della famiglia, con elevati livelli di soddisfazione rispetto alla relazione di coppia e allo svolgimento stesso della funzione genitoriale (Bos, van Balen, van den

vi sono la FIVET, cioè la Fecondazione in Vitro con Trasferimento dell'Embrione, la ICSI, cioè l'Iniezione Intracitoplasmatica dello Spermatozoo, e la TESA-ICSI/FIVET, che prevede il prelievo microchirurgico di spermatozoi direttamente dal testicolo tramite agoaspirato (TESA) nei casi di scarsa produzione di spermatozoi. A queste si affiancano tre tecniche complementari costituite dal congelamento degli spermatozoi, da quello embrionario/ovocitario e dalla diagnosi genetica pre-impianto (ibidem).

Boom, 2004, 2007). Le coppie lesbo-genitoriali tendono inoltre di essere simili o anche a superare quelle eterosessuali rispetto alla quantità di tempo trascorso con i bambini, alle capacità nello svolgimento del ruolo di genitori e al livello di emotività positiva espresso nella relazione con i figli (Bos, van Balen, van Den Boom, 2003; Bos, van Balen, Sandfort, van Den Boom, 2006; Farr e Patterson, 2013; Golombok, Perry, Burston, Murray, Mooney-Somers, Stevens, Golding, 2003; MacCallum e Golombok, 2004). Nonostante questi fattori protettivi, tuttavia, così come rilevato anche nelle ricerche sulla transizione alla genitorialità nelle coppie eterosessuali, si assiste ad un decremento della qualità delle interazioni e, in generale, della relazione di coppia che, con l'arrivo del bambino, diviene caratterizzata da una diminuzione degli scambi affettivi, da una più elevata dose di conflittualità (Goldberg e Sayer, 2006), dalla differenziazione delle cure nei confronti del figlio (Goldberg e Perry-Jenkins, 2007) e dalla vicinanza affettiva del bambino ad uno piuttosto che all'altro genitore nel corso della vita familiare (Dunne, 2000; Malone e Cleary, 2002). Altri studi hanno riscontrato che le madri biologiche mostrano un più alto grado di desiderio per l'arrivo del bambino (Bos et al., 2004), rispetto al quale assumono il ruolo di caregiver primario (Dempsey, 2005; Dundas e Kaufman, 2000; Goldberg e Perry-Jenkins, 2007; Johnson, O'Connor, 2002) strutturando con lui interazioni e una relazione più stretta rispetto a quella della madre sociale⁷ (Bos et al., 2007; Dempsey, 2005). Questi aspetti potrebbero costituire una fonte di conflitto tra i genitori legata alla relazione con il bambino e alla costruzione della funzione cogenitoriale, che richiede appunto la ripartizione con l'altro genitore dei ruoli affettivi e organizzativi connessi con la genitorialità (Chrisp, 2001; Sullivan, 2004).

⁷ Nell'ambito delle coppie lesbo-genitoriali si distingue la "madre biologica", ossia la persona che ha portato avanti la gravidanza e la nascita del bambino, dalla "madre sociale" rappresentata dall'altro genitore che, quindi, non ha alcun legame biologico con il bambino.

Appare evidente, quindi, come gli aspetti emersi dai dati di ricerca sembrano modificare una visione rigidamente egualitaria e armoniosa in modo idealizzato delle dinamiche interattivo-relazionali di queste famiglie, suggerendo invece il fatto che anch'esse sono soggette e devono confrontarsi con i cambiamenti propri della transizione alla genitorialità e dell'assunzione della funzione genitoriale, tipici di tutte le coppie all'arrivo del primo figlio e già molto studiati nell'ambito delle famiglie tradizionali (Helms-Erikson, 2001; Kluwer, 2010; Umberson, Pudrovska, Reczek, 2010).

LA FUNZIONE COGENITORIALE

Il concetto di co-parenting si riferisce al grado di coordinazione con cui gli adulti svolgono la loro funzione genitoriale in termini interattivo-relazionali (Minuchin, 1974).

In altre parole, la cogenitorialità fa riferimento al grado di accordo e sostegno reciproco che i due partner riescono a raggiungere quando affrontano le proprie responsabilità genitoriali nei confronti dei figli (Irace e McHale, 2011; McHale, 2007).

In tal senso, appare importante tenere presente che la definizione di cogenitorialità non si riferisce strettamente alla divisione del lavoro e della responsabilità nell'accudimento del figlio, ma in modo più ampio al grado di implicazione degli adulti nel ruolo genitoriale, alla loro coordinazione e al sostegno reciproco nella cura e nell'allevamento del bambino e alle capacità genitoriali dell'altro (McHale, Kuersten, Lauretti, 1996; McHale e Lindhal, 2011). Inoltre, il concetto di co-genitorialità è stato sempre più distinto da quello di coniugalità nella definizione e nello studio delle dinamiche familiari: la "coppia coniugale" fa riferimento alla relazione tra partner in quanto adulti coinvolti in un legame paritario e reciproco; diversamente, il costrutto di "coppia cogenitoriale" fa riferimento alla relazione supportiva e collaborativa tra due

adulti relativamente alla responsabilità di guidare lo sviluppo e la socializzazione dei figli (Belsky, Putman, Crnic, 1996; Katz e Gottman, 1996; McHale, 1995; McHale e Fivaz-Depeursinge, 1999; Schoppe-Sullivan, Mangelsdorf, Frosch, McHale, 2004). Secondo questa definizione, i sottosistemi coniugale e cogenitoriale non sono aree completamente sovrapponibili ma neppure completamente indipendenti nei loro percorsi evolutivi e nei loro funzionamenti nel ciclo di vita individuale e della famiglia. Sono tuttavia aree caratterizzate da una quota di sovrapposizione e da aspetti di autonomia e di “libertà” che li rendono funzioni solo parzialmente connesse (McHale e Cowan, 1996; Margolin, Gordis, John, 2001).

Per quanto riguarda lo specifico delle coppie gay e lesbiche, la cogenitorialità è stata studiata soprattutto in riferimento alla ripartizione del lavoro all’interno della famiglia (Farr, Patterson, 2013; Goldberg, 2010). In quest’ambito, le ricerche hanno mostrato che nelle coppie omogenitoriali la ripartizione dei compiti familiari si organizza secondo modalità di condivisione paritaria dello stesso, mentre nelle coppie eterosessuali si assisterebbe piuttosto ad una sorta di specializzazione spesso basata sulle prescrizioni legate al ruolo connesso al genere di appartenenza di ogni genitore (Goldberg, 2010). I risultati dell’Atlantic Coast Family Study (Fulcher, Suftin, Patterson, 2008; Suftin, Fulcher, Bowles, Patterson, 2008) mettono in evidenza che le coppie lesbiche riportano una organizzazione dei compiti genitoriali (nutrire il bambino, vestirlo, fargli il bagnetto, ecc.) maggiormente condivisa e più equamente ripartita rispetto a quanto viene riportato dalle coppie eterosessuali. Inoltre, le madri appartenenti alle coppie eterosessuali sostengono di essere maggiormente coinvolte dei padri nei compiti familiari.

Lo studio di Farr e Patterson (2013) ha comparato coppie formate da genitori gay, lesbiche e eterosessuali rispetto alla qualità della funzione cogenitoriale e all’impatto di

quest'ultima sullo sviluppo del bambino. I risultati confermano la tendenza, già emersa nei precedenti lavori, che vede le coppie composte da genitori gay e lesbiche realizzare una maggiore ripartizione dei compiti familiari, mentre le coppie eterosessuali sembrano caratterizzate da una maggiore specializzazione. Parallelamente, quando si va ad analizzare la qualità delle interazioni familiari, le osservazioni sembrano confermare la presenza di tale pattern anche sul piano comportamentale: i genitori gay e lesbiche mostrano un coinvolgimento più equilibrato nelle interazioni cogenitoriali e familiari rispetto ai genitori eterosessuali. In particolare, le coppie lesbiche mostrano comportamenti genitoriali di maggiore sostegno reciproco che le differenzia dalle coppie eterosessuali, le quali appaiono meno in grado di mettere in atto comportamenti di sostegno alla cogenitorialità del partner. Infine, la ricerca di Chan, Raboy e Patterson (1998) ha effettuato una valutazione della divisione del lavoro familiare in coppie lesbiche ed eterosessuali mettendo quest'ultima in connessione con l'adattamento del bambino. I dati evidenziano come le madri lesbiche non biologiche costituiscano il gruppo di genitori che esprimono maggiore soddisfazione rispetto alla ripartizione del lavoro familiare e alla qualità della relazione di coppia; inoltre, i bambini appartenenti a questo gruppo di genitori manifestano la minore incidenza di disturbi sul piano comportamentale.

Diversamente, le coppie eterosessuali si sono mostrate quelle meno soddisfatte della ripartizione del lavoro familiare soprattutto in connessione con un alto livello di specializzazione. In questo senso, appare emergere un aspetto critico della ripartizione specifica dei ruoli familiari, particolarmente quando connessa alla divisione tradizionale dei ruoli legata all'appartenenza di genere di ciascun genitore.

Le madri appartenenti alle coppie eterosessuali, che dichiaravano di svolgere una mole di lavoro familiare più elevata dei loro partner, si sono mostrate anche meno

soddisfatte rispetto ai padri nella attuale organizzazione della famiglia. Ugualmente, anche ricerche precedenti hanno sottolineato come la mancanza di ripartizione e condivisione dei compiti genitoriali è spesso associata a insoddisfazione e ad una inferiore qualità della relazione coniugale, in particolare tra le donne appartenenti a coppie eterosessuali (Coltrane, 2000).

Queste ricerche costituiscono interessanti spunti di conoscenza e di riflessione su alcuni aspetti del funzionamento della coppie omosessuali nello svolgimento della funzione genitoriale e, in generale, sulla costituzione e sui meccanismi tipici della famiglia omosessuale. Tuttavia, esse non sono prive di limiti che la ricerca futura potrà cercare di superare, in primo luogo, rispetto al fatto che la definizione di funzione genitoriale viene teoricamente definita e metodologicamente non consente di accedere alla comprensione delle altre dimensioni che la definiscono e le sono proprie, quali il grado di solidarietà e il supporto tra i genitori, l'ampiezza della dissonanza e l'antagonismo tra loro, il grado di coinvolgimento con il partner. In secondo luogo, tali studi si sono quasi esclusivamente basati sull'utilizzo e l'applicazione di strumenti self report, non prendendo in considerazione il piano dei comportamenti interattivi osservabili tra i componenti della famiglia e risultando quindi parziali anche a motivo delle caratteristiche intrinseche dei metodi utilizzati (Goldberg, 2010).

In sintesi, esistono poche ricerche sullo studio della funzione genitoriale nelle famiglie omogenitoriali e, in particolare, delle famiglie lesbo-genitoriali (Goldberg, 2010; D'Amore, 2010; D'Amore, Miscioscia, Scali, Haxhe, Bullens, 2013).

OBIETTIVI

In riferimento ai presupposti teorici sopra esposti e ai dati empirici disponibili in letteratura, il lavoro presentato di seguito consiste in una ricerca esplorativa sulla qualità

delle dinamiche interattive triadiche in famiglie omogenitoriali, composte da una coppia genitoriale formata da due madri lesbiche. La ricerca si è proposta i seguenti obiettivi generali: a) indagare la qualità delle dinamiche interattive triadiche nelle famiglie omogenitoriali, considerando che, come sottolineato in precedenza, non esistono attualmente studi esaustivi che indaghino la qualità delle interazioni familiari in questo tipo di famiglie evidenziandone eventuali caratteristiche specifiche e peculiarità. In questo senso, la ricerca mira a identificare le possibili specificità delle interazioni familiari in famiglie composte da due madri lesbiche, allo scopo di delineare punti di forza e caratteristiche proprie di questi nuclei; b) confrontare la qualità delle interazioni familiari nelle famiglie omogenitoriali con i dati emersi dalla letteratura sulle interazioni triadiche in famiglie “tradizionali” nel corso della prima infanzia del bambino (Favez et al., 2010).

L’ipotesi generale che ha guidato la verifica di questo secondo obiettivo riguarda l’idea di non riscontrare differenze significative tra i due gruppi studiati, anche in virtù della prospettiva interattiva e osservativa che ha accompagnato la metodologia della ricerca. Ci si aspetta, quindi, che i due gruppi di famiglie siano in grado di manifestare le proprie competenze interattive triadiche e, conseguentemente, la qualità della loro alleanza familiare, indipendentemente dall’appartenenza di genere degli adulti di riferimento. D’altra parte, se consideriamo il piano delle interazioni come il focus privilegiato dell’osservazione e della valutazione, sia dal punto di vista teorico e sia rispetto al metodo prescelto, appare evidente la possibilità di una indipendenza della qualità degli scambi interattivi osservati dall’orientamento sessuale degli adulti nella costruzione della capacità di coordinarsi nella cogenitorialità e negli scambi con il bambino.

METODO

PARTECIPANTI

Alla ricerca hanno partecipato 10 famiglie lesbo-genitoriali appartenenti ad un più ampio studio longitudinale sulla transizione alla genitorialità di 40 coppie lesbiche e gay condotto presso l'Unité de Clinique Systémique et Psychopathologie Relationnelle dell'Università di Liegi. I genitori sono stati reclutati attraverso associazioni e siti web dedicati alle coppie omosessuali e all'omogenitorialità. Le famiglie sono state informate che lo studio verteva sull'esplorazione della comunicazione familiare e che potevano ricevere un feedback rispetto alle loro interazioni familiari. La maggior parte di queste famiglie si è dimostrata desiderosa di partecipare e non vi è stato nessun annullamento degli appuntamenti fissati.

L'età media della madre biologica è di 34.4 anni (ds = 5.85), mentre l'età media della madre sociale è di 36.6 anni (ds = 7.69). Tutti i bambini, 6 maschi e 4 femmine, sono primogeniti e hanno un'età media di 28.3 mesi (ds = 22.08). Lo status socio-professionale dei genitori è medio-alto. Data la disomogeneità rispetto all'età dei bambini, il gruppo è stato scomposto in due sotto-gruppi in base alla fascia di età del bambino (Gruppo1 costituito da N = 5 bambini di età media M = 12.2 mesi, ds = 7.22; Gruppo 2 composto da N = 5 bambini di età media M = 44.4 mesi, ds = 19.91) allo scopo di verificare la presenza di eventuali differenze. L'applicazione del test U di Mann-Whitney, tuttavia, non ha evidenziato differenze significative relative alle variabili del sistema di codifica spingendoci a considerare i due gruppi come appartenente ad una medesima popolazione e, quindi, ad un unico gruppo.

Il gruppo delle famiglie omogenitoriali è stato confrontato con i dati di Favez e collaboratori (2010) che fanno riferimento ai seguenti campioni:

- Un gruppo di famiglie di una popolazione “normativa” (N = 30) costituito da coppie eterogenitoriali che hanno aderito ad uno studio longitudinale sullo sviluppo delle relazioni familiari, dalla gravidanza fino ai 5 anni del bambino (primogenito). Queste famiglie hanno uno stato socioeconomico medio-alto. L’età media della madre è 31.2 anni (ds =2.3), l’età media del padre è 32.6 anni (ds = 3.5), quella del bambino è di 38.5 settimane (ds = 2.5); 15 bambini sono maschi e 15 femmine;
- Un gruppo di 30 famiglie che hanno concepito il bambino attraverso la tecnica di Inseminazione Artificiale dopo aver ricevuto una diagnosi di infertilità. L’età media della madre è di 32 anni (ds = 2.9), quella del padre 34 anni (ds = 4.5). Le famiglie hanno uno status socioeconomico medio-alto. I bambini hanno un’età media di 37.5 settimane (ds=2.0); 16 sono femmine e 14 maschi;
- Un gruppo di famiglie appartenenti ad una popolazione clinica afferente al Centre d’Etudes de la Famille di Losanna, a causa di una depressione post partum della madre. Le famiglie (N = 15) hanno uno status socioeconomico medio-basso. L’età media della madre è di 26.6 anni (ds = 2.8), quella del padre 29.2 anni (ds = 3.4). Nell’87% dei casi i bambini sono primogeniti. L’età media dei bambini, di cui 8 femmine e 7 maschi, è di 10 mesi.

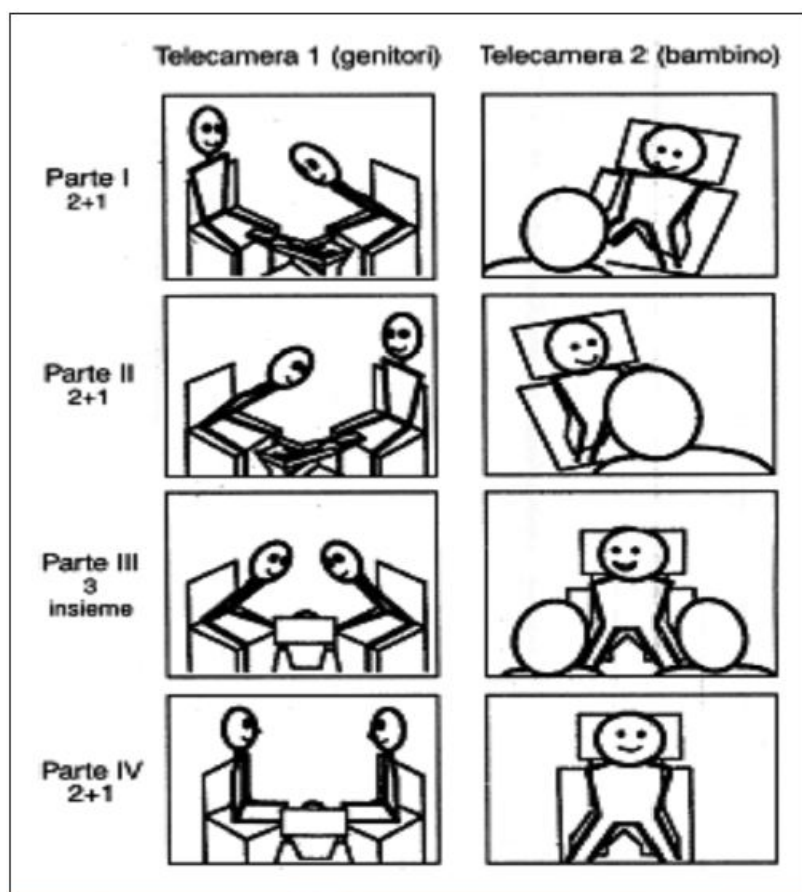
PROCEDURA E VERIFICHE PRELIMINARI

Le famiglie sono state ricevute presso il Service de Clinique Systémique et Psychopatologie Relationnelle dell’Università di Liegi ed a tutte è stata proposta la procedura del Lausanne Trilogue Play⁸ (Fivaz-Depeursinge e Corboz-Warnery, 1999) per l’osservazione e la valutazione della qualità delle interazioni triadiche familiari.

⁸ Sono state utilizzate le versioni della procedura LTP per 13 mesi, 9 mesi e 18 mesi del bambino. Per i bambini al di sopra dei 18 mesi è stata utilizzata la procedura del *Lausanne Family Play* (Fivaz-Depeursinge, Corboz-Warnery, 1999) con una seduta ed un tavolo adatti all’età e alle competenze del bambino.

Si tratta di una procedura osservativa di laboratorio che prevede l'interazione di madre, padre e bambino⁹ secondo lo schema riportato in Figura 1.

Figura 1 - Le quattro parti della procedura Lausanne Trilogue Play (Fivaz-Depeursinge e Corboz-Warnery, 1999)



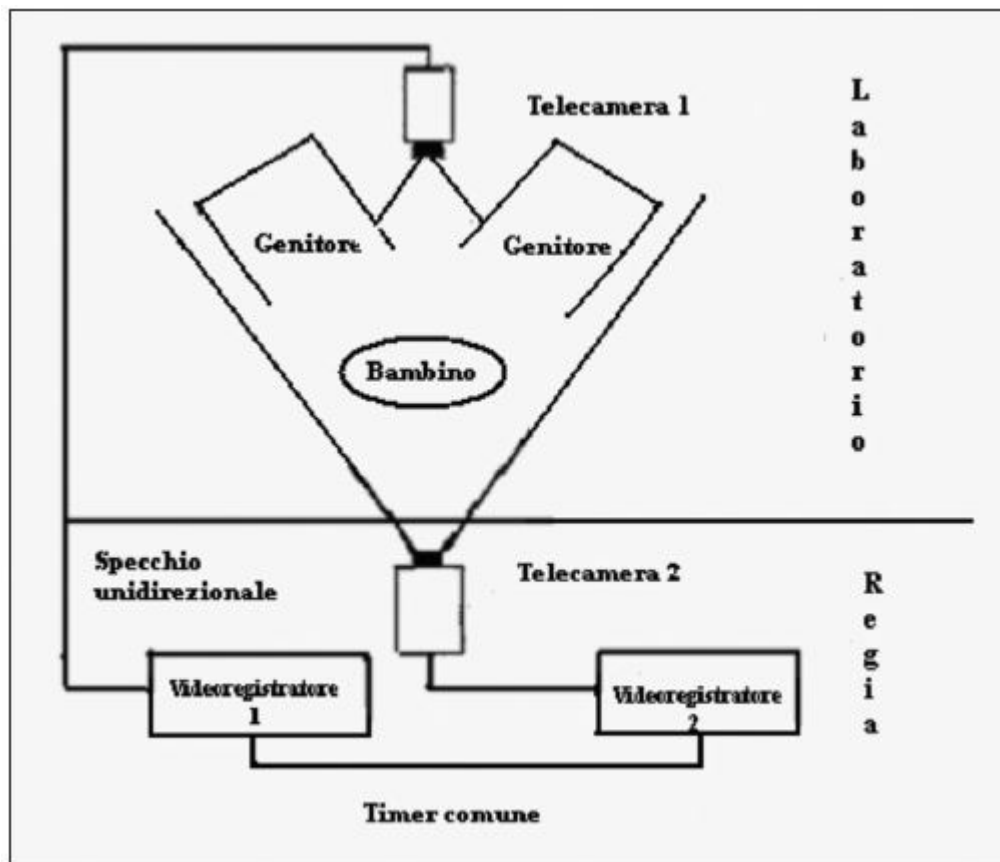
Nella prima parte un genitore gioca con il bambino mentre l'altro resta semplicemente presente in posizione di terzo; nella seconda parte i genitori si invertono i ruoli, per cui il genitore che nella fase precedente ha giocato con il bambino rimane presente mentre l'altro gioca con il bambino; nella terza parte madre-padre-bambino giocano insieme; nella quarta parte il bambino rimane presente mentre i genitori parlano tra loro.

⁹ Nel nostro caso il gioco si svolge nell'interazione madre-madre-bambino.

Le famiglie vengono accolte in una stanza, adiacente ad una seconda stanza contenente l'apparecchiatura tecnica, separate da uno specchio unidirezionale (Figura 2). I genitori vengono fatti accomodare su due sedie che si trovano alla stessa distanza dal seggiolino nel quale verrà collocato il bambino. La distanza tra le sedie ed il seggiolino dovrà rimanere stabile per tutta la durata del gioco. Le sedie convergono formando un triangolo equilatero con il seggiolino del bambino.

Quest'ultimo può essere orientato ed inclinato verso un genitore, verso l'altro, oppure posto in posizione intermedia tra i due, consentendo pertanto di agevolare l'interazione tra i genitori ed il bambino. La struttura triangolare del setting permette alla famiglia di attuare scambi interattivi agevoli e adeguati all'età del bambino e alle sue competenze (Corboz-Warnery, Fivaz-Depeursinge, Bettens, Favez, 1993; Papousek e Papousek, 1975).

Figura 2 - Setting della procedura Lausanne Trilogue Play (Fivaz-Depeursinge e Corboz-Warnery, 1999).



Durante lo svolgimento del gioco i genitori sono liberi di scegliere la durata delle quattro parti ed il passaggio da una parte all'altra della procedura. Lo sperimentatore invita la coppia genitoriale a rimanere all'interno di un tempo totale indicativo di circa 15 minuti.

L'interazione viene videoregistrata con due telecamere: una situata alle spalle dei genitori che consente una visione del volto del bambino, mentre l'altra di fronte ai genitori dietro il vetro unidirezionale per una visione globale dei genitori. L'immagine finale è caratterizzata da un'unica ripresa video formata da due immagini contemporaneamente osservabili (un'immagine in primo piano del bambino ed un'immagine dei genitori) e consente di applicare lo schema di codifica proposto dagli autori, il Family Alliance Assessment Scale, Version 6.3 (FAAS; Favez et al., 2010). Lo

strumento è costituito da 15 scale che osservano 7 dimensioni interattive: Partecipazione, Organizzazione dei ruoli, Focalizzazione, Calore e contatto affettivo, Errori di comunicazione e loro risoluzione, Coordinazione cogenitoriale ed infine Coinvolgimento del bambino. Le scale sono valutate nelle categorie «Appropriato» con un punteggio di 2, «Moderato» con un punteggio di 1 o «Inappropriato» con un punteggio di 0. Esse sono: (1) Postura del corpo e dello sguardo e (2) Inclusione dei partner, per la dimensione di «Partecipazione»; (3) Implicazione di ciascuno del proprio ruolo e (4) Rispetto della struttura del compito e del tempo, per la dimensione relativa alla «Organizzazione»; (5) Co-costruzione e (6) Scaffolding genitoriale, per la dimensione della «Focalizzazione»; (7) Clima affettivo e circolarità degli affetti, (8) Validazione degli stati emotivi espressi dal bambino, e (9) Autenticità degli affetti espressi, per la dimensione relativa a «Calore e contatto affettivo»; (10) Errori e risoluzioni nelle attività condivise e (11) Errori e risoluzioni nel cambio contesto, per la dimensione «Errori di comunicazione e loro risoluzione»; (12) Sostegno e cooperazione e (13) Conflitti ed interferenze disturbanti, per la dimensione della «Coordinazione cogenitoriale»; infine (14) Autoregolazione e (15) Coinvolgimento, per la dimensione relativa al «Coinvolgimento del bambino»¹⁰. Tutti i filmati della procedura LTP sono

¹⁰ Le variabili utilizzate per la codifica della procedura LTP post-natale sono le seguenti: 1) Partecipazione: (i) Postura del corpo e dello sguardo: segnali corporei (orientamento del busto e delle spalle nello spazio triangolare) che indicano la disponibilità e il coinvolgimento nell'interazione; (ii) Orientamento dello sguardo: orientamento reciproco degli sguardi nel corso dell'interazione da parte dei componenti della famiglia; (iii) Inclusione dei partner: inclusione e/o episodi di esclusione dei partner nel gioco; 2) Organizzazione: (i) Organizzazione di ruoli: grado di aderenza ai ruoli identificati e descritti dalle consegne (es. partner attivo; partner semplicemente presente); (ii) Rispetto della struttura del compito e tempo; 3) Focalizzazione: (i) Co-costruzione: capacità della famiglia di co-costruire un'attività comune; (ii) Scaffolding genitoriale: quantità e qualità delle stimolazioni fornite dai genitori al bambino durante l'interazione; 4) Calore familiare: (i) Clima affettivo mostrato dalla famiglia e condivisione e circolarità degli affetti; (ii) Validazione degli stati emotivi espressi dal bambino; (iii) Autenticità degli affetti espressi; 5) Errori di comunicazione e loro risoluzione: (i) Errori e risoluzioni nelle attività condivise; (ii) Errori e risoluzioni nel cambio contesto; 6) Coordinazione cogenitoriale: (i) Grado di coordinazione e cooperazione tra madre e padre durante il gioco e presenza e/o assenza di interferenze reciproche; (ii) Conflitti e interferenze disturbanti; 7) Coinvolgimento del bambino: in accordo con la fase evolutiva del piccolo, grado di auto regolazione e di regolazione interattiva, negoziazione dei limiti e autonomia nel gioco mostrata dal bambino come prova del suo coinvolgimento nell'interazione (Favez et al., 2010).

stati codificati da due giudici indipendenti addestrati alla procedura¹¹, ottenendo un accordo compreso tra .60 e 1.00 per tutte le variabili osservate (Tabella 1).

Tabella 1 - Coefficienti di accordo tra giudici indipendenti nella codifica della procedura LTP.

	K di Cohen
1. Posture e sguardi	.66
2. Inclusione dei partner	.67
3. Implicazione dei ruoli	.64
4. Struttura e tempi	.80
5. Co-costruzione	.65
6. Inquadramento	.70
7. Calore Familiare	1.00
8. Validazione	.78
9. Autenticità	.80
10. Errori e risoluzioni nelle attività condivise	.65
11. Errori nel cambio di contesto	.60
12. Sostegno	.83
13. Conflitto	.77
14. Comunicazione Bambino	.83
15. Calore Familiare	.83

Inoltre è stata effettuata una verifica della consistenza interna delle variabili di codifica delle interazioni familiari attraverso l'indice Alfa di Cronbach che è risultato buono ($\alpha = .81$). Nel loro insieme, quindi, le variabili che compongono il sistema di codifica della procedura LTP possono essere considerate affidabili e consistenti da un punto di vista statistico. Infine, è stata applicata l'analisi r di Spearman per verificare il grado di correlazione esistente tra le diverse variabili del sistema di codifica applicato (Tabella 2).

¹¹ I giudici indipendenti che hanno codificato la procedura LTP (Dott.ssa Miscioscia e Dott.ssa Scarciotta) hanno partecipato alla formazione relativa a tali metodi presso il Centre d'Etude de la Famille di Losanna e presso l'Università degli Studi di Padova sotto la supervisione della Prof.ssa Fivaz-Depeursinge, della Prof.ssa Frascarolo, del Prof. Favez e della Prof.ssa Simonelli, giudici esperti e formatori alla procedura.

Tabella 2 - Correlazioni statisticamente significative tra le variabili di codifica della procedura LTP.

		R di Spearman	p	t(N-2)
Posture e sguardi	Co-costruzione	.65	.04	2.39
Posture e sguardi	Inquadramento	.64	.05	2.35
Posture e sguardi	Calore Familiare	.70	.02	2.83
Posture e sguardi	Validazione	.70	.02	2.83
Posture e sguardi	Autenticità	.76	.01	3.30
Posture e sguardi	Conflitto	.67	.03	2.56
Implicazione dei ruoli	Errori/ risoluzioni nelle attività condivise	.88	.00	5.36
Co-costruzione	Inquadramento	.65	.04	2.42
Co-costruzione	Autenticità	.68	.03	2.60
Co-costruzione	Sostegno	.65	.04	2.39
Co-costruzione	Conflitto	.74	.01	3.08
Inquadramento	Calore Familiare	.90	.00	5.96
Inquadramento	Autenticità	.88	.00	5.29
Inquadramento	Conflitto	.71	.02	2.89
Calore Familiare	Autenticità	.97	.00	12.65
Calore Familiare	Conflitto	.79	.00	3.65
Validazione	Comunicazione Bambino	.76	.01	3.31
Autenticità	Conflitto	.85	.00	4.54

Come è possibile osservare, la maggior parte delle variabili correlano positivamente e significativamente tra loro indicando un buon livello del sistema di codifica della procedura LTP. Questi dati di verifica generale dell'adeguatezza del sistema di codifica applicato alla popolazione studiata sono anche in linea con quanto riportato dallo studio di validazione di Favez e colleghi (2010) che evidenzia risultati nella medesima direzione. In tal senso, tali evidenze spingono a ritenere la procedura LTP e il sistema di codifica utilizzato un metodo adeguato all'osservazione e alla valutazione della qualità delle interazioni familiari nella popolazione studiata.

RISULTATI: LE FAMIGLIE LESBO-GENITORIALI SONO “DIVERSE”?

Come anticipato, i dati ottenuti dall'applicazione e dalla codifica della procedura LTP nel gruppo delle famiglie omogenitoriali studiato sono stati comparati con i risultati provenienti dallo studio di validazione di Favez e collaboratori (2010) che ha

previsto la verifica del metodo FAAS su tre differenti gruppi di famiglie: un gruppo normativo, un gruppo di famiglie infertili e un gruppo di famiglie cliniche considerando la sintomatologia depressiva materna nel post partum.

I dati del lavoro di Favez e collaboratori (2010) hanno evidenziato differenze statisticamente significative che riguardano 12 variabili sulle 15 di cui è composto il sistema di codifica; inoltre, l'applicazione dell'analisi post hoc di Bonferroni ha mostrato come le differenze significative riscontrate siano, nella maggior parte dei casi, ascrivibili al contributo del gruppo clinico (famiglie con sintomi depressivi della madre nel post partum) piuttosto che a quello degli altri due gruppi. In altre parole, la qualità delle interazioni familiari del gruppo normativo e delle coppie infertili non differiscono significativamente tra loro, mentre le discrepanze più evidenti si osservano tra questi due e il gruppo clinico. Questi dati evidenziano anche la possibilità della procedura LTP di discriminare interazioni familiari cliniche rispetto a differenti tipologie di famiglie (gruppo normativo e gruppo delle coppie infertili) che pur nelle loro specificità non manifestano livelli di interazione disfunzionali e/o clinici.

In questo senso, la procedura appare un metodo elettivo proprio per il tipo di popolazione del presente studio, nel tentativo di evidenziare le caratteristiche e le specificità delle famiglie omogenitoriali, indipendentemente da aspetti disfunzionali e/o clinici che non ci aspettiamo di trovare, di per sé, presenti. Allo scopo quindi di confrontare i dati del gruppo di famiglie omogenitoriali con i risultati dello studio di Favez e colleghi (2010), è stata applicata la statistica del T test per campioni indipendenti, considerando di volta in volta il gruppo qui studiato con i tre gruppi presi separatamente. In primo luogo, quando è stato analizzato il confronto tra il gruppo normativo e quello delle famiglie omogenitoriali è emersa un'unica differenza significativa che riguarda la variabile "Struttura e tempi", laddove nel gruppo qui

studiato emerge come tutte le famiglie svolgono le quattro parti del gioco, tuttavia impiegando un tempo molto ridotto o molto più lungo rispetto al gruppo normativo dello studio di Losanna ($t = 3.99$, $df = 38$, $p = .00$). In altre parole, le famiglie omogenitoriali sembrano mantenere la struttura del gioco proposto “abbreviando” o “prolungando” però la durata dell’interazione in modo significativamente diverso rispetto a quanto avviene nelle famiglie normative. Tale dato, tuttavia, non sembra influenzare la qualità generale delle interazioni familiari dal momento che non si osservano altre differenze tra i due gruppi né su singole variabili, né rispetto al totale della procedura. Questo dato fa supporre perciò che le famiglie studiate riescono a creare un contesto favorevole all’interazione rispetto alle diverse dimensioni osservate, ma entro una durata complessiva differente dal gruppo normativo. Tale risultato è emerso anche nello studio di Favez e colleghi (2010) quando considerato il confronto tra il gruppo normativo e quello delle famiglie ricorrenti ad Inseminazione Artificiale a seguito di una diagnosi di sterilità, evidenziando probabilmente una peculiarità rispetto a questa variabile che necessita di ulteriori approfondimenti e riflessioni.

Data l’esiguità del campione di ricerca possiamo solo accennare l’ipotesi che queste famiglie impieghino un timing differente non pregiudicando l’interazione attraverso caratteristiche di ipercoinvolgimento che porterebbero ad abbassare la qualità delle interazioni o, in particolare, la performance del bambino. Potrebbe essere interessante, a questo proposito, osservare se i due gruppi focalizzano eccessivamente l’attenzione sul bambino prolungando l’interazione in atto o abbreviandola con l’obiettivo di fornire, agli occhi del ricercatore e quindi della comunità scientifica, la migliore prestazione possibile che permetta di osservarne le competenze e il benessere.

Dal confronto tra il gruppo delle famiglie omogenitoriali e quello delle coppie infertili non emergono differenze significative su nessuna delle variabili di codifica

della procedura LTP, mentre, come si riscontra nello studio di validazione, si evidenzia la presenza di differenze significative tra il gruppo di famiglie studiato e quello clinico (Tabella 3).

Tabella 3 - Differenze significative emerse dall'applicazione della statistica del T test per campioni indipendenti nel confronto tra il gruppo clinico di Losanna dello studio di Favez e colleghi (2010) e il gruppo delle famiglie omogenitoriali di Liegi.

	Clinici di Losanna (N = 15)		Omogenitoriali di Liegi (N = 10)		t	df	p
	M	ds	M	ds			
1. Posture e sguardi	.7	.7	1.3	.7	-2.01	23	.06
5. Co-costruzione	.4	.5	.9	.6	-2.17	23	.04
7. Calore Familiare	.7	.6	1.6	.5	-3.76	23	.00
8. Validazione	.5	.7	1.6	.5	-4.12	23	.00
10. Errori/risoluzioni nelle attività	.4	.5	.9	.6	-2.17	23	.04
12. Sostegno	.5	.6	1.3	.7	-2.93	23	.01
13. Conflitto	.7	.7	1.6	.7	-3.02	23	.01

In particolare, sette variabili sulle quindici del sistema di codifica evidenziano differenze, con un andamento che vede punteggi più elevati nel gruppo delle famiglie omogenitoriali rispetto a quelle appartenenti al gruppo clinico. Questo dato in qualche modo conferma che le differenze vanno nella direzione di una maggiore funzionalità della qualità delle interazioni familiari del gruppo omogenitoriale rispetto al campione clinico considerato.

È interessante osservare che le differenze significative ottenute dal nostro gruppo sulle sette scale sono le stesse di quelle ottenute dalla comparazione del campione clinico con quello delle famiglie infertili.

DISCUSSIONE E CONCLUSIONI

Seppur in una forma preliminare e ottenuti su un numero esiguo di famiglie, i risultati fin qui emersi sembrano confermare l'ipotesi iniziale secondo cui non esistono

differenze statisticamente significative per ciò che concerne la qualità dell'alleanza cogenitoriale e familiare tra le famiglie lesbo-genitoriali e quelle eterogenitoriali. In questo senso, le famiglie omogenitoriali mostrano buone capacità di coordinazione emotiva e interattiva tanto sul piano genitoriale che su quello familiare o, comunque, livelli omogenei rispetto a quanto ottenuto nel gruppo delle famiglie composto da due genitori eterosessuali.

In particolare, non sono emerse differenze significative per ciò che concerne i punteggi relativi alle competenze interattive del bambino (coinvolgimento ed autoregolazione) né rispetto alle variabili che definiscono le capacità genitoriali di interagire con il figlio e tra di loro (supporto e conflitto). Le famiglie lesbo-genitoriali manifestano inoltre livelli di partecipazione, organizzazione, focalizzazione e contatto affettivo non significativamente diversi dal gruppo normativo tranne per la variabile che definisce la durata della procedura. Il basso punteggio ottenuto in questa variabile, tuttavia, non conduce queste famiglie ad una riduzione significativa del punteggio globale alla procedura né si collega con altre differenze rispetto alle famiglie normative, dal momento che non emergono altre diversità tra i due gruppi. D'altra parte, questa variabile è risultata particolarmente critica anche nell'applicazione della procedura LTP alla popolazione italiana (Bighin, Simonelli, De Palo, 2011) dal momento che è l'unica a costituire una qualche fonte di differenze rispetto ai dati emersi dallo studio di validazione dello strumento (Favez et al., 2010). In questo senso è anche possibile che la dimensione della durata del gioco sia una caratteristica interattiva che maggiormente risente di influenze culturali o legate alla composizione della famiglia e che, come tale, deve essere ulteriormente indagata e definita allo scopo di consentire una migliore valutazione di questo aspetto. In tale direzione, ulteriori e più ampi studi forniranno una possibilità di comprensione e di approfondimento di questa componente strutturale

dell'interazione triadica, sia da un punto di vista teorico, sia rispetto alla verifica empirica e alla metodologia di valutazione. D'altro lato, la comparazione effettuata tra le famiglie omogenitoriali studiate e il gruppo clinico dello studio di Favez e colleghi (2010) relativo a famiglie con madri che presentano caratteristiche depressive nel post partum ha consentito di rilevare differenze statisticamente significative per ciò che concerne i punteggi relativi a sette variabili che riguardano le dimensioni che definiscono l'alleanza familiare (partecipazione, organizzazione, focalizzazione e contatto affettivo).

È importante sottolineare che le medie dei punteggi ottenuti dalle famiglie omogenitoriali sono significativamente superiori a quelle del gruppo clinico, delineando il quadro di una buona qualità di alleanza familiare, nonché l'assenza di caratteristiche disfunzionali rispetto alla qualità osservata delle interazioni (Farr, Patterson, 2013).

Da un punto di vista generale, quindi, i dati emersi sembrano evidenziare come il fattore di rischio rispetto alla qualità delle interazioni triadiche familiari non sia costituito dalla composizione della famiglia in sé (famiglie eterogenitoriali vs. famiglia omogenitoriali) quanto piuttosto dalla presenza di caratteristiche cliniche e/o psicopatologiche in uno dei genitori (depressione materna nel post partum). In tal senso, se confermato ulteriormente, tale risultato appare aprire un interessante scenario sullo studio dei processi interattivi familiari e dei metodi ad esso deputati. Da una parte, infatti, emerge come la qualità degli scambi interattivi sia particolarmente influenzata da caratteristiche proprie del funzionamento psichico di un genitore (es. aspetti clinici presenti) piuttosto che dalla sua appartenenza di genere e/o dalla composizione della triade in sé. In altre parole, l'orientamento sessuale del genitore, non sembra costituire un predittore efficace della qualità dei processi relazionali osservabili sul piano interattivo che, probabilmente, sono ascrivibili ad altre variabili da tenere in

considerazione (Ceballo, Lansford, Abbey, Stewart, 2004; Chan et al., 1998; Ganong e Coleman, 2004; D'Amore, 2010). D'altra parte, sembra emergere anche il valore della procedura LTP nel discriminare aspetti disfunzionali e/o clinici della qualità delle interazioni familiari identificando nuclei a rischio per lo sviluppo dell'interazione stessa e del bambino.

In tale direzione appare chiaro come altri studi potranno sempre di più condurre all'identificazione di strumenti osservativi per lo studio dei processi interattivi familiari che consentano anche l'individuazione di una "diagnosi" su base interattiva, indipendente da fattori che non risultano adeguati predittori della qualità delle relazioni che la famiglie costruisce.

Questo studio presenta un certo numero di punti di forza. Innanzitutto esso costituisce la prima indagine empirica finora realizzata sulle differenze e similarità nella qualità delle interazioni familiari tra coppie genitoriali lesbo, eterosessuali, con inseminazione alternativa e cliniche. Si tratta inoltre del primo studio a prendere in considerazione le dinamiche triadiche e di co-parenting nelle famiglie lesbo-parentali attraverso un dispositivo di osservazione come il Lausanne Trilogue Play.

Nonostante ciò esso presenta anche una serie di limiti. Il gruppo delle famiglie studiate non può considerarsi rappresentativo della popolazione delle famiglie lesbo-parentali data la sua esiguità e le sue caratteristiche generali. Non possiamo inoltre generalizzare il risultato sulla base del solo metodo di procreazione ma altre variabili, quali l'età del bambino e dei genitori, la transizione alla genitorialità con ciò che comporta in termini di gestione di stress interni ed esterni alla famiglia, vanno prese senza dubbio in considerazione nei futuri studi. Il presente studio si riferisce ad una realtà legislativa chiaramente differente da quella Italiana; ci auguriamo che tale ricerca possa svilupparsi anche nel nostro contesto stimolando l'attenzione dei ricercatori a

realità esistenti nel nostro territorio ma non ancora osservate alla luce delle evidenze empiriche riportate dagli studi internazionali effettuati in materia.

**THE DESIRE OF PARENTHOOD: INTUITIVE CO-PARENTAL
INTERACTIONS AND QUALITY OF COUPLE'S RELATIONSHIP
AMONG ITALIAN AND BELGIAN SAME-SEX COUPLES**

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ABSTRACT

Studies that focused on family issues have allowed a great understanding of the aspects related to its subsystems, such as parenting desire and its expectations, couples' satisfaction and quality of child's outcomes. All these aspects are greatly interconnected and contribute to the creation of specific family dynamics, such as the quality of family interactions. The present study focuses on intuitive co-parental behaviors and the quality of couple relationship observed during the decision process (intention and desire) to be (or become) parents. Our first goal was to explore these aspects in a cross-national sample made of Italian and Belgian heterosexual, lesbian and gay couples. We then aimed to evaluate if the degree of internalized homophobia affects co-parental alliance. The quality of couple relationship and co-parental behaviors have been evaluated through the recruitment of a group of 115 stable heterosexual, gay and lesbian couples (230 individuals, 20-50 years of age) without children, who wanted to become parents. We used the Prenatal Lausanne Trilogue Play to evaluate the Co-parental Alliance; the couple's satisfaction was assessed with the Dyadic Adjustment Scale and the Internalized Homophobia with the MISS-LG. In line with the existent literature, the analysis did not find any difference between lesbian, gay and heterosexual couples in terms of co-parental alliance. High levels of couple adjustment lead to better parental

performances among both Italian and Belgian couples. The results suggest also that sexual stigma differs from one country to another, and it has an impact on the capability of managing co-parenting. Clinical implications should be verified in further longitudinal studies in order to observe the impact on the inter-generational transmission of psychopathology.

Keywords: Parenting Desires/intentions, Same-sex Couples, Co-parenting Alliance, Dyadic Adjustment, Prenatal Lausanne Trilogue Play.

INTRODUCTION

Over the past few years, we noticed an increase on LGBT (Lesbian, Gay, Bisexual, and Transsexual) family issues research, with a focus on family internal dynamics, in comparison with the first research field, which concentrated mostly on children's outcomes (Patterson, 2005; Tasker, 2005; Peplau and Fingerhut, 2007), co-parental behaviors and couple's adjustment (Farr and Patterson, 2013). These studies and reviews showed how lesbians and gay men could be parents as well as heterosexuals (Falk, 1989; Anderssen et al., 2002; Brewaeys and Van Hall, 1997; Parks, 1998; Patterson, 2000; Stacey and Biblarz, 2001; Patterson and Chan, 1996; Perrin, 2002; Tasker, 1999; Victor and Fish, 1995) and consequently, how motherhood and fatherhood do not relate to sexual orientation. Farr and Patterson (2013) examined differences between lesbian, gay and heterosexual couples studying correlations between self-reported division of the daily tasks, adopted children adjustment and co-parenting evaluation through an observational technique during a play session. All along the role-play, the authors assessed supportive (warmth, enjoyment, eyes contact) and undermining (to talk over the partner, to suggest different toys to the child) behaviors

(McHale et al., 2001). Results have detected differences between the three groups in terms of labor division and co-parenting. Lesbian and gay parents were more likely than heterosexual parents to report sharing child-care. In addition, lesbian couples showed the most supportive interactions while gay couples showed the least. Heterosexual couples were intermediate between lesbian and gay couples in supportive behaviors. Despite those results, no differences have been found in terms of child adjustment between the three groups of families.

At the same time, several longitudinal studies, which were conducted with heterosexual-headed families, showed that early family interactions have a significant influence on a child's emotional and cognitive development, in particular during the first years of the child's life (Carneiro et al., 2006). Studies on the development of families, which include observations of parent-infant interactive behaviors, revealed that mother-father-infant interactions during infancy are predictive of emotional and cognitive outcomes in the child (Favez et al., 2012), especially for the development of the theory of mind assessed at age 5 (Frascarolo et al., 2008).

Yet, the interest shown for LGBT families' issues concerning the quality of family interactions is quite recent. D'Amore and colleagues (2013) investigated differences between both healthy lesbian and heterosexual couples and a group formed by heterosexual couples with depressed mothers, using the Lausanne Trilogue Play paradigm (LTP; Fivaz-Depeursinge and Corboz-Warnery, 1999). The clinical approach detected no differences between healthy groups, independently from the sexual orientation, but rather between the two healthy groups and the group that included depressed mothers, explaining how much the maternal psychopathology could affect co-parental behaviors. In order to better understand on which levels it is necessary to intervene to encourage the healthy development of the family, future research is

necessary to investigate which protective and risk factors are in common to all families, and which ones are specific of different families' configuration.

THE DESIRE OF PARENTHOOD

Changes that accompany the process to parenthood are so deep; their impacts vary over time, from couple to couple, and from individual to individual (Delmore-Ko et al., 2000). Sommer and colleagues (1993) found that individuals who were more "cognitively ready" (p. 389) to become parents had lower levels of parenting stress and were more prone to adapt in their parenting style. Researchers demonstrated the considerable impact that the birth of a first child has on many aspects of family life, and the importance of couples' expectations in predicting how they will adjust to these changes. The following factors are protective ones for the health of both the family and the child: a stable relationship, the support of the family of origin and an appropriate development of the individual (the future parent) and the couple desire.

The relationship quality has been shown to influence women's feelings about childbearing. Fischer and colleagues (1999) found that women were more likely to want a pregnancy if they expressed positive feelings about their partner. The expectation about the duration of the relationship is another measure related to the stability of the relationship, and this measure has been found to influence the desire of having a baby (Wilson and Koo, 2006). Some studies suggested that women who do not have children with their current partner, even if they already have ones from previous romantic relationships, would want to have at least one child with him in order to achieve their concept of "family" (Hoffman and Manis, 1979; Thornton, 1978) or to strengthen the relationship (Westoff, 1977).

Riskind and Patterson (2010) published national representative data about parenting intentions and desires in a sample of American childless lesbian, gay and heterosexual people, and they found that 37% of childless lesbian participants expressed a desire for children, compared with 68% of heterosexual women. On the contrary, 54% of childless gay men expressed a desire for children compared to 67% of heterosexual men. Despite this difference between gay men and lesbians, gay men who reported the desire to become parents were less likely to also express the intention of becoming parents than heterosexual men. While lesbians who expressed the desire of becoming parent expressed the intention of it as well (Riskind and Patterson, 2010).

D'Augelli, and colleagues (2007), in an American sample of urban lesbian and gay youths, found strong expectations of parenthood among lesbian (91%) and gay youths (86%). Similarly, Gates and colleagues (2007) discovered that childless gay men were less likely to express a desire for children (52–67%), compared with childless heterosexual men.

Previous research showed that among gay- and lesbian-headed families the asymmetry between gender role (masculine and feminine) and parental role (paternal and maternal) requests a continuous redefinition of tasks, in particular concerning child-rearing, which does not reflect the parents' biological genders (Coltrane, 2000). Lesbian and gay couples, for example, often report to divide child-care more equally than heterosexual couples, who, on the contrary, report role specialization (Goldberg, 2010). Despite this difference, same-sex couples and opposite-sex couples declare the same degree of satisfaction about their relationship (Johnson and O'Connor, 2002; Bos et al., 2004; Tasker and Golombok, 1998; Sullivan, 1996; Patterson, 2005). Patterson (1995) revealed differences among lesbian couples with a biological mother and a non-biological mother. The author showed that co-mothers were not different in the quantity

of involvement, but in the quality: biological mothers spent more time in the real child-caregiving, whereas non-biological mothers did it in activities and playtime. Bos and colleagues (2007) showed that biological mothers use more authority than non-biological mothers, and non-biological mothers happen to be less rigid and more involved than heterosexual fathers. Despite these qualitative differences, the involvement in caregiving is distributed more equally among lesbians (Chan et al., 1998; Ciano-Boyce and Shelley-Sireci, 2002). Other studies regarding lesbian motherhood showed that mother-child interaction patterns are similar with opposite-sex parents' ones (Vanfraussen et al., 2003) or even better (Brewaeys and Van Hall, 1997). In our opinion, the observation of the transition to parenthood, which shows the way a family develops, could be useful to extend the comprehension about protective and risk factors. The assumption is that family is an already created concept in couples' minds even before a real family is formed.

CO-PARENTAL BEHAVIORS AND QUALITY OF COUPLE RELATIONSHIP

Studies about family system have stressed a distinction between “marital couple” and “coparental couple” (Katz and Gottman, 1996; McHale, 2007; Cowan and McHale, 1996; McHale and Fivaz-Depeursinge, 1999; Simonelli et al., 2012). The first one refers to everything regarding the relationship between two adults partners mutually bound (Simonelli et al., 2012). Co-parenting describes the synchronization between adults in their parental roles (Minuchin, 1974) and it refers to their capacity to share work and responsibilities towards child caregiving. Co-parenting refers to the competence of mutual support and coordination between adults who are responsible for childcare and child rearing (McHale, 2007).

Researchers and theorists developed co-parenting notions, in studying the cooperation between parents-to-be by the use of observational techniques administered during the pregnancy (Carneiro et al., 2006), when both behavioral and mental aspects of parenting are triggered (Simonelli et al., 2012). According to Corboz-Warnery and Fivaz-Depeursinge (2001), the cooperation between parents appears during the pregnancy through intuitive behaviors (Papousek and Papousek, 1987), which anticipate the first encounter with the infant. Longitudinal studies that used the prenatal Lausanne Trilogue Play (prenatal LTP; Carneiro et al., 2006) showed that the interactions in the pregnancy period, with a fake baby (doll), were predictive of the future interactions with the real baby, after the childbirth (Favez et al., 2006). Marital and co-parental relationships are both important for the child's outcomes (Belsky, 1984), but co-parenting has been found to be more strongly related to the child's adjustment than other factors of couple relationship (Farr and Patterson, 2013). In fact, dysfunctional difficulties, at a co-parental level, could adversely affect the child's outcomes (Minuchin and Minuchin, 1987) and promote the development of negative cognitive, social and emotional factors (McHale, 2007; Gatta et al., 2016). Co-parenting could be one of the most important and influent mediator factors for functional family patterns, which ensures a good child's development.

AIMS

According to the literature references presented above, the aim was to investigate co-parental alliance in order to (i) observe similarities or differences concerning co-parenting among stable gay, lesbian and heterosexual couples without children; (ii) evaluate, among LG couples, the correlation between co-parental dimension, dyadic adjustment, internalized homophobia and social support.

We suppose that there are no differences among the three types of couples when it comes to the quality of co-parental alliance. On the contrary, we hypothesize that couples with “better quality” of relationship and “high social support” show “better quality” in co-parental alliance, and that the internalized homophobia affects co-parental skills among LG couples.

This research also aimed to explore if the availability of legal marriage within a particular country influences the ways in which LG couples manage their transitions to parenthood and co-parental alliances. We also evaluate in what extent the degree of internalized homophobia affects co-parental alliance. We hypothesize that high levels of internalized homophobia lead to low scores of co-parental alliance.

We also assume that participants from two different countries, with different legislations and civil rights for LGBT people, show a different degree of internalized homophobia. For this purpose, this paper focuses on two groups of gay and lesbian couples living in two different European countries: Italy and Belgium.

CIVIL RIGHTS FOR LGBT PEOPLE

The choice to involve subjects from Italy and Belgium is motivated by the legal differences existing at the time of the recruitment (October 2014 - December 2015) in terms of LG population’s civil rights. Belgium represents one of the leading countries in recognizing and protecting civil rights among LGBT people. The “Europe Annual Review of the Human Rights Situation of LGBTI People in Europe” (2014), published by the ILGA (International Lesbian and Gay Association), sees Belgium in 2nd position over 49 European countries for LGBTI (Lesbians, Gay, Bisexuals, Transsexuals, Intersexuals) issues, whereas Italy ranks 32nd. Since 2003, Belgium legally recognizes same-sex couples by civil marriage, and, since 2006, it allows the adoption and the

access to medically assisted procreation. On the contrary, Italian legislation is still incomplete in terms of legal protection of gay and lesbian community's rights. Indeed, during the recruitment, no legislation regarding same-sex civil unions existed in Italy, and such status was not even legally recognized.

METHODS

PARTICIPANTS

115 unmarried stable couples were recruited in Italy and Belgium (128 volunteers from Belgium with mean age = 24.3 years, SD = 3.7; 102 volunteers from Italy with mean age = 29.2 years, SD = 6.4). On table 1 it can be noticed that groups are different in terms of age and duration of relationship. Observing the groups average, Italian participants are older than the Belgian ones and they have been in their relationships longer.

Table 1. Mean and standard deviation of Age (years), Duration of the relationship (in months) and Coming-Out Age (years) of each group.

	Gay men (N=68)				Lesbians (N=62)				Heterosexuals (N=100)			
	Italians N=34 M(SD)	Belgians N=34 M(SD)	F	p	Italians N=38 M(SD)	Belgians N=24 M(SD)	F	p	Italians N=56 M(SD)	Belgians N=44 M(SD)	F	P
Age	33.2(7)	25(4.1)	10.25	.002*	28.8(5.6)	24.2(3.9)	5.4	.023*	26.4(4.6)	23.9(3.2)	5.45	.022*
C.O	21.4(4.7)	17.7(3.9)	.842	.363	21.4(4.5)	18.1(3.6)	2.2	.144				
D.R.	62.1(50.7)	30.3(22)	33.02	.000**	40(25.2)	30.1(13.6)	16.7	.000**	50.7(29.3)	38.4(21)	5.85	.017*

Note: C.O.: coming-out age; D.R. Duration of the relationship.

Inclusion criteria were: (i) being in a stable relationship for 1 year at least to be sure that the adult attachment was established, (ii) never been married, (iii) never had children (because we wanted to evaluate the relationship with the imaginary child (Lebovici, 1988) and not with a real baby), (iv) be supportive to the idea of becoming parents in the future.

Participants were recruited in northern Italy and Liège county in Belgium through web-posted advertisements, which informed that research was about “couples and parenting” without other explanations, in order to not induce biased answers. Thereupon, the sample is not randomized, but it could be defined as a “convenience” sample.

Each participant agreed to the informed consent and they gave their e-mails to allow follow-up contacts. After having submitted the answers, a researcher sent an e-mail to invite them in a specific laboratory for performing LTP and completing questionnaires.

MATERIALS

Prenatal Lausanne Trilogue Play. Prenatal LTP (Carneiro et al., 2006) is a peculiar LTP (Fivaz-Depeursinge and Corboz-Warnery, 1999) version. Authors created this observational tool to evaluate representations of the child-to-be during the pregnancy, in particular through the 7th month. This is the reason why none of the couples picked for this study was pregnant. Parents-to-be are invited to sit by a facilitator in a triangular configuration, with a basket as a vertex. A “neutral” doll, with the typical size and shape of a newborn, represents the baby. The face has features and traits of a Caucasian baby, “neutral” in relation to sex or particular eye, skin, and hair color. Such “neutrality” should help parents-to-be to role-play the situation. A camera records the entire procedure, standing in front of the parents, it slightly varies from the original LTP during which there is another camera recording the infant’s facial expression. The

facilitator asks the parents to imagine the moment when the three of them would encounter for the first time after delivery. He/she explains that the task has four parts: (a) One of them would play with the baby doll, (b) then the other, (c) then the parents would play together with the baby, and finally, (d) they would let the infant “sleep” and then talk together about the experience that they just had. The exercise lasts about 5 minutes.

Prenatal co-parenting was assessed in the prenatal LTP situation using five scales on a Likert Scale ranging from 0 to 5. Carneiro and colleagues (2006) specifically elaborated the first three scales to analyze the prenatal LTP. The five scales are: (1) Co-Parent Playfulness, which assesses the capacity of the couple to co-construct playful games. The evaluation also concerns the ability of the couple to understand that the situation is a simulation and not the reality. (2) Structure of the Play, assesses the couple’s capacity to structure the four play parts. In this scale, two dimensions are considered: the differentiation of the play into four discrete segments and the duration of the entire play sequence as well as of each segment. (3) Intuitive Parenting Behaviors, assesses the parents’ use of intuitive parenting behaviors. Six behaviors that relate to literature (Papousek & Papousek, 1987) are coded: holding and “en face” orientation, dialogue distance, baby talk and/or smiles at baby, cuddling and/or rocking, exploration of baby’s body, and preoccupation with the baby’s well-being. These intuitive parenting behaviors are assessed as present or absent for each parent. These individual results are mixed together into a global score for the couple. (4) Couple Cooperation Scale, assesses the degree of active cooperation between the parents during the play, at a behavioral level. And finally, (5) Family Warmth, captures the affection and mood shared by the partners during the play; namely, whether they manifest affection and tenderness as a couple and toward their “baby.”

Scores of the five scales are added to obtain a global score between 5 and 25. The higher is the score, the more the prenatal alliance is considered to be functional.

Measures of Internalized Sexual Stigma for Lesbians and Gay Men. MISS-LG (Lingiardi et al., 2012) is a doubled version scale, one for each gender, formed by 17 items on Likert Scale with 5 points (from “I disagree” to “I agree”). It quantifies internalized stigma degree, defined as the feelings expressed by gay men and lesbians towards homosexuality at large and towards themselves (ibidem). Two versions (L and G) are the same in 11 items, but differ in 6 that reflect gender differences. Scoring gives back four scores regarding three dimensions of the internalized sexual stigma and a total score that results from the average of all items. The higher is the total score, the more is the Internalized Sexual Stigma degree.

Dyadic Adjustment Scale (DAS; Spanier, 1976; Italian version translated and validated by Gentili et al., 2002; French version validated by Vandeleur et al., 2003). The 32 items of the scale assess several aspects of the couple’s life, such as the frequency and intensity of disagreements and/or agreements on the marital emotions, actions, and activities. The total of the answers display a score between 0 and 151: the higher the score is, the higher the couple is satisfied with its relationship. An average score is computed for every couple.

The Interpersonal Support Evaluation List (ISEL; Cohen and Hoberman, 1983; Italian version translated and validated by Moretti et al., 2012) evaluates how people behave when they need help during negative events. ISEL consists of a list of 40 statements concerning the perceived availability of potential social resources. The items are counter-balanced for desirability: half of the items are positive statements about social relationships while negative statements form the other half. Items fall into four 10-item

subscales: tangible support, appraisal support, self-esteem support, and belonging support.

RESULTS

COMPARISON BETWEEN BELGIAN AND ITALIAN GROUPS

Our first aim was to explore if the availability of legal marriage influences the ways in which LG couples manage their transitions to parenthood and their co-parental alliances (see Table 2).

Table 2: *LTP prenatal mean scores in the three groups (Gay men, Lesbian and Heterosexuals people) divided by country of residence.*

Country	LTP Scales	Gay couples		Lesbian couples		Opposite –sex couples	
		Mean	SD	Mean	SD	Mean	SD
Belgium	Co-Parent Playfulness	3.41	.870	3.63	.760	3.57	.879
	Structure of the Play	3.52	1.07	3.78	.917	4.11	1.10
	Intuitive Parenting Behaviors	3.47	1.23	3.42	1.17	3.36	1.42
	Couple Cooperation	3.47	.624	3.63	.683	3.71	.897
	Family Warmth	3.70	.919	3.47	.964	3.43	.959
	Co-Parental Alliance	17.58	3.22	17.94	3.50	18.18	4.30
	Italy	Co-Parent Playfulness	3.59	1.37	3.25	1.21	3.73
Structure of the Play		4.53	.799	4.33	1.07	4.68	.65
Intuitive Parenting Behaviors		3.23	1.56	2.42	1.24	2.82	1.50
Couple Cooperation		4.00	1.00	4.00	.852	3.68	1.13
Family Warmth		3.59	1.32	3.17	1.19	3.36	1.09
Co-Parental Alliance		18.88	5.30	17.25	4.02	18.18	4.14

For the purpose of observing differences in the subgroups we have performed a MANOVA between the prenatal LTP scales scores of the three groups (Gay men, Lesbians and Heterosexuals) for each Country. Given the difference of age and duration

of relationship between the two groups, we introduce the two variables into the model as a covariate. Results showed no difference related to “Sexual orientation” ($\Lambda=.890$; $F=1.265(5,51)$; $p=.294$) and a difference between the “Country” ($\Lambda=.805$; $F=2.473(5,51)$; $p<.05$) and “Duration of Relationship” ($\Lambda=.750$; $F=3.393(5,51)$; $p<.05$) also confirmed by the Bonferroni post-hoc; our first hypothesis has been confirmed.

The Between-Subjects Effects showed an effect of the “Country” variable on two LTP variables: “Structure of the Play” ($F=6.121$; $p=.016$) and “Couple Cooperation” ($F=4.543$; $p=.038$).

Looking at the means in the above table, Italians participants seem to observe the most suitable structure and timing of the play, and a more adequate couple cooperation.

Table 3: *Mean scores and standard deviations of Dyadic Adjustment and Social Support for each group and mean scores of Internalized Homophobia for the LG (Lesbian and Gay men) participants divided in the two country groups.*

Country		Gay men		Lesbians		Heterosexuals	
		Mean	SD	Mean	SD	Mean	SD
Belgium	DAS	105.3	11.6	112.3	14.9	112.3	13.9
	ISEL	89.3	11.3	89.2	13.2	92.2	16.2
	MISS-LG	1.8	.56	1.3	.49		
Italy	DAS	115.4	15.1	128.1	9.5	108.4	13.9
	ISEL	91.7	16.2	96.7	10.8	92.4	11.9
	MISS-LG	.18	.39	.27	.48		

In order to verify our second hypothesis, we performed an univariate two-ways ANOVA for the dyadic adjustment, social support and internalized homophobia (see Table 3).

About the dyadic adjustment, we discovered important differences by country of residence ($F=15.79$; $p=.000$), sexual orientation ($F=11.43$; $p<.001$) and their interaction ($F=11.01$; $p<.001$). Bonferroni Post-hoc showed a significant difference between Italian lesbian and heterosexual participants ($p<.001$) and Italian lesbians and gay men ($p=.002$). Regarding country of residence, Italian participants had more dyadic adjustments than Belgian. When running the same ANOVA for social support, no differences were revealed.

About the internalized homophobia, the two-ways ANOVA was only relevant for the country ($F=252.87$; $p<.001$) and the interaction between country and sexual orientation ($F=9.72$; $p=.002$). A deeper analysis showed that Italian lesbians and gay men had less internalized homophobia than Belgian ones (1.54 vs. 0.22 of average): in this context our hypothesis has not been confirmed.

CORRELATION BETWEEN CO-PARENTING ALLIANCE, DYADIC ADJUSTMENT, SOCIAL SUPPORT AND INTERNALIZED HOMOPHOBIA IN HOMOSEXUALS PARTICIPANTS (LESBIAN AND GAY COUPLES).

In order to observe the connection between the co-parental dimension, the couple adjustment, the social support and the degree of internalized homophobia among LG participants, we performed one Pearson's correlation at a time (Table 4), per country of residence.

Table 4: *Pearson correlations between Co-parenting Alliance, Dyadic Adjustment, Social Support and Internalized Homophobia.*

	Belgium			Italy		
	DAS	MISS-LG	ISEL	DAS	MISS-LG	ISEL
Co-Parent Playfulness	.103	-.176	,340**	,411**	-,297*	,323**
Structure of the Play	.103	,316**	0.13	.107	-.049	-.050
Intuitive Parenting Behaviors	-.155	.027	-.012	,310**	-.216	.208
Couple Cooperation	,214*	.185	.120	,435**	-,357**	,280*
Family Warmth	-.140	.027	.192	,360**	-,364**	,380**
Co-Parental Alliance	.003	.104	.160	,409**	-,312**	,301*

Analyses showed two different profiles. On one hand, we have the Belgian group for which the dyadic satisfaction significantly relates to couple cooperation: the couples who are involved in the “play of parenting” and share playfulness have higher level of social support.

On the other hand, the Italian group’s results showed that the Italian LG participants with better performances in co-parental alliance have higher score of dyadic satisfaction, and it seems to be connected with a lower level of internalized homophobia and a higher social support.

PREDICTOR OF CO-PARENTAL ALLIANCE IN LESBIAN AND GAY COUPLES

So as to test the moderating role of dyadic satisfaction and the degree of internalized homophobia on the co-parental alliance, we used a hierarchical multiple regression analysis.

First, we included the dyadic satisfaction and internalized homophobia finding that both predict the co-parental alliance ($R^2=.077$, $p=.022$), as Dyadic Satisfaction and Dyadic Consensus show positive effect on the co-parental alliance (Dyadic Satisfaction $\beta = .334$, $p<.001$; Dyadic Consensus $\beta = .309$, $p=.028$). Then, we included interactions between variables and the influence of the country of residence: the model is still

predictive and it explains 15% of the variance ($R^2=.147$, $p=.003$). This analysis displayed a specific effect on the Internalized Homophobia Identity scale linked to the country of residence ($\beta = -.341$, $p=.042$).

DISCUSSION

This study purpose was to observe intuitive co-parental behaviors and relationship quality among LG couples who aim to become parents, compared with heterosexual peers. Our intent was to evaluate in which way the degree of internalized homophobia affects co-parental alliance, and if living in a country which has no legal system in favor of the LG community operates as a risk factor for the family-to-be.

Our sample cannot be defined as representative of the population because of its size and convenient nature. Most of Italian LG couples were members of LGBT associations, and probably more keen to show a positive image of lesbians and gay men. Nevertheless, it was complicated to reach couples out of this circuit without using specific Social Networks or accessing LGBT associations' newsletters. Indeed, because of the absence of legal standards concerning the desire of parenthood for LG people, couples who want to become parents firstly contact these communities rather than “official” places (such as hospitals or social services) to get information. Listing results previously displayed, the first evidence is the difference of age and duration of relationship between Italian and Belgian participants. However, our statistical analyses with “age” as a covariate showed that the difference of age between the two groups did not explain the differences we observed between the groups. In regards of this absence of age effect, it is necessary to analyze this result in the light of the Italian socio-demographic context. As a matter of fact, according to an ISTAT report (Italian National Institute of Statistics, 2015), Italy is characterized by a low and belated fertility, as the

mean age of the first childbirth is over the age of 30. Thus, this difference between Belgian and Italian participants could illustrate the situation of couples who start to express their first desire for parenthood.

According to literature (Patterson, 2000; D'Amore et al., 2013), our preliminary analysis confirmed that there were no differences between lesbian, gay and heterosexual couples in terms of co-parental alliance. The only significant difference regards the Structure of Play, which evaluates the compliance to play by the game rules rather than expressing proper parental skills. The "Structure of Play" is also a variable that seems to be linked to the country of residence unlike the others LTP variables (Simonelli et al., 2012; D'Amore et al., 2013). The differences highlighted in our study appear to focus on the quality of the couple relationship, which varies from one group to another. Indeed, it seems that Italian lesbian couples show a higher level of dyadic adjustment than heterosexual and gay couples; this result confirms the data emerged from literature (Farr and Patterson, 2013). The degree of internalized homophobia of Italian participants is significantly lower than for the Belgian ones. A previous study (Lorenzi et al., 2015) already showed that Belgian lesbians and gay men express more internalized homophobia, despite Belgians live in a country with a more favorable legal environment for LG rights. Besides, the same study demonstrated that internalized homophobia had a strong relation with mental health disorders, such as anxiety and depression. Thus, it is an important variable to be evaluated, as it could be an indirect factor that could affect parental skills and then co-parental behaviors. In addition, from the beginning of the transition to parenthood, both of LG future parents have to face several stressful situations both inside their family (e.g., who the biological parent will be between them in case of artificial techniques), and out of it (e.g., the context in which they live in). They would not have the same custodial rights on their child, unlike

heterosexual parents. Focusing on correlations, high levels of couple adjustment lead to better parental performances among both Italian and Belgian couples. At the same time, more social support helps couples to carry out the task with happiness rather than boredom. These positive influences correspond to Belsky's (1984) theory about the multi-factorial vision of parenting. The incoherence among correlations by country is highlighted by the opposite influence that internalized homophobia has on parental alliance: in Belgium, better performances are characterized by higher levels of internalized homophobia, even if it is a risk factor for several negative issues. It seems that Belgian LG couples with high internalized homophobia have more cooperative parental behaviors and better adjustment to the game. It is possible to claim, without generalizing (because of the sample size), that Belgian LG couples with a high level of internalized homophobia invest themselves in their own relationship and they strictly comply with the LTP roles and rules to offer the best performance. On the contrary, Italian performances seem to confirm positive patterns between a low level of internalized homophobia and parental behaviors. These discordances between Belgian and Italian participants may also be explained by their difference of age. Indeed, as Belgian participants were younger, we can also assume that they were less mature and more stereotypical than Italian participants. Further research should evaluate if the link between internalized homophobia and parental alliance persists when Belgians get older and when couples become actual parents.

Besides, this study adds information about the negative influence of the internalized homophobia on co-parental alliance. Even if they must be carefully read into, these results are of great interest: they suggest that sexual stigma has an impact on the capability of managing co-parenting. Indeed, internalized homophobia is a mandatory step that every gay and lesbian person has to face across the construction of his/her own

identity (Montano, 2007). The identity component denotes the attitude to express a negative consideration of oneself as gay or lesbian, and it is important to assess how much this passage is overrun during the evaluation of parental skills among LG couples. This study showed that the civil rights for Belgian LGBT people seem not to be enough to ensure their well-being; homophobia and sexual stigma are still often expressed in an implicit, subtle and indirect way. Our data offer some valuable indications about implications of internalized homophobia in the process of the identity construction and of the impact on the inter-generational transmission of psychopathology. As a matter of fact, the identity dimension of the MISS-LG, which “corresponds to an enduring propensity to have a negative self-attitude as homosexual and to consider sexual stigma as a part of a value system and identity” (Lingiardi et al., 2012, p.1196), correlates with lower levels of co-parental alliance. This suggests that an individual, with a negative self-esteem due to her/his homosexuality, may find it difficult to manage the role of parent, because he/she always considers that role through a heteronormative perspective.

These themes need a further and closer examination, in particular in these early periods of lifecycle and with a strong collaboration among the countries.

HETEROSEXUAL HEADED FAMILIES

CO-PARENTING AND MARITAL ADJUSTMENT: DIFFERENCES AND SIMILARITIES DURING PREGNANCY

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ABSTRACT

Current approaches have stressed the distinction between the “coparental couple” and the “marital couple”, suggesting that they are constructs which are neither completely independent nor wholly overlapping in the same way (cfr. McHale, 2007). In line with these ideas, the goal of the research is to study the characteristics of coparental relationships in pregnancy with the Lausanne Trilogue Play (LTP, Corboz-Warnery & Fivaz-Depeursinge, 2001) and marital satisfaction, in order to identify their differences and similarities during the transition to parenthood. Specific aims were to investigate: a) characteristics of parents-to-be’ marital satisfaction in pregnancy and possible links between couple adjustment and co-parental functioning; b) to explore the psychometric characteristics of the prenatal LTP procedure. 90 non-referred primiparous families were recruited at child-birth courses. Data were collected at the 7th months of pregnancy by the prenatal LTP and the Dyadic Adjustment Scale (DAS, Spanier, 1976). The data show good reliability of the LTP coding and a consistent factorial structure. The Structure of the Play and the Intuitive Behaviors Scales seem the most representative dimensions in the prenatal period. The prenatal co-parental functioning was linked with marital satisfaction but only for wives: the degree of coordination between parents in the prenatal LTP is linked primarily with the marital satisfaction of the mothers. Coparental abilities during pregnancy represent an interactive matrix for the

construction of early family relations but emerges a gender difference at the interface between the marital and parental levels already was observed prenatally.

INTRODUCTION

Recent approaches on family issues have stressed the distinction between “co-parental” and “marital” (McHale & Fivaz-Depeursinge, 1999; McHale & Cowan, 1996; McHale, Kuersten-Hogan, & Rao, 2004). Katz & Gottman (1996) identify the marital processes that are associated with spillover from unhappiness in the marriage to the way mothers and fathers parent and coparent their children. By spillover they mean the transfer of moods, emotions, or behavior from one setting to another (Repetti, 1987; Ere1 and Burman, 1995). This process involves the expression in one subsystem (for example, a parent-child dyad) of feelings that were generated in another system (such as the marital dyad).

In particular, the concept of marital couple refers to the relationship between two partners who are linked to each other, both in terms of attachment and in terms of intimacy. Co-parenting, a concept central to S. Minuchin’s (1974) theory of family structure, refers to a co-operative function that involves both parents and their coordination in the manifestation of parenting; it refers to the degree of supportive cooperation between two adults who bear the responsibility regard the socialization processes of children belonging to their family system (McHale, 2007). The co-parenting function can be specifically defined as the coordination between two adults while performing their parental role to the child. Feinberg (2002) proposed that there are four basic components of co-parenting: support versus undermining in the co-parental role; differences on childrearing issues and values; division of parental labor; and

management of family interactions, including exposure of children to interparental conflict.

Marital and co-parental couples are constructs which are neither completely independent nor wholly overlapping, but they have a reciprocal link which is particularly easy to observe during the transition to parenthood (McHale & Cowan, 1996; Margolin, Gordis, & John, 2001).

Several studies have shown connections between these two constructs, suggesting that the marital relationship has an impact on the quality of parenting (Belsky & Kelly, 1994; Cowan & Cowan, 1992; McHale & Cowan, 1996): an unsatisfactory relationship between a couple seems to be related to an angry and unresponsive way of parenting and to a significant decrease of warmth and emotional availability (Favez, Frascarolo, Carneiro, Montfort, Corboz-Warnery, & Fivaz-Depeursinge, 2006; Maccoby, Depner, & Mnookin, 1990; Margolin, Gordis, & John, 2001; McHale et al., 2000).

Many longitudinal researches have observed the relationship between co-parenting and marital relationship across the transition to parenthood (Feinberg, 2002); the period preceding and following child's birth is characterized by a decrease of emotional interactions within the couple and an increase in the interactive exchanges focused on childcare and division of family labor (Cowan & Cowan, 1992). These modifications may result in diminished marital satisfaction and in the exacerbation of conflicts (Lewis, 1988a; 1988b), but Cowan and Cowan (1988) concluded that babies do not create severe marital distress if it was not already present prior to parenthood, nor do they bring couples in marital distress closer together. Rather, the transition to parenthood amplifies already existing difficulties between the partners.

Longitudinal studies have shown that the quality of the marital relationship is the most important predictor of this evolution. Belsky and Isabella (1985) showed that

parents' experiences in the family of origin significantly predicted the change in marital quality in the period from pregnancy to 9 months post birth. Participants who recalled the relationship quality of their parents' marriages as negative showed a larger decline in marital quality over time. Research highlights that the presence of marital dissatisfaction in pregnancy may give rise to a long lasting conflict once the child is born, hindering the formation of a satisfactory co-parenting relationship (Cowan & Cowan, 1992, 1995; Fearnely, Shapiro, Gottman, & Carrère, 2000; Frosch, Mangelsdorf, & McHale, 1998; Heinicke & Guthrie, 1996). This will occur especially when the conflict goes beyond the marital relationship and settles within the co-parental space - the mutual support which parents provide to each other in their relationship- thus directly involving the entire family (Favez, et al., 2006; McHale, Kuersten-Hogan, &Lauretti, 2001; McHale, 1995). In a longitudinal study involving a community sample of primiparous families from pregnancy to 18 months after birth Favez, Frascarolo and Fivaz-Depeursinge (2006) have identified three patterns of evolution on family alliance where marital self-report satisfaction was one of the variables associated with the patterns. In our previous study, carry out in the Italian context (Simonelli, Bighin, De Palo, 2012), results showed an improvement of the family interactions over the first year: the quality of triadic family interactions increases from pregnancy to parenthood.

The adult interactive capacities in pregnancy represent an interactive matrix for the construction of family relations during the child' first year and may be considered as a central factor in the infant's development of early triadic interactive abilities.

Co-parenting describes the coordination between adults in their parental roles (Minuchin, 1974). This definition has led to the creation of specific methods able to observe and evaluate the parenting interactions. Fivaz-Depeursinge and Corboz-Warnery's approach (1999) seems to be one of the most innovative and widespread

perspectives for the observation and study of co-parenting: it broadens the focus beyond the co-parenting using an assessment tool which was specifically developed to study families during infant's first year of life. The central element of this approach is the use of a semi-naturalistic play situation, the Lausanne Trilogue Play situation (LTP), which involves two parents and their baby in a cooperative task. In fact, the main goal of the trilogue play is sharing experience of positive affects during family interactions.

Results obtained by studies conducted using LTP have revealed that the quality of family interactions is fairly stable from pregnancy over the first year of the child's life (Favez & Frascarolo, 2002; Fivaz-Depeursinge & Corboz-Warnery, 1999) and up to 18 months of age (Favez, et al., 2006; Weber, 2002). Some researchers have highlighted how the quality of parents' interaction while role-playing in the prenatal LTP procedure is predictive of the quality of their interactive exchanges with the child after birth, at least during the first year of life and till the eighteenth month of age (Favez, et al., 2006). Moreover, they reveal a link between the quality of co-parental interactions assessed during pregnancy and during the first year of the child's life and child's developmental outcomes, with specific reference to the onset of psycho-functional symptoms, such as sleep and behavioral disorders (Favez et al., 2006). These data have emphasized the extent to which parents and family interactions might influence child's developmental path since pregnancy and in the first years of life. Furthermore, some researchers have shown how the quality of family interactions does not only influence the functioning of family system itself but it also has an effect in other areas, such as child's affective relational development. Data on triadic interactions with a low level of coordination have shown that child finds itself involved in a conflict situation in which it is unable to find an adequate position, also due to its still incomplete capabilities.

Being excluded from the interaction can have short or long term consequences on

the adequate development of its interactive triadic competences (Fivaz-Depeursinge, Frascarolo, & Corboz-Warnery, 1998).

These data highlight that pregnancy period represents a relevant moment in parents' experience, underlying adults' interactive competencies and their role in the construction of family relationships and in child's affective-relational development. In fact, pregnancy is not only the period of development of embryos in mother's womb, but it is also a period during which parents develop a psychological attitude towards parenthood and their relationship with their child. An internal representation is progressively built in parents' minds, "the baby in the head" or the "imaginary baby" (Stern, 1995): the representation of an imaginary baby is progressively elaborated during pregnancy, peaking at around the 6th month of pregnancy and then declining or becoming less clear. Stern (1995) has postulated that this fading away is a protective function to make space for any discrepancies in comparison with the real baby. Most authors have focused on maternal representations of the child-to-be and their influence on the mother-child relationship after birth (Fava Vizziello, Antonioli, Cocci, Invernizzi, 1993; Stoleru & Morales, 1985; Zeanah & Barton, 1989) whilst few studies have focused on fathers' representations. These researches have examined the modifications of maternal and paternal world representations during pregnancy and whilst building the relationship with the baby in the first year. Critical aspects about a dyadic vision of theoretical approach and methods of observation of representations, which are not strictly linked to the family level, still remain. According to this, the research led by Bürgin and Von Klitzing (1995) has shown that parent' triangular representations of family as a threesome during pregnancy might predict the place in which parents will locate their baby triadic LTP interactions, 4 months after birth. Similarly, a study by McHale, Carleton, Khazan, and DeCoursey (2002) has

demonstrated significant associations between parents' prenatal expectations about future family process and observed co-parental functioning in triadic interactions after birth. During the interview conducted several months after child's birth, families in which both expectant mothers and fathers were pessimistic about their future family process have shown lower family warmth, less cooperation, and more disagreement (measured with the LTP procedure) in their co-parenting in comparison with optimistic families (McHale & Rotman, 2007).

However, the aforementioned research is lacking of a very association of findings carried out with narrative methods (interviews conducted with parents during pregnancy) with those conducted with observational methods (mostly used after the birth of the baby): in other words, data have shown and connected some aspects of parents' representational world with interactive attitudes shown once baby is born, but an observations of parental behavior during pregnancy are not taken in consideration. In this sense, Fivaz-Depeursinge and Corboz-Warnery's perspective (1999) has introduced the possibility to observe the quality of parental cooperation from the beginning of pregnancy, anticipating their future encounter with their child during a period in which both members of the couple are involved, not only in a representative way but also in an active way.

According to this point of view, Carneiro, Corboz-Warnery and Fivaz-Depeursinge (2006) have successively developed an observational assessment tool which was called Prenatal LTP: born as adaptation of the postnatal LTP, it maintains the same four-configurations structure. This instrument provides a new perspective, allowing both observation and assessment of co-parental coordination in relation to the baby-to-be. It is a somewhat unusual situation in which expectant parents are asked to play their first encounter with their baby-to-be, represented by a doll. The authors have hypothesized

that having a pregnant couple playing with a doll is a window onto the expectant couple's and their co-parenting representations. Beyond role-playing abilities, this task calls on parents' mutual support and cooperation capabilities. The main idea is that parents' capacity to enact their representations as a threesome will reveal capacity of coordination in emerging co-parental subsystem. Particularly, we assume that the nature of task will trigger the overt manifestation of these behaviors in parents-to-be (Papousek & Papousek, 1987), considering, also, that playing with a doll is able to activate intuitive parenting behaviors (as it may be seen in adults- children relations).

RESEARCH QUESTIONS

In the current study our objectives are various. First of all to examine co-parental and marital relationships during pregnancy, in a sample of couples who conceived spontaneously their first child, in order to identify possible differences and similarities during this particular stage of transition to parenthood. We would also like to examine, both at a methodological and theoretical level, specificities and differences of co-parenting and marital adjustment during pregnancy assessment.

Secondarily this study, conducted in the Italian context, has the purpose to verify psychometric characteristics of the administration and coding system of the Prenatal LTP procedure, edit by Carneiro, Corboz-Warnery and Fivaz-Depeursinge (2006). Their research constitutes the first study on the application of the LTP Prenatal procedure, becoming a reference for the evaluation of its applicability with groups of parents which may differ from those studied by the authors. Group analyzed by Carneiro has involved 49 families of a not-clinical population: given the scarceness of the studied sample, it may not be consider as a normative population. At the same time, it constitutes an important reference because it was the first work in which the LTP Prenatal procedure

has been applied by the authors who have ideated it and who have verified its characteristics.

Finally this study would compare our population with those of the original study in order to demonstrate that the LTP Prenatal procedure can effectively capture significant aspects of co-parental couples' functioning and specific characteristics of triadic interactions during pregnancy.

Since no other studies have been carried out among different populations and through the use of the same tool, we cannot formulate specific hypothesis on possible differences and/or similarities within the two compared groups. This aspect of the research has a merely exploratory value and should be further supported by subsequent, more comprehensive investigations.

Finally, this research has shown similarities in comparison with one of our previous works (Simonelli, Bighin, & De Palo, 2012), in which the LTP prenatal procedure has been used among a different group of couples, but with a less numerous sample and without evaluating their marital satisfaction. For this reason and for the lack of data observed with the LTP procedure, the aim of the present research is contributing to specify the LTP procedure in a more detailed way, and to examine marital and co-parenting relationships quality during pregnancy, increasing its innovative perspective. Specifically, three research purposes lead this work: (1) the first aim is to investigate characteristics of parents-to-be' marital satisfaction in pregnancy and possible links between couple adjustment and co-parental functioning; (2) the second aim is to explore the psychometric characteristics of the prenatal LTP procedure and to compare them with the study of Carneiro et al. (2006), in order to demonstrate that this tool may gain significant aspects of the co-parental couples' functioning. We hypothesize that we would be able to find a unitary factorial structure gathering all the procedure coding

scales: a coding system whose variables defines and evaluates the same theoretical construct – the quality of co-parenting interactions – according to different points of view, linked, however, by the same structure; (3) the third purpose is to observe whether specific characteristics of triadic interactions emerge during pregnancy: these aspects should allow us to understand the construction of co-parental interactions and their consequences on mother-father-child interactions, providing key information on how the transition to parenthood will take place and on how new parents will interact with their child.

METHOD

PARTICIPANTS

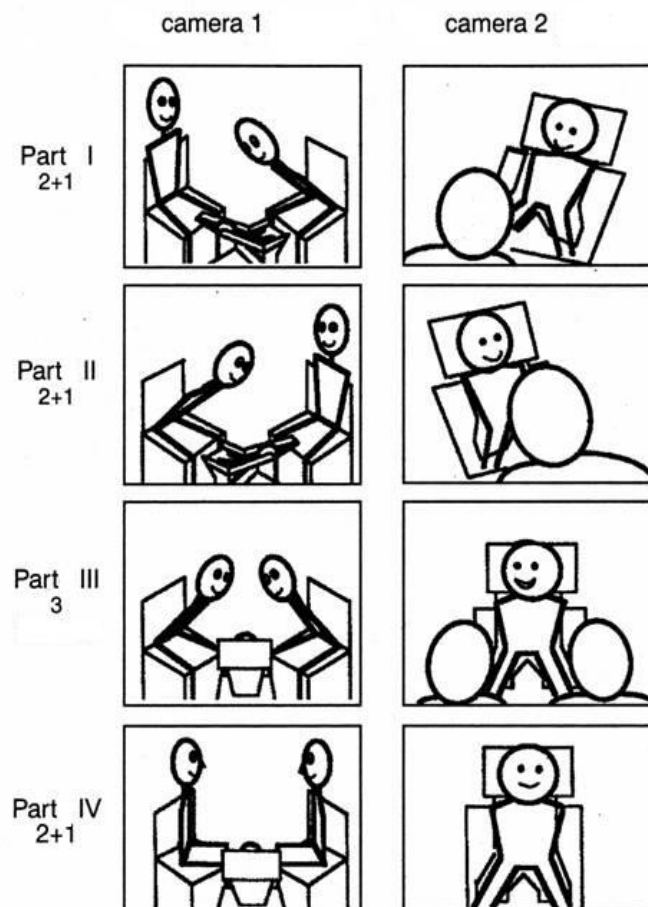
The sample involved in this study consisted of 90 primiparous couples (90 mothers and 90 fathers) who volunteered to participate in a large research project on family interactions and child development. They were recruited at child-birth courses offered by the Obstetric Gynecological Clinic of a public Italian hospital. Families were told that they would participate in a longitudinal research project on the transition to parenthood and development of family interactions. They were informed that they would have filled out various questionnaires and that they would have been asked to come to laboratories to be filmed during family interaction situations, both prenatally and postpartum. For this specific study, families have been seen on/at the 7th month of pregnancy. Data obtained through questionnaires and interviews filled in by the parents will not be considered. Pregnancies and deliveries were medically uncomplicated, and all infants were in good health. No parent had a diagnosed psychiatric disorder, evaluated using Symptom Checklist-90 (SCL-90 Derogatis, 1994). Fathers' age was from 28 to 42 years ($M = 35.2$, $SD = 4.15$), and mothers' age was from 26 to 41 years

($M = 33.2$, $SD=3.78$). Family socio-economic level was medium high. Whilst fathers were mainly freelance professionals (38.6%; e.g. Lawyers, medical practitioners, architects, engineers), mothers were mainly employees (48.6%; secretaries, government employees, teachers, etc.). Mean educational level was 14.38 years for fathers ($SD = 3.51$, range 8-18 years) and 15.26 years for mothers ($SD = 2.84$, range 8-18 years). All couples were married, mean length of couple relationship was 9 years (including both engagement and marriage years; $SD = 4.80$, range 1-17 years).

PROCEDURES

Prenatal LTP. Couples visited the laboratory around the 28th week of pregnancy, which has been found to be a favorable time for evoking images of their child-to-be (Stern, 1995). Parents-to-be were seated in a triangular configuration, with a basket in front of them. Baby was represented by a "neutral" doll, "neutral" in relation to sex, which has typical size and shape of a newborn, while face has features and traits of a Caucasian baby. Two cameras, coupled by a common timer, recorded two video screens: a camera looking down the parents seated in a triangular configuration (Camera 1) and a camera that frames a close-up of the parents' faces (Camera 2). These images have been compressed on a single screen to allow a simultaneous view. Setting of the prenatal LTP is shown in Figure 1.

FIGURE 1: Prenatal ltp setting



The coordinator asked the parents to imagine the moment when the three of them would meet for the first time after the delivery. The instructions were: The delivery has taken place and everything has gone well. The baby is born and he/she is ok, he/she is in the other room and you're going to meet him/her in a little while. It will be an important moment. At this time, we will ask you to play a game with your child. The game has to be organized in four parts: in the first part, one of you will play with the doll, while the other will observe (third party position, 2+1 configuration); in the second part, the parent who has already played with the "baby" will just observe, while the other will play with the doll (2+1 configuration); in the third part, mother, father and child will play all together (3-together configuration); finally, in the fourth part you "put to sleep

“the doll, while you talk to each other about the experience you have just lived (2+1 configuration).

The length of time of the game, of the single parts and the transition to each part is organized by the couple themselves; the coordinator only suggested to couples to play for 5 minutes, but they would have been free to decide duration of the game, and moreover, they would have been free to decide who would have started the game. The facilitator let them “warm up” the situation role-playing a nurse, bringing them the baby. For a more detailed description of the facilitator’s role, please refer to Corboz-Warnery’s and Fivaz-Depeursinge specific work (2001) on the prenatal LTP procedure.

MEASURES

The prenatal co-parenting alliance was assessed by the prenatal LTP procedure, using five variables, ranging on a Likert Scale from 0 to 2 (Carneiro et al., 2006; McHale, Kuersten-Hogan, &Lauretti, 2001).

1. Co-Parent Playfulness. This scale assesses couple’s ability to create a playful space and co-construct a game. Couples receive a score of 2 when both parents’ affective engagement is positive and when they are able to keep a playful distance from the task. They go along with the role play, interpreting the instructions freely. They are aware that this is a game and not reality. There are several conditions in which couples receive a score of 0: (a) when one of the parents engages in the play but the other one struggle, being unable to share partner’s pleasure; (b) parents adhere literally to the instructions, seemingly unaware that they are engaged in a game; (c) both parents remain constrained or they denigrate the task. A score of 1 is used when parents manage to play the game only for a moment, but, then, often lose the thread, or when parents accomplish the task, without a playful distance, with no clear indication of awareness about playing a game.

2. Structure of the Play. This scale assesses couple's capacity to structure the four play segments according to the instructions. Two dimensions are considered: the differentiation of play into four discrete segments and the duration both of the entire play sequence (4-5 minutes) as well as of the four segments (each segment must be greater than 30 seconds). The differentiation into four discrete play segments is coded at high level when the coder can easily distinguish the segments themselves. In the first two play segments (Parts 1 and 2), the playing parent is easily identifiable (e.g., leaning forward toward the crib or holding the baby doll). In Part 3, parents address baby together, who is either held by one of them or is laid in the basket. In Part 4, parents address each other with an "adult talk." Duration of the parts must be sufficiently long for interaction to develop, but not too long, leaving time for each partner to play their role. Hence, 2 points are allotted when the entire game lasts about 4 to 5 min, with four distinct components of about 1 minute each. Couples receive a score of 0 when the elapsed time is too short (<2 min), too long (>9 min), or when two or more elements are omitted. A medium score of 1 is used when the durations are appropriate, but the differentiation of Parts 1 to 4 is not clear or when the differentiation is clear, but the durations are inappropriate.

3. Intuitive Parenting Behaviors. This scale assesses parents' use of intuitive parenting behaviors. Six behaviors known from the literature (Papousek & Papousek, 1987) are coded: holding and "en face" orientation, dialogue distance, baby-talk and/or smiles at baby, caresses and/or rocking, exploration of the baby's body, and preoccupation with the baby's well-being. These intuitive parenting behaviors are assessed as present or absent for each parent separately. Each parent is coded by a score, and then these scores are collapsed together into a couple global score. Thus, if one parent's behavior is coded as optimal and the other is coded as intermediate, the overall couple's score will be

“partially appropriate.” A score of 2 points is given when each parent shows at least five intuitive parenting behaviors. A score of 0 is given when one parent shows 2 or less intuitive parenting behaviors, and a score of 1 is given when one parent shows at least five intuitive parenting behaviors, but the other shows only three or four such behaviors.

4. Couple’s Cooperation. This scale assesses the degree of active cooperation at a behavioral level between parents during the play. Absence of antagonism or interference is not sufficient to attain a high score. A score of 2 is awarded only when there is a clear indication of active cooperation between the parents, through the use of gestures and words which facilitate joint play and mutual support. A score of 0 is given when there are interferences between partners, offending remarks, and mockery about the partners’ actions, all of which prevent co-construction of the play. Finally, couples receive a score of 1 when parents cooperate only in some parts of the play, or when there is a large difference between the parents, with only one of them engaging in the play and cooperating.

5. Family Warmth. This scale captures affection and humor shared by partners during play; namely, whether they manifest affection and tenderness as a couple and toward the “baby.” Couples receive a score of 2 points when there are tender words, complicit smiles, and warm gestures between parents and toward the baby. On the other hand, a score of 0 is given when warmth is absent and negative affects are expressed. Sometimes, parents are unable to express affection toward the doll-baby; at other times, partners show coldness, disdain, or even contempt toward each other. A score of 1 is given when parents only sometimes show warmth (e.g., when playing with the “baby” in Parts 1 and 2, but show distance and coldness in the two last segments when they interact with each other).

Scores of the five scales are added to obtain a global score between 0 and 10. Each variable is coded globally, describing a comprehensive evaluation of all configurations of the LTP procedure (parts 1 and 2 when one parent plays an active role whereas, meanwhile, the other remains simply present, parts 3 and 4 when parents play and talk together): the aim of variables is, indeed, to provide a global family score and not an evaluation of each single component. As it may be understood analyzing the description of behaviors observed and coded by these variables, they are globally interactive but, simultaneously, able to capture individual characteristics. Higher the score, more prenatal co-parental interaction is considered as functional.

Two independent observers blind to the hypotheses, trained in the Prenatal LTP Procedure, coded all videos to assess inter-rater reliability. Inter-rater reliability was assessed using Cohen's Kappa index: concerning total prenatal score, the obtained reliability was $K = .87$. The Inter Class Correlation index (ICC) was $ICC = .85$. When each individual scale has been taken into consideration, judges' agreement appeared as follows: Co-Parent Playfulness ($K = .76$), Structure of the Play ($K = .74$), Intuitive Parenting Behaviors ($K = .74$), Couple's Cooperation ($K = .72$), Family Warmth ($K = .72$).

Marital satisfaction. Marital perception of the quality of couple relationship during pregnancy has been assessed through a self-report questionnaire on marital satisfaction: the Dyadic Adjustment Scale (DAS; Spanier, 1976) Italian version and validation (Gentili, Contreras, Cassaniti, & D'Arista, 2002). The 32 items of this scale assess various aspects of couple's life, such as frequency and intensity of disagreements and/or agreements on marital emotions, actions, and activities. The sum of answers produces a score between 0 and 151: higher the score, higher marital satisfaction would be. An average was additionally computed for each couple.

RESULTS

MARITAL SATISFACTION AND CO-PARENTING

The first aim of this research was to investigate characteristics of parents-to-be' marital satisfaction during pregnancy and the links between couple's adjustment and co-parental functioning. Table 1 shows descriptive statistics of Dyadic Adjustment Scale among mothers and fathers and Pearson's correlations between scores obtained in both scales and globally. Descriptive values of the studied sample do not differ significantly from those who were observed in this tool validation study among the Italian general population (Gentili et al., 2002). In this sense, couples have shown a degree of marital satisfaction which was not that far from the one obtained from the normative Italian population, demonstrating that our sample does not have specific characteristics and/or peculiarities.

TABLE 1: Descriptive results and Correlation between the scores obtained in the DAS questionnaire.

	Dyadic Cons P	Dyadic Satisf P	Dyadic Cohes P	Affect Expres P	Total Adjust P
	<i>M 52.93 SD 5.45</i>	<i>M 41.63 SD 4.52</i>	<i>M 17.30 SD 3.43</i>	<i>M 10.10 SD 1.60</i>	<i>M 121.72 SD 0.33</i>
Dyadic Consensus M	.401**	.305**	.221*	.174	.655**
<i>M 53.00 SD 5.11</i>					
Dyadic Satisfaction M	.347**	.390**	.242*	.299**	.731**
<i>M 41.92 SD 3.67</i>					
Dyadic Cohesion M	.082	.092	.521**	.004	.524**
<i>M 17.43 SD 3.55</i>					
Affective Expression M	.264*	.251*	.001	.450**	.468**
<i>M 10.06 SD 1.62</i>					
Total Adjustment M	.433**	.298**	.387**	.353**	.529**
<i>M 122.38 SD 10.55</i>					

*p < .01**; p < .05**

Several significant and positive correlations between all scales of DAS scores might be observed here. Indeed, a similarity in partner's perceptions of the quality of couple relationship emerges: in this sense, partners' representations of the quality of marital satisfaction show a good association between the two groups.

Analyzing the quality of co-parental interactions assessed by the prenatal LTP, results showed significant and positive correlations between the scores of marital satisfaction in the mothers group and the LTP score (Table 2).

TABLE 2: Correlation between scores obtained in the scales and total prenatal LTP and questionnaire DAS by mothers and fathers.

	Coparent Playfulness	Structure of Play	Intuitive Behavior	Couple Cooperation	Family Warmth	Total Score
<i>Mothers</i>						
Dyadic Consensus	.108	.028	.169	.129	.123	.160
Dyadic Satisfaction	.224*	.185	.238*	.277**	.196	.312**
Dyadic Cohesion	.262*	.092	.154	.308**	.199	.274**
Affective Expression	.093	.080	.101	.117	.063	.127
Total Adjustment	.288**	.121	.253*	.370**	.248*	.353**
<i>Fathers</i>						
Dyadic Consensus	.090	.053	.089	.112	-.106	.066
Dyadic Satisfaction	.045	.138	-.004	.019	-.070	.032
Dyadic Cohesion	.084	.030	.027	.143	.140	.112
Affective Expression	.098	.058	.101	.112	.029	.111
Total Adjustment	.161	.123	.109	.148	-.002	.147

$p < .01^{**}$; $p < .05^{*}$

In particular, total score of DAS scale has a positive correlation with the prenatal LTP total score in mothers group. This result highlights a link between the quality of representations of marital relationship and co-parenting, in terms of intuitive parenting behaviors, activated by playing with a doll, through the use of the prenatal LTP procedure. No significant results emerge in fathers group: there are no significant correlations between DAS and prenatal LTP scores.

CO-PARENTAL CHARACTERISTICS

The second aim of this work was to investigate psychometric characteristics of the prenatal LTP procedure and compare them with the study of Carneiro et al. (2006), in order to verify if the LTP scoring system finds a unitary factorial structure gathering all the procedure coding scales. A coding system whose variables define and evaluate the same theoretical construct – the quality of co-parenting interactions – according to different points of view, linked, however, by the same structure, demonstrating that it may gain significant aspects of co-parental couples' functioning. Table 3 shows descriptive statistics of prenatal assessment scales of our studied sample and of the Carneiro et al. (2006) research control. It is possible to observe that there are no significant differences between the scale scores of the two samples. The only difference is related to the Structure of Play scale, which shows a higher mean respect the one obtained in one of our previous work (Simonelli et al., 2012). Moreover, Mann-Whitney test has been performed in order to make a comparison between scores obtained by the two groups on the assessment scales of the prenatal LTP coding system. The choice to use the Mann Whitney test to make a comparison between the two groups has derived from the difference between the two samples, dissimilarity that required the application of non-parametric rather than parametric statistics. The application of the Mann Whitney test to the distribution of the overall scores, after being put in rows, gives data which do not show any significant differences between the two groups regarding the level of total prenatal score ($Z = -.98$, $p = .33$, ns.).

TABLE 3: Descriptive statistics of the scores in each scales and total prenatal LTP into the two groups (Italian group N=90; Carneiro et al. study N=49), and differences between the two groups.

	Italian group (N = 90)		Carneiro et al. (N = 49)		Mann-Whitney	
	M	SD	M	SD	Z	Sign
Coparent Playfulness	1.08	.67	1.49	.54	-3.50	.00
Structure of Play	1.42	.67	1.18	.75	-1.81	.07
Intuitive Behaviour	1.28	.89	1.12	.66	-1.54	.12
Couple Cooperation	1.47	.68	1.14	.76	-2.50	.01
Family Warmth	1.34	.70	1.27	.75	-.48	.63
Total Co-parental Alliance	6.58	2.58	6.20	2.52	-.98	.33

Also, scores of the two samples are in line with normal distribution. Carneiro et al. (2006) asymmetry and kurtosis values are: asymmetry = $-.321$, standard error = $-.34$; kurtosis = $-.65$, standard error = $.668$. Our sample, also, shows same values of asymmetry and kurtosis: asymmetry = $-.61$, standard error d. = $.24$; kurtosis = $-.44$, standard error. = $.48$. As it may be observed in Table 3, the obtained total scores show a certain variability ($M = 6.58$, $SD = 2.58$). However, given the similarity with normal data distribution, this aspect was decided not to be considered.

Reliability of the LTP coding system is assessed by Cronbach's α coefficient: global value of the five scales was $\alpha = .78$ in our sample and $\alpha = .79$ in Carneiro et al. (2006). Table 4 shows general correlation coefficient between scales and alpha value obtained by systematically exclusion of each single scale from the analysis.

TABLES 4: Reliability of scores in the Italian group on the scales of the prenatal LTP coding system (Carneiro, Corboz-Warnery, Fivaz-Depeursinge, 2006).

Scale	Italian group (N = 90)		Carneiro et al. (N = 49)	
	Total Correlation	Cronbach's Alpha	Total correlation	Cronbach's
Alpha	Corrected scale	Excluded scale	Corrected Scale	Excluded
Coparent Playfulness	.67	.66	.48	.74
Structure of Play	.21	.80	.57	.71
Intuitive Behaviour	.54	.71	.51	.73
Couple Cooperation	.64	.67	.53	.73
Family Warmth	.59	.69	.60	.69

Data shows good reliability of the prenatal LTP coding system, both globally and considering each single scale. The only exception is given by the Structure of Play scale that obtain a correlation with rather low total points ($R = .21$).

After the reassuring results given by the reliability analysis, further analysis was conducted to examine the factor structure underlying the coding system. To investigate this aspect, a factor analysis of principal components was done, using varimax rotation of results obtained on the assessment scales of the LTP. Varimax rotation was chosen because of its orthogonal rotation perspective which maximises the sum of variants maintaining factors not related with each other. As such, this allows focusing the emphasis on the simplification of the structure of factors in terms of variability and not vice versa, allowing, also, to amplify higher correlations and reduce those lower. No confirmative factorial analysis has been applied. In fact, given that this was the first

factorial study on this procedure, we did not have any factorial group to confirm. It was possible only to explore grouping – if any – among variables.

At the first stage, the KMO Test =.78 and the Bartlett sphericity test χ^2 were calculated ($N = 98, 10) = 134,02, p < .001$. The KMO $<.60$ value indicates the Explorative Factorial application to be adequate for the present research data. These values confirm the possibility to use explorative factorial model on these data. Since no other studies have been carried out using this tool, we might not formulate specific hypothesis on the possible psychometric characteristics of the LTP scoring system. This research aspect has a merely exploratory value and should be further supported by subsequent, more comprehensive investigation. For this reason and for the lack of data observed with the LTP procedure, we have applied an explorative factorial analysis, rather than a confirmative. The obtained results could constitute a methodological base for applying more sophisticate analyses, based on hypothesis specifically formulated. Factorial analysis (Table 5) shows one single factor which explained 52.87% of the total variation.

TABLE5: Factor analysis of the results of the ltp scale

1 FACTOR						
Coparent Playfulness						.83
Couple Cooperation						.81
Family Warmth						.78
Intuitive Behaviour						.75
Structure of Play						.34
A single factor (Total Value 2.64) explains 52.82% of the total variance						
Component	Initial values			Rotated factors		
Component	Total	%variance	%cumulative	total	%variance	
1	2.64	52.82	52.82	2.64	52.82	52.82
2	.98	19.52	72.34			
3	.56	11.18	83.52			
4	.45	9.06	92.58			
5	.37	7.42	100.00			

This result shows how all the evaluation Scales of the prenatal LTP procedure lead in a homogeneous and uniform way to a single base construct, as identified by the emerging factors, which is defined by the authors as the quality of co-parenthood interaction when undertaking the role-play. In other words, the various aspects observed through the scales lead to the description of a single function linked to parenting competences.

DISCUSSION

This research proposes a specific definition of parenthood in terms of quality of couple cooperation, identifying a specific situation and behaviors to observe for the assessment of parenting competences, involving couples before their child's birth. Also, this study considers marital satisfaction as a key factor, in order to understand influences of couple's relationship in co-parenting during pregnancy.

The first aim of this paper was to evaluate how the quality of co-parenting in pregnancy is linked to marital variables. This aim comes from the idea that couples, facing the first pregnancy, undergo a central transformation, differentiating their relationship into a marital and a co-parental pattern. In this view, co-parenting forms itself over the transition to parenthood. In fact, prenatal co-parental functioning is linked with marital satisfaction, but only if wives are taken in consideration: our results seem to demonstrate that the degree of coordination between parents is linked primarily to mothers' marital satisfaction in the prenatal LTP procedure. This result differs from data obtained by Carneiro's study (Carneiro et al., 2006) that has demonstrated a link between the quality of co-parental interactions and marital satisfaction, considering, though, only the husbands' group. Authors discuss their results in terms of differences between men's and women's roles in children's development (Margolin, Gordis, & John, 2001; Wang & Crane, 2001): in fact, mothers tend to get involved more in co-parenting and parenting relationships regardless of their marital satisfaction. In this view, there is a stronger differentiation between marital and parental levels among mothers compared to fathers. On the contrary, an important difference emerges in our group which shows significant intersection between marital and co-parental sub-systems among mothers: in fact, mothers with higher marital satisfaction have more coordinated co-parental interactions in prenatal LTP than those with lower marital satisfaction. In

general, our results show that this gender difference between marital and parental subsystems might be already observed prenatally. The discrepancy with Carneiro et al. (2006) results could be explicated in terms of intercultural differences during the transition to parenthood, but this will require a larger sample to be studied specifically.

For our opinion, it could be useful to understand the role of cultural, personal and more general factors both during the transition to parenthood and between marital and co-parental levels, focusing, also, on other social and familiar variables.

In this sense, results underline the importance of designing an assessment due to the displayed parental representations, which are, in fact, the main focus of observation and assessment proposed by this procedure. Evaluating these behaviors through a role-play situation which involves parents in a pleasant way, for a limited time, in a not too intrusive and not anxiety-inducing situation in pregnancy is, in our opinion, the "power" of this methodology and its future application. The shift to the assessment of parenting before child's birth may give relevant contributions in understanding complex dynamics which may affect the transition to parenthood of both groups, non-clinical subjects (such as in this work) and groups of couples who have individual pathological conditions or fragility, in relation to the evolutionary phase they are about to face.

Future clinical and empirical applications would allow further investigation on various aspects related to this assessment; using this in a clinical setting would certainly make possible to increase communication between such settings and research.

This work other two main objectives were to verify if the LTP, defined for the assessment of couple's quality interaction in the "play of parenthood", could assess the main characteristics of co-parenting in pregnancy, revealing, simultaneously, good statistical properties. Statistical analysis has shown a good level of internal reliability within the coding system which has determined by a normal distribution. Furthermore,

scales factor analysis has identified them as belonging to a single base construct, characterized by an emerging factor: authors have interpreted them as the quality of the couple's interactions in undertaking the role-play. In other words, different aspects observed through the scales have led to the description of a single function which is described by the variables of the coding system and linked to parenting competences.

There are significant differences between data obtained by authors and those obtained by Carneiro and colleagues' study (2006), even though distributions of the two groups have shown a high degree of homogeneity. Therefore, we can conclude that the prenatal LTP method might allow the assessment of a particular ability of couples to operate parenting competences within a role-play: this seems adequately useful and applicable in different contexts and in samples, with no "errors" linked to the application of process, codification and/or sample's characteristics. These data seem to confirm methodological characteristics of the LTP prenatal procedure, which appears to be an observational tool able to evaluate some specific aspects of co-parenting present since pregnancy. Indeed, data captured by the coding system have shown normative distributions and the ability to highlight a single factor, that, theoretically, authors define as Co-parental Alliance. This would represent the degree of coordination that couple reaches during their co-parental functioning. In this sense, further verifications of the instrument (for instance, through the application of factorial analysis confirmed by data) could lead to the validation of this construct and its adherence with the method.

The present work shows some limitations that future studies should try to overcome: first of all, participant selection criteria. Participant families spontaneously offered to take part in the project after hearing about it during birth preparation courses.

However, no mention is made of family participation rate as compared with the total number of families: moreover, the sampling procedure does not foresee different

groups according to the participants' socio-demographic characteristics. These couples spontaneously decided to participate in this research: their socio-cultural and economic level was quite high. It would certainly be preferable to build up a sample group that may include families from different socio-cultural levels, in order to make it more homogeneous in respect to general population. An additional limitation is data examining marital satisfaction: those have been obtained by self-report questionnaires, whereas the prenatal co-parental interactions measures were based on direct observation. In future research, it may be preferable to look at the relationship between co-parental prenatal functioning and marital satisfaction by adding to the questionnaires an observational method, in order to assess the quality of couple relationship by an interactive task as well.

Moreover this assessment seems to be particularly interesting for the study of new family forms, as LG headed families, since it is able to notice typical characteristics of samples or general characteristics of all types of family (Miscioscia et al. 2013).

A further critical aspect refers to the LTP procedure itself, which might prove to be artificial - in spite of the "quality" of its coding system – as far as setting and required tasks are concerned. Somehow, it would be necessary to check if and to what extent subjects feel they are facing a strange, unnatural condition, which would imply a low ecological validity of the observed interactions. Authors have already explored this issue referring to the post-natal LTP procedure: in fact, after role-playing with child, parents were invited to fill a questionnaire out, investigating these themes. Reported data indicated that parents experienced the playing situation, together with the child, were very similar to family interactions during their daily life, which confirmed the ecological features of this procedure (Favez, Lavanchy-Scaiola, Tissot, Darwiche, & Frascarolo, 2010). In the same way, a similar tool could be conceived and used for the

prenatal LTP procedure, so as to investigate and assess any possible limitation in the role-playing situation and whether such condition could really be able to observe parents' behavior before child's birth.

CLINICAL FAMILIES

**THE LAUSANNE TRILOGUE PLAY WITHIN THE
TREATMENTS' EFFECTIVENESS EVALUATION IN INFANT
MENTAL HEALTH: A PRELIMINARY REPORT.**

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ABSTRACT

This study aims to contribute to the scientific debate about the evaluation of interventions' effectiveness in Infant Mental Health and presents the main results after one year of intervention based on integrated types of treatments (psychodynamic psychotherapy for the child/adolescent, parental support and observation and assessment of family interactions). Furthermore, the study aims to explore the use of the Lausanne Trilogue Play as a new assessment tool for the purpose of treatments' planning. The sample consists of 23 children and adolescents, aged between 4 and 17 years old, and their families, attending the Infancy, Adolescence and Family Unit - Ulss 16 of Padua - due to their psychopathological problems. In order to assess their psychological conditions we used the Child Behavior Checklist (CBCL) to evaluate psycho-behavioral problems and the Lausanne Trilogue Play (LTP) to assess family interactions. The CBCL was used at the time of the diagnostic assessment (T0) and after 12 months of treatment (T12). Concerning the application of LTP, the sample was divided randomly in two groups: one where LTP was used in two different time intervals during therapy

(T0 and T12) and another one where it was used in three different time intervals during therapy (T0, T6 and T12) with a video-feedback intervention at time T6. Results report a favorable outcome in regards of the gravity of patients' symptoms, displaying, after one year of treatment, a statistical significant decrease in the clinical level of internalizing symptoms. In terms of family interactions, results show stability within the family patterns except for a statistically significant deterioration in the management of interactive mistakes. Regarding the use of LTP as evaluator of the above intervention, the study shows that the assessment of family's interactions during long-term psychotherapy helps clinicians to focus the intervention on those aspects that remain dysfunctional. These results and the possible interpretations, however, emphasize the need for further studies on this topic.

Keywords:

Lausanne Trilogue Play, Infant Mental Health, Clinical treatment effectiveness, Integrate treatment, Video Feedback intervention

INTRODUCTION

This study is part of a broader research project which began in 2012 and was based on the cooperation between the Infancy, Adolescence and Family Unit - Ulss 16 and the Department of Developmental Psychology and Socialization (DPSS) of the University of Padua. The main goal of this project was to assess the value of the Lausanne Triogue Play paradigm (LTP, Fivaz-Depeursinge & Corboz-Warnery, 1999) in the diagnostic workup and treatment of families with children or adolescents revealing individual and/or familial psychological problems (Simonelli et al., 2014; Gatta, Simonelli et al., 2015; Gatta, Sudati et al., 2015).

Our preliminary data on a sample of 151 children and adolescents confirmed a link between psychological disorders in developmental age and family dynamics although this relationship does not appear to be linear (Gatta et al., in press). However, what seems to be confirmed from our data is that adolescents with internalizing problems, somatic complaints and attention difficulties belong to families with high levels of conflict between parents (Gatta, Simonelli et al. 2015). In addition, in a case control study run in 2015 on the transmission of the parent-adolescent attachment bond (Gatta, Sisti et al., 2015) results confirmed the prevalence of dysfunctional parental attachment bonds in adolescents with psychopathological issues, stressing the important role of interactive family patterns as risk or protective factors for the onset of psychiatric disorders.

Overall, our preliminary results underline the role of the relational environment in developmental psychopathology and the need to consider the parental couple within the process of taking care of children and adolescents with psychopathological problems. All these findings are in line with recent international researches and theoretical developments that show how involving parents is no longer exclusively necessary in the

work with children but also with adolescents, despite the various peculiarities of such developmental stage (Aliprandi, Pelanda & Senise, 1990; Losso, 2000; Vallino, 2009). Actually, thirty years ago the attention to parents in the perspective of a psychotherapeutic treatment with children and adolescents was limited to the diagnostic assessment and there was almost no involvement during treatment, the latter focused exclusively on children/adolescents; nowadays, instead, the understanding and the treatment of mental disease would depend specifically on the suffering relationship, with the aim to adjust it (Novick & Novick, 2009). Specifically in adolescence, parenting support helps to give new meanings to the discomfort of the adolescent in order to facilitate the identification of functional communication skills, new interpersonal patterns and to support the working alliance (Bonfiglio, 2009). However, this important theoretical and technical transformation within psychotherapeutic interventions with children and adolescent does not always correspond to a real change in clinical practice. For these reasons, it seems to be increasingly important to carry out studies which evaluate the use of an integrated approach and broaden the debate about the most effective methods of intervention with parents.

For all these considerations, in this study we decided to focus on the assessment of the clinical effectiveness of integrated treatment in Infant Mental Health characterized by psychotherapy for the child/adolescent and parental support for the parents, both carried out in line with the principles of psychodynamic psychotherapy and of the observation and assessment of family interactions.

In fact, considering the high rate of incidence of psychopathology in developmental age and according to the literature and international guidelines in Infant Mental Health, it is becoming increasingly important to explore the theme of evaluation of treatment in order to understand what the most effective method of intervention would be in relation

to its therapeutic effectiveness (De Coro et al., 2010; Palmer, Nascimento & Fonagy, 2013; Leichsenring, Leweke, Klein & Steinert, 2015). In the last ten years we have seen a rapid increase of studies that deal with the effectiveness of the assessment in the context of interventions run during adulthood (Dazzi, 2006; Midgley & Kennedy, 2011; Lenzo, Gargano, Mucciardi, Lo Verso & Quattropiani, 2014) while there are few similar studies focusing on developmental age (Palmer et al. 2013).

Two meta-analysis conducted by Midgley and Kennedy (2011) and Palmer et al. (2013) show evidence for the use of psychodynamic psychotherapy for children and adolescents, although these studies generally involve a limited number of participants and relate only to the presence of symptoms, without any assessment of the relational dimension. These meta-analyses show that patients with internalizing disorders seem to respond better to psychotherapeutic treatment than those with externalizing disorders: furthermore, it seems more difficult to involve patients with externalizing problems in research studies and to build a working alliance with them (Midgley & Kennedy, 2011). Moreover, also in this work, the authors stressed the importance of involving the parental support into child/adolescent's psychotherapy, underlining once again the importance of considering the relational context (Midgley & Kennedy, 2011; Palmer, et al. 2013).

In this perspective, it seems interesting a meta-analysis of 24 studies conducted by Thomas and Zimmer-Gembeck (2007) that evaluated and compared the outcomes of two widely disseminated parent-child interventions called Parent-Child Interaction Therapy (PCIT) and Triple P-Positive Parenting Program (Triple P) on a sample of 3 to 12 years old and their parents. The results showed positive effects of both interventions but the effects depended ultimately on the length of the intervention, on the components

and the source of outcome data. However, what seems to be confirmed is that both interventions reduced parent-reported child behavior and parenting problems.

Papousek and Chuquisengo (2006) developed an innovative contribution to this issue by proposing a specific model of intervention with the parental couple. Their clinical and empirical study consists on a treatment specifically designed for the frequent developmental problems and psychological needs of infants and their parents. Authors illustrate the diagnostic and therapeutic procedure with an age-specific regulatory disorder in the context of severely distressed primary relationship. Furthermore, the study shows that the method of video-microanalysis during video-feedback with the parents proved particularly efficient thanks to the observation of brief episodes of recorded parent-infant interactions. Concerning this innovative technique, it seems important to underline that other authors are studying the applicability of video-feedback. Several studies (Sameroff, McDonough & Rosenblum, 2004) have shown the benefits of this kind of intervention. First of all, this technique enables parents to identify any discrepancies between what they think about their parenting skills and what they really have. After all, as stated by Gaggero and Orsini (2002), the active involvement of parents appears to be the factor that most influences the results of therapy.

Continuing to analyze the scientific literature about the evaluation of interventions, Odhammar, Sundin, Jonson and Carlberg (2011) conducted a naturalistic study with 33 children and their families who turned to public mental health from 5 cities of Sweden and Denmark. Individuals under the age of 10 followed a psychodynamic psychotherapy with one or two sessions a week for a period of between six months and two and a half years; parents followed a weekly or fortnightly psychotherapy; every three/six months both parents and therapists completed questionnaires on the overall

functioning of the child (CGAS, Shaffer et al., 1983; HCAM, Shaffer et al., 1996). The research results show significant improvement detected with both questionnaires used in the overall functioning of the child as a result of psychotherapy and the parallel work with parents.

A randomized controlled trial conducted by Jacobsen, McKinney and Holck (2014) investigated the effect of music therapy on the observed interaction between the parents and child and showed that dyads who received music therapy intervention significantly improved their interaction and mutual attunement. Furthermore, parents who participated in the intervention reported themselves to be significantly less stressed by the child's behavior and to significantly improve their parent-child relationship.

With specific attention to the externalizing problems, Hemphill and Littlefield (2006) investigated the characteristics of 106 children, primarily referred for externalizing behavior problems, and their family. The authors assessed the prediction of treatment outcome following a standardized short-term, cognitive behavioral group program. The results show that the main predictors of reductions in externalizing and internalizing behaviors following treatment were children's pre-existing levels of the above behavioral and emotional problems and positive parent-child interaction.

As confirmed by a longitudinal study conducted by Trautmann-Villalba, Gschwendt, Schmidt and Laucht (2006), father's and infant's interaction were related to children's externalizing behavioral problems. This study was conducted on a sample of children aged between 8 and 11 and it suggests that the quality of father-child interactions during early infancy may predict later behavioral problems at school age, although further studies are needed.

The role of working with the parental couple is observed not only in the clinical context but also in preventive interventions aimed to avert the development of

psychopathology in childhood: in a randomized trial lasted ten years, Cowan, Cowan and Barry (2011) analyzed two variations of group preventive intervention offered to parental couples in the year before their oldest child made the transition to kindergarten. The paper showed interesting results: the variations of the intervention produced positive outcomes on parent-child relationship, on children's adaptation to kindergarten and on couples' interactions.

Ultimately, empirical and clinical evidence showed that interactions within the family are predictive of several outcomes in children. Healthy development is most likely to occur in the context of high levels of warmth and acceptance and consistent behavioral control in parent-child interactions; conversely, conflictual or disorganized interactive practices in the family, with predominantly negative affect and harsh and distant parenting, are predictive of maladaptive or even psychopathological socio-emotional development (Fauber & Long, 1991; Cummings, Davies & Campbell, 2000; McHale, 2007).

As can be seen, the relational perspective is the current clinical-theoretical horizon of recent research dealing with developmental psychopathology. According to this, Fivaz-Depeursinge and Corboz-Warnery (1999) developed the Lausanne Trilogue Play (LTP) which aims to study the interaction of the triadic family consisting of mother, father and child.

There are several works that applied this methodology and found good psychometric characteristics of the coding system proposed by the authors (Carneiro, Corboz-Warnery & Fivaz-Depeursinge, 2006) also in different cultural contexts (Simonelli, Fava Viziello, Bighin, De Palo & Petech, 2007). Several studies confirmed the value of LTP, both as a tool for identifying the features of triadic interactive competences in early infancy and as a method for screening children from early infancy to preschool

age in terms of their emotional-relational outcomes (Favez et al., 2006; Simonelli, Bighin & De Palo, 2012; Simonelli et al., 2014; Gatta, Simonelli et al., 2015; Gatta et al., in press). Studies using LTP to analyze the developmental trajectories of triadic interactive competences from pregnancy to the early years of a child's life, with a view to identifying patterns of stability and/or change characterizing this developmental process, showed that the quality of the interactions between mother, father and child remain generally stable during the first 18 months of the child's life (Favez et al., 2006; Simonelli et al., 2012; Hedenbro & Rydelius, 2013). This stability seems to be a sort of prerequisite that enables the triadic interactive system to be considered as a primary relational matrix in which children can express and consolidate their emerging competences thanks to the repeatability and predictability of their interactive exchanges. Other studies (Bighin, De Palo & Simonelli, 2011) identified a dynamic, non-linear developmental path in two distinct but continuous stages. The first stage, when the child is between four and nine months old, is characterized by a relative instability and a tendency to change and sharpen up the competences, at work, in the interactive and affective exchange within the family system. The second stage, from nine months to four years of age, seems to be characterized, instead, by a consolidation of the previously-acquired interactive competences.

As for research on the application of the LTP in preschool age, several studies conducted on both clinical and non-clinical populations demonstrated a general decline in the quality of the triadic interactions during the course of the LTP procedure, with significantly lower scores being achieved in the fourth part of the procedure (Petech, Simonelli & Altoè, 2009; Simonelli, Fava Viziello, Petech, Ballabio & Bisoni, 2009; Hedenbro & Rydelius, 2013).

Despite the numerous studies that confirm the value of LTP as a tool for identifying the features of triadic interactive competences, few studies have investigated the use of this instrument in a clinical setting (Ballabio & Sala, 2012; Mazzoni, Castellina & Veronesi, 2012; Gatta et al., 2014; Simonelli et al, 2014; Svanellini et al., in press).

This study will present the results of one-year pilot research which evaluated the clinical effectiveness of integrated treatment characterized by a long-term psychotherapy for child/adolescent and parental support for the parents carried out by psychodynamic psychotherapists in a public Mental Health Service. The effectiveness was measured by the Child Behavioral Check List (CBCL- Achenbach & Rescorla, 2001) that evaluates psychopathological profile. At the same time this study analyzed the family interactions through The Lausanne Trilogue Play (LTP- Fivaz-Depeursinge & Corboz-Warnery, 1999; Favez et al., 2006) in order to: assess the contribution of the LTP as a tool for evaluating the effectiveness of the assessment and of the interventions in Infant Mental Health; observe the trends of family interaction after one year of integrated treatment.

More specifically, this study had three primary aims. The first one was to explore the clinical effectiveness of a long-term integrated treatment for children and adolescents on the psychopathological profile. We hypothesized that a favorable outcome regarded the patient's psychopathological symptoms. In order to test this, we compared psychopathology scores at CBCL at the beginning of the assessment (T0) and after one year of treatment (T12) expecting a change of the clinical profiles towards the normative ones.

The second aim was to explore the value of the LTP as a useful tool for the assessment of interventions in Infant Mental Health and, in particular, to evaluate family interactions during the diagnostic assessment and after one year of integrated treatment.

We hypothesized to find changes in the quality of family interactions after one year of integrated treatment. In order to test this, we compared the quality of family dynamics during the diagnostic assessment (T0) and after one year of treatment (T12).

The third aim was to evaluate family interactions, during the diagnostic assessment and after one year of integrated treatment within two specific subgroups, thanks to the use of LTP application. In fact, regarding the application of LTP, the sample was divided randomly in two groups: one where the instrument was used in two different time intervals of the therapy (T0 and T12) and another where the instrument was used in three different time intervals of the therapy (T0, T6 and T12) with a video-feedback intervention at time T6. Specifically, we hypothesized that the use of a video-feedback intervention could modify family interactions assessed after one year (T12).

METHODS

Study design and procedures

The broader research called “The Lausanne Trilogue Play used as psycho-diagnostic and therapeutic tool in the Neuropsychiatric Unit: an innovative clinical experience working with psychiatric children and adolescents” (GR-2010-2318865) involved a longitudinal study lasting 36 months. The sample, being recruited at the Infancy, Adolescence and Family Unit - Ulss 16 consisted of patients aged between 3 and 18 years old, and their parents, referred for a psycho-diagnostic assessment due to emotional or behavioral problems. The neuropsychiatric consultation was scheduled with separate diagnostic interviews with the participants and their parents, and it was conducted by a developmental neuro-psychiatrist and a psychodynamic psychotherapist.

In particular, this paper focuses on the effectiveness evaluated after the first year of integrated treatments, characterized by psychodynamic psychotherapy for the

child/adolescent, parental support for the parents and the observation and assessment of family interactions.

Upon spontaneous arrival at the Infancy Adolescence Family Unit, participants underwent a diagnostic assessment consisting of: clinical interviews, projective tools (chosen in line with the age-range of the patient), self-report tools and the LTP (Fivaz-Depeursinge & Corboz-Warnery, 1999). After the diagnostic assessment, the families were enrolled and divided in two groups (Group 1 and 2, see figure 1). For each group child psychotherapy was provided, while there was a distinction in the parental taking in charge. Specifically, group 1 provided weekly psychotherapy for the child while group 2 provided psychotherapy for the child, alongside with fortnightly sessions of parenting support. After this, each group was divided in two further subgroups differing as follows: use of video-feedback every six months (1A and 2A), non-use of video-feedback (1B and 2B).

Spontaneous request	Psycho-diagnostic assessment		
	<ul style="list-style-type: none"> - Self-report questionnaires; - Interview with clinicians; - Lausanne Trilogue Play (T0). 		
Assignment	Group 1		
	Taking charge of child/adolescent: weekly sessions (psychotherapy dynamically oriented)		
Assignment	Group 2		
	Integrated taking charge: <ul style="list-style-type: none"> - Weekly sessions child /adolescent (psychotherapy dynamically oriented) - Parental support every two weeks 		
Focus of this study			
Randomized subdivision	Group 2A Psychotherapy + LTP with VF		Repetition of the LTP with VF every 6 months (6th, 12th, 18th, 24th)
	Group 2B Only psychotherapy		Repetition of the LTP every 12 months (12th and 24th)
			Final follow-up LTP at 36th months

Figure 1: Design of the research project "the Lausanne Trilogue Play used as psychodiagnostic and therapeutic tool in the Neuropsychiatric Unit: an innovative clinical experience working with psychiatric children and adolescents". VF= Video feedback

Participants

The sample consisted of 23 children and adolescents² (average age 12.04; sd: 3.6), 11 of them males (47.8%) and 12 females (52.2%), and their parents (average mothers' age 45.32; sd: 5.5; average age of father 49.86; sd. 4.9) referred to the Infancy, Adolescence and Family Service, Ulss 16 of Padua. Table 1 summarizes the ICD-10-CM Children Diagnosis.

Table 1: ICD-10-CM Children Diagnosis

ICD-10-CM Diagnosis Code		Attendance	Percentage
	F90-98	12	52,2
	F40-48	2	8,7
	F60-69	5	21,7
	F30-39	1	4,3
	F50-59	1	4,3
	Z55-65	1	4,3
	F80-89	1	4,3
	Total	23	100,0

Within the total sample, the families were randomly assigned to one of the two conditions, in particular $n = 7$ families (30.4%) were assigned to the condition A (which involved the administration of the LTP paradigm every 6 months with video-feedback technique), while $n = 16$ families (69.6%)³ were assigned to the condition B (which involved the administration of the LTP paradigm every 12 months without video-feedback technique).

The treatment took place in the public mental health service of Padua and it was characterized by a long-term treatment with weekly 45 minutes sessions for the

children/adolescents psychotherapy and by fortnightly 60 minutes sessions for the parenting support. The psychotherapeutic settings of the two different subjects taken into care (children and parents) were kept separate to strengthen the working alliance, in line with current psychodynamic approaches that deal with infancy and adolescence (Aliprandi, Pelanda & Senise, 1990; Montinari & Pelanda, 2012).

Tools

Child Behavior Check List (Achenbach & Rescorla, 2001): it is one of the most commonly used scales for rating juvenile behavior, adopted internationally in the clinical setting and in research. It is in the form of a questionnaire (report form) that can be completed by parents (in which case it refers to the last six months of their child's life) or by teachers and/or educators (referring to the situation at the time of the enquiry or to the last two months of the child's life).

The first part of the CBCL comprises 20 items relating to the quality of the child's participation in various activities (sports, at home and at school), and of their relationships with brothers, parents and peers. The second part consists of 118 items that are answered on a three-tiered scale (0= not true; 1= sometimes true; 2= very true). The scores attributed to each item generate two types of profile, one for competences and the other for syndromes. The former profile (competence scales) is obtained from the scores attributed to the 20 items in the first part of the questionnaire and divided into three subscales concerning activities, social functioning, and schooling. The latter psychological and/or psychiatric profile (syndrome scales) derives instead from the scores attributed to the 118 items in the second part of the questionnaire. This second part is divided into three subscales. The first refers to internalizing/externalizing and other problems. The second includes eight syndrome scales that chart a continuum

from internalizing to externalizing problems: anxiety and depression; withdrawal; somatic complaints; social problems; thought-related problems; attention problems; rule-breaking behavior; and aggressive behavior. The third refers to six scales based on the DSM diagnostic categories: affective problems; anxiety problems; somatic problems; attention deficit/hyperactivity problems; oppositional/defiant problems; and behavioral problems. The scores for each scale include reference cut-offs that place a child's symptoms on one of three levels: normal, borderline and clinical. The studies analyzed usually grouped the borderline and clinical levels together (Armsden, Pecora, Payne & Szatkiewicz, 2000; Bellamy, Gopalan & Traube, 2010) and, after a preliminary analysis of the distribution of the frequencies for the three levels in our sample, we did so too.

Lausanne Trilogue Play (Fivaz-Depeursinge & Corboz-Warnery, 1999): it is a semi-standardized procedure for observing the quality of the interactions in father-mother-child systems in a situation in which participants play a game together. The activity is divided into four parts corresponding to four triangles that three people interacting with one another can form. In Part I, one of the two parents interact with the child and the other acts simply as a third-party observer (configuration 2+1). In Part II, the parents' roles are reversed so that the parent who previously interacted with the child acts as an observer, while the other parent plays with the child (configuration 2+1). In Part III, both parents interact together with the child; in this case the parents are seated symmetrically in relation to the child and they have the same role (configuration 3). In Part IV, the parents talk together while the child acts as a third-party observer (configuration 2+1).

The setting involves two chairs and a highchair suited to the age of the child. The two chairs where the parents sit are placed in relation to the highchair so as to form an equilateral triangle (an arrangement considered ideal for facilitating their interactions).

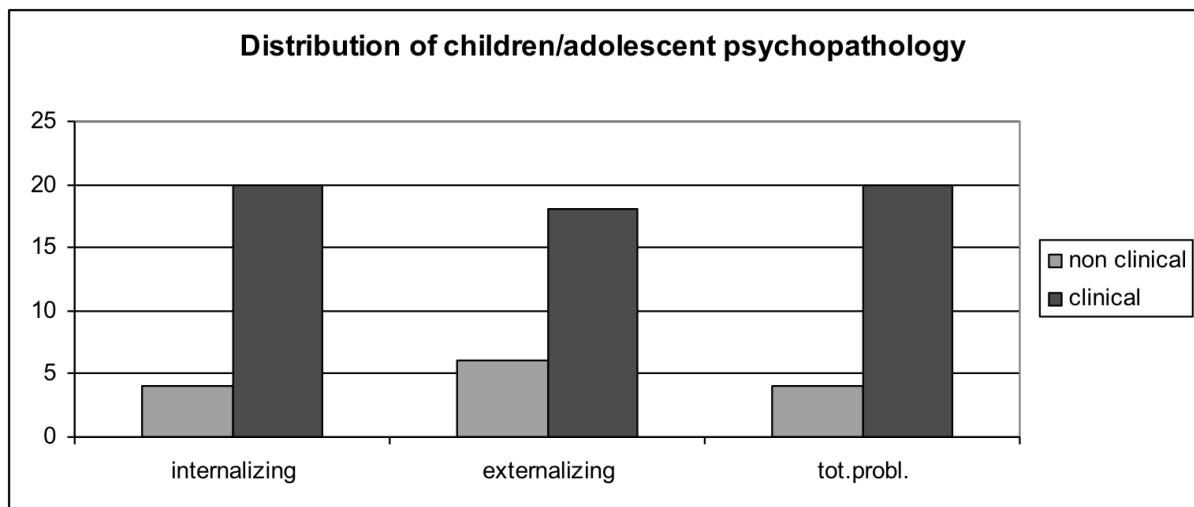
The procedure for the child was coded according to the FAAS manual (Family Alliance Assessment Scale 6.3; Lavanchy Scaiola, Favez, Tissot & Frascarolo, 2009); a specific setting for the adolescence age was predisposed (Ballabio, Pantè & Destro, 2009; Gatta, Simonelli, Svanellini, Sisti & Sudati, in press). These implied two coding approaches, one for the overall procedure and one for each part. Scores were attributed on a three-point Likert scale (1 = inappropriate; 2 = partially appropriate; 3 = appropriate; 0= if the part was not done) for 14 variables⁴.

The criteria used in attributing the scores were related to the frequency and duration of a given behavior on behalf of the participants during the activity. After viewing the whole video-recording, a global score was assigned to each LTP variable in relation to the activity as a whole. Then each part of the video was watched again and scores were attributed to the variables for each separate part. The sum of the scores attributed to each variable generated three types of total scores: a total for each part of the procedure, obtained from the sum of the scores for the variables within each part; a total for each variable, obtained from the sum of the scores for a given variable (e.g. posture) in all the four parts of the LTP; a total LTP score, obtained from the sum of the subtotals for the four parts (the score can range from 60 to 180). In the present study, the LTP videotapes were coded by two adequately-trained independent judges who achieved an overall consistency calculated using Cohen's kappa of .90.

RESULTS

With regards to CBCL scores, as figure 2 shows at the beginning of the treatment, twenty participants' T-score exceeded the cut-off point (T score>65), namely, they were identified as the most serious participants taking part to this study.

Figure 2. Distribution of CBCL scores (N=23)



In order to test if there were any statistical differences in the level of psychopathology after one year from the taking in charge we performed the McNemar Test. From the results we noticed that, after one year of treatment, there was a statistical significant change ($p=.031$) in the clinical level of symptomatology in the area of internalizing problem. Looking at the amount of change between T0 and T12 we observed a significant decrease from ($M=68$; $sd=7.14$) at T0, to ($M=63$; $sd=8.6$) at T12, mean that appears below the cut-off point.

Concerning the quality of family interactions, Table 2 and Table 3 show the means of global and sum scores in the 14 variables at T0 and T12.

Table 2: Mean and Standard Deviation of the global scores of LTP variables at T0 and T12 divided into group A and group B

	T0				T12			
	GROUP A		GROUP B		GROUP A		GROUP B	
Global Score	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Postures and gazes	1,71	,488	1,88	,719	2,00	,577	1,81	,655
Inclusion of partners	2,86	,378	2,31	,704	2,57	,535	2,81	,403
Role implication	2,14	,378	1,75	,683	2,00	,816	2,13	,806
Co-construction	1,71	,756	1,88	,719	1,86	,690	1,44	,512
Parental scaffolding	1,86	,900	1,63	,500	1,57	,535	1,88	,342
Support	2,29	,756	2,31	,602	2,29	,488	2,25	,577
Conflicts	2,43	,787	2,19	,655	2,00	,816	2,19	,834
Involvement	1,86	,900	1,81	,544	2,14	,900	2,00	,632
Self-regulation	2,00	,816	1,88	,719	1,71	,756	1,75	,775
Interactive mistakes during activities	1,86	,690	1,63	,719	1,29	,488	1,38	,719
Interactive mistakes during transitions	2,29	,951	1,94	,574	2,29	,488	2,50	,516
Warmth	1,86	,900	1,81	,750	1,57	,535	1,50	,730
Validation	2,00	,816	1,69	,793	1,71	,756	1,69	,479
Authenticity	2,57	,787	2,88	,342	2,57	,535	2,81	,403
Total global scores	31,00	8,206	29,06	5,131	27,57	4,826	28,13	4,66

Table 3: Mean and Standard Deviation of the sum scores of LTP variables at T0 and T12 divided into group A and group B

Sum Score	T0				T12			
	GROUP A		GROUP B		GROUP A		GROUP B	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Postures and gazes	8,00	1,633	7,00	2,757	6,57	2,992	7,31	1,852
Inclusion of partners	11,14	1,864	8,31	2,822	8,29	2,984	10,00	2,366
Role implication	9,29	1,113	7,25	2,082	7,29	3,861	8,69	2,120
Co-construction	7,57	2,760	6,50	2,582	5,57	2,992	5,94	1,879
Parental scaffolding	8,43	2,878	6,38	2,500	5,86	3,024	7,06	1,914
Support	9,14	2,193	7,81	2,316	7,57	3,309	8,06	2,323
Conflicts	9,86	2,193	8,31	2,522	7,14	3,485	8,63	2,802
Involvement	8,14	2,968	6,88	2,604	7,29	3,729	7,44	2,851
Self-regulation	8,57	2,699	7,50	3,055	6,29	3,352	6,75	3,044
Interactive mistakes during activities	7,00	2,309	6,19	2,639	5,14	2,734	6,38	2,473
Interactive mistakes during transitions	9,86	1,773	7,31	2,358	7,43	2,440	9,06	2,235
Warmth	7,71	2,984	6,44	3,010	5,57	2,992	5,81	2,664
Validation	7,57	3,457	6,44	2,828	6,71	3,352	6,38	2,062
Authenticity	10,43	2,507	9,81	2,455	8,43	3,735	10,19	2,257
Total sum scores	129,71	27,5	107,94	31,28	95,14	42,49	107,69	27,36

We performed the Lambda of Wilks between the two groups at T0 that showed no differences ($\Lambda=.230$; $F= 1.339$; $p=.379$). Introducing the evaluation of the sociodemographic variables, we did not find any statistical correlation between these

variables (average age, presence of siblings, parents' employment, etc.) and the LTP scores.

In order to test if there were any statistical differences between the qualities of family interactive dynamics after one year from the taking in charge we performed a Wilcoxon Test. From the results we noticed no significant differences in the total and sum scores; there was significant difference in two global score of the LTP variables "Interactive mistakes and their resolution during activities" ($Z = -2,529$; $p = .011$); and "Warmth" ($Z = -2.111$; $p = .035$), that were not supported by the correction of Bonferroni Post-Hoc that, for the present study, required a p value lower or equal to 0.004.

Regarding the third aim of this study, we compared the amount of change (increase or decrease) between T0 and T12 comparing the two groups in order to observe if there were any statistical differences due to the video-feedback intervention. We performed a Mann Whitney Test and from the results we noticed no significant statistical differences between group A and B.

Contrariwise, Table 4 shows significant statistical differences between group A and B in regards to the amount of change in five LTP variables sum scores: "Inclusion of the partners", "Role implication", "Scaffolding", "Conflicts", "Interactive mistakes during transition".

Table 4: Test Mann-Whitney of the sum score of LTP variables between group A and B

	U di Mann-Whitney	Z	Sign.
Inclusion of the partners	18.000	- 2.567	.010
Role implication	25.000	-2.096	.039
Scaffolding	21.500	-2.321	.018
Conflicts	24.000	-2.088	.039
Interactive mistakes during transitions	14.000	-2.820	.004

Using correction of Bonferroni Post-Hoc the only still significant variable was “Interactive mistakes during activities”. Looking at Table 3, we noticed that this variable presented a different change between group A and group B: within group A the variable decreased from T0 (M= 9.86; SD= 1.773) to T12 (M=7.43; SD=2.440) while in group B we noticed an increase of the same variable from T0 (M=7.31; SD=2.358) to T12 (M=9.06; SD= 2.235).

DISCUSSION

This study presented the results of one-year pilot research evaluating the clinical effectiveness of an integrated treatment, characterized by psychotherapy for child/adolescent and parental support for the parents in addition to the assessment of family interactions. Although the research evaluating clinical effectiveness of integrated treatment in Infant Mental Health deals with critical methodological and theoretical issues and the small size of the sample, it can be affirmed that this study sheds light on interesting results.

First of all, as regard the effectiveness of the integrated intervention on the child/adolescent psychopathological profile, measured throughout the CBCL (Achenbach & Rescorla, 2001), we found a significant change in the clinical level of internalizing problems' symptomatology after one year treatment.

Although preliminary, these results seem to be in line with literature evidences (Deakin & Nunes, 2009; Palmer et al., 2013; Gatta, Simonelli et al., 2015) which show that patients with internalizing disorders seem to respond quicker and better to psychotherapeutic treatment than those with externalizing problems. Indeed, patients with externalizing problems seem more difficult to treat and to involve in research studies and, furthermore, it appears more difficult to build a working alliance with them (Midgley & Kennedy, 2011).

On the other hand, Hemphill and Littlefield (2006) indicated that predictors of reductions in externalizing and internalizing behaviors following treatment were children's pre-existing levels of the above behavioral and emotional problems and a positive parent-child interaction. Therefore, it is recommended that future research, in light with the perspective of this study, should focus on the presence of any differences in the quality of interactive family dynamics both in the context of internalizing and externalizing child/adolescent groups of patients from the beginning of their engagement into treatment; it would be also of some help trying to detect whether such an aspect could be related with a drop in their symptomatology after the treatment itself.

This data should be able to offer some additional information, aimed to set up a more structured intervention with families characterized by the presence of a strong connection between the intensity of child/adolescent psychopathology and family peculiarities, noticed from the early stages of treatment.

However, the results obtained emphasize some limitations of the study and the need for a control group able to detect any influences of the maturation effect on the outcome.

With regards to the effectiveness of the use of the Lausanne Trilogue Play we found statistical results partly confirming the importance of an integrated approach. Apparently, the abovementioned go in the opposite direction of our hypothesis: firstly, we did not find significant improvement in the quality of family interactive dynamics after one year of treatment; secondly, we noticed an improvement in the quality of family interactive dynamics only in some variables - discussed after - in the group without video-feedback intervention. Moreover, on the other side, we found a drop in the same family interactive dynamics within the group receiving video-feedback intervention.

In our very initial hypothesis, families who received video-feedback intervention would have presented a significant improvement in the quality of family interactive dynamics after one year of treatment. After the analysis, we thought to find out other variables that would have influenced the apparently strange association we found. First of all, it must be mentioned the interval time between each video-feedback session. Studies found in literature describe video-feedback applications every two weeks or once a month (Papousek & Chuquisengo, 2006). In this preliminary study we applied video-feedback intervention only every six months. As a consequence, it is likely that, as video feedback was performed only once after six months from the beginning of our study, it might have not served enough an intense therapeutic alliance between family and the clinician, essential to determine a significant change in family interactive dynamics. These results emphasize the need for further studies on video-feedback procedure using a different methodology in order to detect the optimum frequency for

this type of families. However, it is important to emphasize the value of this pilot study in introducing an innovative technique able to catch triadic interactions, never used before in the premises of the Infancy and Adolescence Family Unit; this study also gave way to the opportunity of using observations in working with parents through the technique of video-feedback.

Secondly, we know from a general qualitative study that the families belonging to the subgroup studied in this work showed particular clinical peculiarities (Gatta et al., 2015). Analyzing the peculiarities of these families we have observed that families with no parental support present at the time of the take in charge better parental competences and lower level of adolescent psychopathology. This data is in line with the fact that after the psycho-diagnostic assessment the clinician decided to propose both parental support and adolescent take in charge to the families that present more limits (these families go to compose the target group of this study). It's interesting to notice that in the group where families have more resources from the beginning we found some effect of the video-feedback intervention on the quality of family interactive dynamics also after one year of treatment. It is possible to hypothesize that, given the limited initial resources in the families belonging to the group with parental support, it would take more time to observe some relevant effects of the clinical intervention and maybe it would be necessary to put in place a more structured intervention for families with more complex needs like the participants to this study. These hypotheses are supported by literature results (Tonge, Pullen Hughes & Beaufoy, 2009) which found a significant reduction of depressive, social and attention symptoms but no significant results regarding the overall functioning of the family after one year of treatment. The authors explain these evidences by saying that adolescents turning up to the service were characterized by high levels of complexity of symptoms, comorbidity of multiple

diagnoses and poor functioning, in addition to an impaired capacity to be in relationships mirroring also their difficulties within the family environment.

Thirdly, these results recommend a clinical intervention. A psychodynamic approach was proposed to the families both in the work with the child/adolescent and with his/her parents. From a clinical perspective it is well known that psychotherapy works more widely on a representative level while video-feedback intervention is active on a more practical and concrete sphere with the families.

As a consequence, it could be hypothesized that in families suffering more, and affected by a wider range of clinical peculiarities (higher level of psychopathology, lower parental competences) a more concrete level of intervention, namely video-feedback, should be preceded by a softer approach to the family; in this way the latter would be more emotionally and mentally prepared to make a transition to a more representational level of work inferred from the observation of plain family interactions. Secondary to such a treatment, perhaps, it would be more likely to observe some improvement in the quality of family interactive dynamics after two years of intervention.

Highlighting the present results we can underline that something seems to change in the family interactive dynamics even though in a different way (increasing or decreasing) in the two subgroups. It seems relevant point out that two of the variables fluctuating in term of results regard parental competences. It is possible that clinical intervention might really have some effects although at the moment it is not possible to draw on certain assumptions in which direction and with how much intensity video-feedback intervention functions. This data should support the idea of the importance of the application of an integrated approach which involves the intervention with parents. Among parental support, video-feedback and the two of them run in parallel, which one

is the best kind of intervention to be proposed to families is a matter still to be widely explored.

Nevertheless, some important limitations must be considered when interpreting the results of this study. Firstly, the study included a sample of families referred to a Neuropsychiatric Unit. More researches with larger and different types of samples coming from different services would be necessary. Secondly, it is important to point out that, provided a small sample size in proportion to the number of analyzed variables, its results should be considered as exploratory. Thirdly, as highlighted before, this study focuses on the effectiveness of treatment after one year. We assume that some initial effects of the clinical work will be visible after a longer period of time. It is relevant to take into account that, whilst LTP gives way to an understanding on the interactive level, the psychodynamic approach works on the representative levels of the family and such changes are difficult to process; therefore it is possible to assume that major qualitative changes in the quality of interactive dynamics will come with time.

Acknowledgments

The broader research project called “The Lausanne Trilogue Play used as psycho-diagnostic and therapeutic tool in a Neuropsychiatric Unit: an innovative clinical experience working with psychiatric children and adolescents” began in 2012 and it was funded by the Italian Ministry of Health (GR-2010-2318865).

Notes

[1] Individual psychotherapy on a weekly basis, for a minimum duration of two years.

[2] At the beginning the sample was composed from 31 families but after the diagnostic assessment 8 of them dropped out of the research project.

[3] Although it was not possible to obtain two sub-groups composed of the same number of subjects because of dropouts, statistical comparisons were possible.

[4] The variables are grouped into macro-categories: participation (postures and gazes, inclusion of partners), organization (role implication, structure), focalization (co-construction), affect sharing (parental scaffolding, family warmth, validation, and authenticity), timing/synchronization (interactive mistakes during activities, interactive mistakes during transitions) co-parenting (support, conflicts), infant (involvement, self-regulation). Here we present data regarding 14 LTP variables. The variable “structure of the activity” is excluded because at the time of the study interval time parameters were undergoing revision work.

GENERAL DISCUSSION

REMINDER OF THE THEORETICAL FRAME

At the beginning of this thesis, the theoretical background was introduced in order to show the state of art of the literature, ranging from the transition to parenthood and its characteristics, to the couple's relationship and family triadic interactions. The latter is a major field investigated during these years of my PhD.

This review of the literature highlighted that the family functioning, especially in the first years of the child's birth, is characterized by the presence of different stressful experiences (Delmore-Ko, 2000; Kline, et al. 1991; Lawrence et al. 2008). These experiences, implicating affective, cognitive, and behavioral components (Abidin, 1995), can have an impact on the couple and how the individuals take on the family relationship.

These stressors can affect several family outcomes (Crnic & Acevedo, 1995; Cummings, Davies, & Campbell, 2000; Deater-Deckard, 2004; Greenley, Holmbeck, & Rose, 2006; Holden & Banez, 1996). The way to manage and overcome these crises depends from individual to individual, from couple to couple, from family to family, and also from country to country.

The role of the social context where the family shall be included is undisputed. This is the case in particular for the "nontraditional" families, like a same-sex headed family, that may not be recognized by the state (as happens in Italy currently) and also might not have any form of social support. Literature has underlined that social support mediates the parenting stress (Chabot and Ames 2004; Knauer 2012; Ross 2005; Goldberg, 2014; Tornello et al. 2011).

During the transition to parenthood, the first sub-system to be modified is the couple's relationship. The couple must make space for the third, the baby, and mediate and negotiate the parental roles.

During the prenatal period, and even when the desire to become parents together is shared, the couple starts to imagine the relationship with the baby. The individual imagines him/herself as a parent and the other one in the relationship with the baby; when the future parent's expectations are disappointed, a sense of unfairness and resentment may be provoked, leading to increased parental stress (Goodnow, 1998). The couple's relationship receives "jolts" and it must renegotiate itself.

The way in which they support themselves concerns co-parenting support versus undermining, and many researchers have affirmed that these aspects can directly influence the child's development (Belsky & Kelly, 1994; De Wolff et al., 1997; Gottman, Driver, & Tabares, 2002; Horwitz et al., 2003).

This evidence has brought the research on child development to the family context, where the relationships with a growing number of people are observed. Mothers are no longer solely responsible for children's negative behavior (McHale & Grolnick, 2002); in the last decades the family unit has thus become a specific object of study for understanding the specific relational processes occurring at the family level and also for the child's development.

Furthermore, cultural changes see men increase their contributions to household tasks; although women continue to take on the majority of these responsibilities regardless of marital or parental status.

Regarding LGB couples, the transition to parenthood can present numerous challenges, for example: increased fatigue, decrease in sexual activity and couples

satisfaction, discussion of balancing domestic and other priorities, challenges when dealing with infant crying, like other couples. As a result of these aspects, LGB couples, with a sense of transformation of their own identity; also have to modify the internal representations of the family, that differs from the traditional representation.

The PhD work concerns this border zone, when the couple desires, when the couple is expecting, when the dyadic couples' relationship must make space for the coparental system and the presence of the third. Finally, we have also investigated in the clinical context, where the family can ask for help to manage their difficulties.

SUMMARY OF THE RESULTS

This research work has focused on the observation of family interactions with the Lausanne Trilogue Play paradigm. After analyzing the literature, it was clear that the research, clinical oriented, should take into consideration the phenomena at different levels.

During this PhD it was possible to work on these fields interviewing numerous families in different contexts and different periods of their life. These meetings, and the presence of different study methodologies, have enabled to verify our hypotheses and to increase field knowledge. To finish this final chapter, space will be given for the discussion of limits and future perspectives that cannot be underestimated.

The first study presented in this thesis is a longitudinal single case that provided us the chance to observe the transition to parenthood in a lesbian headed family. It is important to underline that this first work should have been a prelude of a consistent research that was not possible to exercise.

The longitudinal study with a consistent sample is an effective and strong method to increase knowledge but, on a particular population like same-sex families, it was very difficult to realize. The recruitment during pregnancy is very hard due to the particular moment that couples live; most of the couples contacted did not want to compromise during their pregnancy. Also a request of support to the hospital was revealed laborious due to several passages with the institution.

It is interesting to present this single case because the methodology of work presented in this article allows us to become acquainted with a micro cosmos that, even if it cannot be generalized, it gives us an observation window of one of the possible ways to become a family. It can be possible an exploration of the triadic interactions with the family as the unit of analysis with a systemic developmental approach.

In this study we have observed two steps: a first interaction between the future parents and a doll representing the future baby (prenatal version of LTP); and a second interaction with the real baby (Post-natal version).

In the second step we observed that, when the child is 3 months old, both parents seem to maintain the same mode of communication that they had built during pregnancy. Furthermore the difficulty for the biological mother to engage herself with the baby and the resource of the non-biological mother to support her partner and help their failure interaction seems to remain.

The implication of this study in the clinical practice is interesting because it gives the possibility to focus on two aspects. During the prenatal period, on one side we have the couple's representation, their desires and expectations; on the other side the intuitive behaviors. The change towards the observation of intuitive behaviors and recognized possible factors of risk (and also protective) for the child and for the family

development, would allow the clinician to work on the two aspects following the couple's timing. With the video-feedback intervention, for example, the clinician can show the behaviors and he can work on the representations. This therapeutic work could allow the couple to strengthen their resources during the transition and for the baby to be born in a resilient context.

Besides, this methodological approach allows the family interactions to be observed leaving the couple's sexual orientation or the biological bond with the child apart. This is very important when studying non-traditional contexts. In this example, and also in the second work presented, it has been possible to observe the relationship between the different actors involved.

Even in the second study, where the attention goes to the sub-system co-parenting, the use of LTP paradigm allows a clean diagnosis of the behaviors. Particularly through the use of case-contrasted methodology, we have been able to follow two different situations, illustrating two different styles of co-parenting. We chose two families experimenting the first year of family life, including three members, e.g. two mothers and a baby born through medical assisted procreation (MAP).

The great value of the LTP is the possibility to get closer to a particular sub-system and to observe its characteristic link with other sub-systems. Researchers agree in affirming that lesbian couples express high levels of couple's adjustment, due to the finest organization of roles and of division of labor (Patterson & Farr, 2013). In this work we have put two families in contrast, one where the two parents support each other and coordinate along the part, and the other one in which the parents do not reach a coordination or support each other during the play.

Even if the result cannot be generalizable, various relational configurations are possible according to the way in which the partners articulate and influence their various sub-systems: either the conjugal couple, or the co-parental couple, and each of the parents in connection with the child.

This microanalysis led us to the third study. Despite that data from literature shows that lesbian couples are more satisfied and supportive in the couple's relationship and in co-parenting, during the meetings with these families some of these aspects appeared more evident. In their household the parents experienced the same complications as traditional families but they found a better way to overcome the normal life cycle stressors.

A quantitative approach was needed at this point; it was necessary to verify the hypothesis that the approach of the single case had suggested. The quality of the family alliance is independent from the sexual orientation of the parental couple, any this may be it is not different from traditional families.

Furthermore, this reflection has been concretely possible not only by studying existing literature, but also thanks to the work developed in the co-tutelage project with the University of Padua. The continuous supervision and the coding work developed on the longitudinal data has allowed us to formulate a qualitative reflection of parental behaviors.

From this point of view, the comparison with the validated literature data for family triadic interactions (Favez et al. 2011) has appeared the best solution to test our hypothesis.

In addition, this literature contains three different groups of heterosexual parents: one non-referred sample (families taking part in a study on the transition to parenthood;

normative sample; n = 30), one referred to medically assisted procreation (infertility sample; n = 30) and one referred to a psychiatric condition in one parent (clinical sample; n = 15).

The results have confirmed our hypothesis; no statistical difference has been found in the quality of family triadic interactions between the normative sample, except in the variable “Structure and Time”. In our sample play time and time of the four parts have had a different result from the one of Lausanne. Accordingly this variable needs to be examined in depth at the light of the cultural contexts.

No difference has been found in comparison to the score of the variables linked to the infant dimensions; both for parental scaffolding and child involvement and self-regulation. The achievements obtained from this comparison still lead us to the question of what kind of constructions could influence the family alliance.

It is important to note the small size of the sample that, must be increased in further studies. The result collected cannot be representative even if they bring to confirm our hypothesis. It is also probable that a greater sample can explain the difference observed in the “time variable”; same-sex headed families could employ more or less time in their interactions, at the light of their equitable division of rules.

In this step of the research we have recruited data from families who had the intention to become parents, e.g. at the beginning of the transition to parenthood.

The fourth work has been indeed focused on the intuitive coparental interactions. In this study we wondered if, during this particular phase of the life cycle (when the partners share the desire to have children and they plan to have them) it is possible to find some correlations between the constructions of the intuitive coparental alliance, the social support and the dyadic satisfaction.

In addition, regarding homosexual couples, if the internalized homophobia plays a decisive role on the quality of the co-parental alliance. In this observation, the social context cannot be excluded. For this reason we have conducted this study in two different countries with different legislations and civil rights for LGBT people.

General analysis confirmed, once again, that there are no differences between lesbian, gay and heterosexual couples in terms of co-parental alliance. Focusing on correlations, high levels of couple adjustment leads to better parental performances among both Italian and Belgian couples, e.g., focusing on cooperation between mates.

To this purpose, the results in these two last articles bring us to affirm that the sexual orientation does not represent a variable that influences the relationship.

These positive influences correspond to Belsky's theory (1975) about the multi-factorial vision of parenting; at the same time it adds information about the negative influence of the internalized homophobia on co-parental alliance. It suggests that the attention given by the international research to nontraditional familiar contexts should move towards the understanding of risk and protective factors.

With this last article we have tried to contribute to knowledge on the theme. We agree with the literature, there are no differences between same-sex and heterosexual families and couples. The differences that emerge do not concern the quality of the interactions but rather the challenges that homosexuals couples meet to become families. The social support and the internalized homophobia can influence and for this reason it would be important to observe, in a more complex way, the representations and the resources. It would be great to combine quantitative and qualitative research for better understanding.

The two last works fall in the PhD co-tutelage project and they have permitted to follow the research on family interaction in two other contexts too: heterosexual headed families during the transition to parenthood; and the application of LTP in a clinical context.

The fifth study focuses from the investigation of the characteristics of marital satisfaction during pregnancy, to the links between couple adjustment and co-parental alliance. Results confirm the data emerged in literature and at the same time it shows that there are gender differences between marital and parental adjustment.

If we observe the conclusions of this study together with those of the previous studies, we cannot fail in underlining that the social and cultural context cannot be neglected. These results confirm that the parental function is not correlated to the sexual category (male-female) but to the representations that the individuals have of the parental roles. In the Italian sample, high scores of dyadic satisfaction correspond to high scores in the coparental alliance. These results make us think “if I am well in my couple’s relationship, I can cooperate well as co-parent”.

The question that could be asked at this point is, if it is the ability of knowing how to share parenthood to improve the couple’s relationship. This aspect is perhaps particularly felt by the Italian women, which culturally are still seen as the “angel of the heart”. This hypothesis could be confirmed by the fact that in another country with a more equal culture of gender roles, this fact does not appear crucial.

The sixth work fits into the clinical framework with the application of the Lausanne Trilogue Play paradigm as an evaluator of the long-term psychotherapy with children and adolescents.

It was very interesting to observe the LTP procedure in a clinical context. Indeed the research should aim to improve the clinical practice. The results obtained from this last study have not provided what we thought they would.

At the first stage of administration, during the diagnostic assessment, the use of LTP helped clinicians to observe the patient in his family context, enabling them to note the relational game where he lives.

After one year of treatment, no improvements were observed concerning family interactions; on the contrary it was observed deterioration in the LTP variable called “management of interactive mistakes”. This result places a general concern about the use of LTP as an evaluator of individual psychotherapy. Sure enough the child’s clinician observes the family interactions only in the first diagnostic step.

Moreover the video feedback is presented to the parents only by the clinician that follows them. The two sub-systems remain isolated during the psychotherapeutic process to meet again during the second evaluation.

PRACTICAL IMPLICATIONS AND CONCLUSION

These years of PhD have allowed me to stay in a zone that I have defined as border. At the beginning of the research, the major aim has been to observe the normal status of the family interactions. This ingenuous focus was due to the desire to understand how to help the families that meet some obstacles in their life cycle. But the notion of observing normality has turned out to be more complicated.

Every family meets problems during its life cycle, and all life cycles have transitions that can affect the life course: therefore, what is/should be evaluated as

normal? The PhD research training has brought me to understand how this concept was wrong.

Indeed these research years have brought me, in the course of time, to understand how the main road cannot be to overcome changes, transitions and difficulties that individuals and families often run into during their life cycle. The scientific research could help the psychologists and psychotherapists, not only in individualizing the possible factors of risk and protection, but also in understanding what resources individuals or couples or families are able to gamble on.

In this respect, in order to understand the child's development with the factors of risk and protection to attempt his well-being, it has been shown how important it is to stay in the places of border: the transitions.

Even though we encountered some difficulties, we have been able to dwell into three different family contexts: same-sex headed families, opposite-sex headed families and clinical families. The thread conductor of the observation has been the Lausanne Trilogue Play; an observational tool, that provides a magnifying glass on multiple aspects in an effective manner.

Knowledge on the developmental psychopathology fields have confirmed the role of early family processes (McHale & Fivaz-Depeursinge, 1999; Minuchin, 1974; Silverstein, 2002), overcoming the matricentric model (Conger & Elder, 1994; Tuttle 1993; Leavitt & Fox, 1993).

The dyadic parent-child relationship is no longer the only responsible for the quality of all subsequent emotional relationships. The access point became more complex adding the twine of other sub-systems to the equation.

In this prospective, mothers with a severe post-partum depression represent a great risk factor for the child's development, but the power of such risk assumes a different understanding at the light of how the co-parental alliance or the temperament of the child may engrave in turn. This vision should allow the clinicians to move the focus toward the interactions between the subjects.

As Professor Jay Belsky has theorized in 1984, the parental function is determined by multiple factors; that is exactly why a single individual cannot be seen as the only responsible for child development. A parent finds, conscious or not, his manner to manage past history, his past relations and his own personality traits in the relationship with his child. Child development cannot be dependent only from this; it must be integrated in a space where the parents build their co-parenting function. The child's development takes life to this border of dyadic and triadic relationship.

Same-sex headed families have different stressors to manage. They range from individual factors of risk, like internalized homophobia or internalized heteronormativity to their recognition in the social context.

After an analysis of the quality of family alliance that have assured that lesbian headed families are not different from traditional heteronormative families, the research interest has moved on to the observation of these risk factors. From this perspective, our research has shown how these aspects can influence the coparental alliance even in the first step of the transition to parenthood. Further studies must continue in a longitudinal sense.

At the same time, even if these results can appear important, this research work has also produced numerous other questions that further researches must investigate. In particular one of these questions is linked to the results of the fourth and fifth studies:

how are genders roles connected to parenthood? Can representations explain parental behaviors? These questions, with the possibility of new family morphologies to observe, can find answer in a more and more punctual researches both in quantitative and qualitative perspectives.

LIMITS AND FUTURES PERSPECTIVES

The methodological approach to quantitative research is more and more used by the international research. It has allowed the increase of important knowledge, in particular on what can affect the family process and the child's development, and so, the individual's well-being. While acknowledging the great contribution of it, this methodology is particularly difficult to implement; especially in non-traditional contexts.

Same-sex headed families in Europe, and in particular in Italy, are still mistreat and their participation in research is limited. In these fields, the research should be possible through the coordination and the support of other organizations, like hospitals for PMA or adoption centers. With this perspective the realization of this methodology of study can be possible and in that way furnish numerous important results.

In our work, to try to obviate this gap we have involved LGBT associations, that, even in the wish of not stressing their associates, have contributed to the recruitment. Despite of this, the choice of recruitment through LGBT associations has brought to one of the important limits of this research: the representability of the sample.

This limit is probably outdated through a number of warnings done to the persons employed, like psychologists, social assistants and medical personnel.

From this viewpoint, our research has shown how these aspects can have an influence on the coparental alliance even in the first step of the transition to parenthood. Further studies must continue in a longitudinal sense.

A last explanation is necessary regarding the application of the LTP in the clinical context. The data presented in the last study has suggested that the use of LTP in the diagnostic assessment helps the clinicians to know more about the patient's family interactions. It is, however, also clear that we cannot stop here; so that it can be used to its full potentials, the video-feedback interventions must be briefer and foresee the whole family.

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