What kind of parent do I want to be?
The role of parental identity in first-time parents’ well-being and early parenting

“The birth of a child instantly changes how we define ourselves. Women become mothers. Men become fathers. Couples become parents. Our priorities shift in fundamental ways. Parenting may be the most rewarding experience, but it is also the hardest and most humbling.”

—Sheryl Sandberg, Lean In [1]

The transition to parenthood and the birth of a first child is a challenging turning point in a person’s life. This transition is an identity-changing episode because it involves a renegotiation of various social roles and a change from being a recipient of care to being a provider [2]. As such, this transition requires a fundamental change in the view of oneself [3;4].

Variability in Personal Adjustment and Parenting During the Post-Natal Period. For many persons, becoming a parent is one of the most rewarding experiences in life. However, research findings on the association between parenthood and well-being are mixed and show that, while some people experience increased well-being after becoming a parent, other people experience lower well-being [e.g., 5;6]. Among women in particular, there is a substantial risk of developing post-partum depressive symptoms, with such symptoms evolving into a clinical depression among 13% of women [7]. Thus, there is large heterogeneity in individuals’ personal adjustment after the transition to parenthood and it is imperative to identify factors that explain why some people experience this transition as an enrichment while other people are at risk for psychopathology [8].

Beyond differences in personal adjustment following the transition to parenthood, first-time parents also differ vastly in the quality of parenting they develop in the first years of their child’s life. Research has demonstrated that this variation in the quality of early parenting already plays an important role in the social [9], cognitive [10], moral [11], and emotional [12] development of children. Two dimensions of parenting have been shown to be particularly important already early in life, that is, parental sensitivity (i.e., the capacity to respond appropriately to the child’s signals and to provide adequate comfort for the child’s distress) and autonomy-supportive parenting (i.e., the encouragement of initiative and the provision of room for children to engage in self-regulation). Both dimensions of parenting contribute independently to children’s early adjustment [13,14].

Known Risk Factors. Given the heterogeneity observed in first-time parents’ personal adjustment and quality of parenting, it is important to gain insight in the sources of these individual differences. Extant research has identified a number of important risk factors in this transition to parenthood, which can partially explain the differences in parental well-being and parenting style. These risk factors include both child factors and parental characteristics. In terms of child factors, both perinatal conditions (such as obstetric complications) and postnatal conditions (such as the child’s health problems and difficult temperament) have been shown to predict lower parental well-being [15;16], higher parental stress [17], and more dysfunctional parenting [18;19]. Regarding important parental risk factors, low socio-economic status [20;21], poor marital quality [22;23], and a lack of social support [24;25] are important risks for reduced personal adjustment and quality of parenting. Many of these risk factors are fairly stable and the parent characteristics in particular exist before this transition to parenthood. As such, most of these factors are difficult to change. From a prevention and intervention point of view, it is important to also study factors that are more developmental in nature and susceptible to change. In this project we focus on one such developmental factor, that is, parental identity.
Parental Identity. Parental identity can be defined as the degree to which parents have a clear and well-explored view on their parental role [2]. While the transition to parenthood is essentially an identity-changing episode in a person’s life, there is surprisingly little research on the role of parental identity in this transition. One reason for this is that identity formation is typically studied as a developmental task of adolescence and emerging adulthood. However, in his groundbreaking theorizing about identity Erikson (1959) emphasized strongly that identity development is a lifelong process extending beyond adolescence into (late) adulthood. Although research has begun to address developmental changes in identity during adulthood [26;27], the concept of parental identity in particular is still under-examined.

The most common and well-known operationalization of Erikson’s theory is Marcia’s (1966) identity status paradigm that distinguishes between two central dimensions of identity: exploration and commitment. Whereas commitment involves the formulation of clear values, and beliefs that define who one is, exploration involves a thorough reflection about possible commitments and a systematic weighing of alternatives [4]. Abundant research has shown (a) that individuals gradually develop towards more mature levels of identity (i.e., identity achievement, with clear commitments that are arrived at after thorough exploration) throughout adolescence and emerging adulthood [28;29;30] and (b) that a mature identity is related to better personal well-being and social adjustment among adolescents and emerging adults [30;31]. Recently, two studies applied the identity status paradigm to adults’ role as a parent. Using brief interviews with Finnish adults initially aged 36 years, Fadjukoff et al. (2016) assessed parental identity in terms of both commitment and exploration. These parents were followed until they were 42 and 50 years. Results showed that both mothers and fathers developed towards more mature levels of identity. Moreover, a more achieved identity was related to better quality of parenting as well as to higher well-being and social adjustment (with the latter association emerging mainly among fathers). A cross-sectional study with short questionnaires showed that Polish mothers’ (mean age = 33 years) commitment and exploration of their parental role were both related positively to life satisfaction [32].

Thus, there is preliminary evidence that a more mature parental identity is beneficial for parents’ well-being and for the quality of their parenting style. However, this evidence is based on only two studies relying on rather limited measures of parental identity. Moreover, these studies did not study the concept of parental identity specifically during the transition to parenthood, the developmental period in which parental identity is essentially formed and potentially most susceptible to change. Neither did they take into account the known risk factors for parental well-being and parenting style at this age. The current project aims to address these limitations, thereby also deepening the study of parental identity by examining this concept from two additional approaches.

We argue that the quality of parents’ identity commitments may depend not only on the degree to which these have been well-explored [3;4] but also on the vertical and horizontal self-congruence of these commitments [33;34]. Vertical self-congruence deals with the extent to which identity commitments are well-aligned with deeply held personal values, preferences, and interests. As such, it involves congruence within a person’s functioning. An important indicator of this vertical self-congruence is the quality of individuals’ motives for identity commitments [35;36]. Indeed, on the basis of self-determination theory [37], a distinction can be made between more volitional (autonomous) or more pressured (controlled) motives for forming and maintaining identity-relevant commitments, including the decision to become a parent and to fulfill one’s role as a parent. While some parents fully endorse the decision to have a child and want to be involved as a parent (reflecting more autonomous motives), others may feel more pressured and conflicted about this commitment and feel that they have to adopt this role (reflecting more
controlled motives). The more parents’ autonomous motives outweigh their controlled motives, the more their commitment as a parent reflects vertical self-congruence. Preliminary research showed that this degree of vertical self-congruence matters for parents’ well-being, with studies showing positive associations between pregnant women’s quality of motivation (i.e., autonomous rather than more controlled motivation) to become a parent and their prenatal and postnatal well-being [e.g., 38;39;40]. However, these studies did not yet address the role of quality of motivation in conjunction with parents’ degree of commitment and exploration nor its role in quality of parenting. Moreover, these studies dealt only with women’s quality of motivation and did not look into fathers’ motivation.

**Horizontal self-congruence** concerns the degree to which individuals’ role as a parent is well-aligned with other roles in their life. As such it deals with harmony between different identity roles and commitments. Particularly relevant to this issue of horizontal self-congruence is the concept of identity integration, which deals with the extent to which people experience a harmonious synthesis (versus conflict) between various roles in their lives [41]. With the birth of a first child, new parents need to integrate their parental role in their overall identity, next to other roles, such as a professional role or the role as a husband [42]. When different roles and identities match, individuals experience feelings of satisfaction with self and others [43;44]. Research dealing explicitly with the notion of identity integration in the context of the transition to parenthood is scarce. Yet, indirect evidence for the importance of parental identity integration can be found in research showing that work-family conflict (which reflects a lack of identity integration) is related not only to decreased parental well-being [45] but also to poorer quality of parenting [46]. Given these findings, there is a need for more direct research addressing the notion of parental identity integration, particularly in young parents.

**Summary.** Research dealing with the concept of parental identity is surprisingly scant, indirect, and fragmented. A more systematic and integrated examination of this concept is much needed for a number of reasons. First, parental identity deals with a fundamental (rather than surface-level) psychological process with strong relevance to the transition to parenthood. As such, it may have important repercussions for individuals’ adjustment during this transition. Second, theory and research suggest that identity is predictive of both individuals’ personal well-being and the quality of their style of interacting with others [47;30]. Thus, the concept of parental identity has the potential to simultaneously explain (parts of) the heterogeneity in young parents’ well-being and quality of parenting and, as such, to contribute to an integrative view on different aspects of individuals’ psychosocial adjustment during the transition to parenthood. Third, the concept of parental identity is promising from a more applied viewpoint because it is assumed to be susceptible to change. Intervention-based research with adolescents and emerging adults has shown that identity is a workable target for intervention [48]. Accordingly, findings from the current project may inform future preventions and interventions targeting parents’ pre- and postnatal adjustment, to the benefit of both parents and their children’s early development.
Research Objectives

The overall aim of this project is to investigate the development and consequences of parental identity in terms of the well-being and parenting style of young parents, thereby attending to four indicators of a mature parental identity (commitment, exploration, quality of motivation, and integration). We will focus on first-time parents during the actual transition to parenthood because they face a stronger challenge to their identity than more experienced parents [49]. In contrast to most previous studies we will include both mothers and fathers. The inclusion of fathers is important because the perinatal period is a period of adjustment for fathers too [16] and because fathers’ degree and style of involvement in the infant’s life also matters for early child development [50;51]. This overall aim is divided into five specific objectives, which are graphically summarized in Figure 1.

Prior to addressing the four central and substantive aims, a first aim is to strengthen the assessment of parental identity and of the measurement of commitment and exploration in particular. The two previous studies addressing these key dimensions of parental identity relied on rather general measures. While the interview conducted by Fadjukoff et al. (2016) was based on two broad questions (‘What is your concept of parenthood?’ and ‘How did you arrive at that concept?’), the questionnaire used by Piotrowski (2017) included generic statements such as ‘Being a parent gives me self-confidence’ and ‘I often talk with other people about my child’. To enrich the assessment of commitment and exploration, both the interview-based measures and the questionnaires used in this project will tap into parents’ viewpoint about and exploration of three key areas of the parental role, that is, (a) the degree of involvement in the parenting role (e.g., the amount of time spent with child; [52]), (b), the values the parent wants to transmit to the child [53], and (c) the parent’s philosophy about the ideal parenting style [54]. These three areas represent the quantity, the what, and the how of parenting, respectively, and as such encompass a detailed and at the same time comprehensive picture of individuals’ identity as a parent.

A second substantive aim is to map the development of parental identity before and after the birth of a first child, or, in other words, across the transition to parenthood. According to Erikson (1959), people develop toward higher levels of maturity and integration as they grow older, and identity has been found to generally develop toward achievement with age [28;29;30]. Therefore, we expect parents’ to develop towards higher levels of identity maturity (as reflected by more commitment, exploration, autonomous motivation, and integration), with this increase being particularly pronounced between the pre- and post-natal period but still being present in the form of more gradual change in the post-natal
period. In addressing this aim, we consider the moderating role of parental gender because previous studies suggest that women accomplish higher levels of identity maturity in interpersonal domains compared to men [55] and therefore may advance more quickly than men in terms of parental identity development. Although we expect to demonstrate a mean-level increase towards higher levels of identity maturity during the perinatal period, we also anticipate to find much between-parent heterogeneity in both the basic levels and degree of change of parental identity, with this heterogeneity being meaningfully related to well-being and parenting, as outlined in Objectives 3-5.

The third objective is to examine whether and how parental identity relates to parental well-being and early parenting. On the basis of theory [3;47;37] and preliminary previous research [2], we hypothesize that parental identity is a key psychosocial resource in the transition to parenthood, contributing directly to parental well-being and parenting quality. Thus, we expect the indicators of mature parental identity to relate positively to both parental well-being and to better quality of early parenting (i.e., more sensitivity and autonomy-support). We expect that these associations will emerge both at the level of between-parent differences and at the level of within-parent changes across time. The latter type of association examines whether increases in maturity of parental identity will go hand in hand with increases in well-being and parenting quality.

A fourth objective is to examine whether parental identity plays a buffering role against effects of risk factors on parental well-being and parenting style. While Objective 3 deals with main effects of parental identity on well-being and parenting, we will also test the moderating effect of parental identity when parents are confronted with risk factors. We hypothesize that a more mature parental identity will serve as an inner compass guiding parents through stormy weather [56]. With such an inner compass, parents would find comfort and security in their deeply held beliefs when they are confronted with circumstances that challenge their well-being and/or with factors that pull for more dysfunctional parenting. As such, they would be better able to maintain a sense of well-being and to persist in high-quality parenting under stress. We will include risk factors (both parental, perinatal and child-related risk factors) that have been identified in previous research as consistent predictors of lower well-being and suboptimal parenting.

The fifth objective is to look at parental identity from a dyadic perspective and to examine how partners cross-influence each other. With this objective we strive to gain insight in the dynamics of the relationship between the two partners in a family. According to family systems theory, all family units are dynamically interrelated [57]. Accordingly, it can be expected that the parental identity of both partners is reciprocally related, with one partner’s development towards a more mature identity predicting better identity development in the other partner, and vice versa. This hypothesis is based also on the observation that spouses are cited as the most important and available sources of social support after childbirth [58] and on research showing that when new parents are congruent regarding their new identity of parent, individual and marital well-being increases [42]. In addition to affecting each other’s identity development, we also expect each partner’s identity to affect not only his/her own well-being and parenting quality but also the partner’s well-being and parenting. In order to examine such cross-over effects between parents, we will rely on the Actor-Partner Interdependence Model (APIM) framework [59].
Methodology

We propose two studies targeting the five objectives of this project. The first study is a cross-sectional study and the second study is a large-scale four-wave longitudinal study. As we want to obtain a sample as representative as possible, we will pursue heterogeneity (regarding SES, family structure and social support) in our samples for both studies, thereby relying on statistics of the parent population in Flanders [60]. To obtain sufficient statistical power, in both studies we aim for a sample size of at least 250 families. Hereby we take into account the actor-partner effects [59], the moderation model [61] and the estimation of latent-growth curves in the longitudinal study [62]. Even though this set-up is ambitious and can create some risks (particularly in terms of engaging young parents and avoiding drop-out in Study 2), we will rely on extensive expertise obtained in the past with very similar designs where expectant parents were recruited [e.g.,63] and in intensive longitudinal research more generally [e.g.,64;65].

Study 1 includes parents with a toddler (1 to 2-years old) in a cross-sectional design. The sample will include both intact families and single-parent families (total target $N = 250$ families). We will use a combination of questionnaires and interview-based measures to tap into all aspects of parental identity outlined above. The questionnaires will include Piotrowski’s (2017) scale for exploration and commitment (which will be expanded by having participants rate items on the three different domains outlined above), a scale tapping into motivation for one’s role as a parent [66], and a scale for identity integration [adapted from 67], which will be applied to the parenting role. In addition to these questionnaires, we will conduct interviews with the parents. The interviews will include questions taken from Fadjukoff et al.’s (2016) interview on parental identity (yet expanded to the three domains of parenting) as well as new questions tapping into parents’ reasons for taking up the parenting role and into their attempts to coordinate the parenting role with other roles in life. The interviews will be scored using Fadjukoff’s rating scales for commitment and exploration and using newly developed rating scales for quality of motivation and integration. Scoring will be done by two independent coders, so as to be able to examine inter-rater reliability. In the questionnaire part of Study 1, we will measure parental well-being using well-validated questionnaires for individual well-being (Vitality, [68], Depressive feelings, [69]; Life satisfaction, [70], and Parental self-efficacy, [39]) and relational well-being (Relationship satisfaction, [71]; Need satisfaction, [72]; Investment and commitment, [73]). Finally, parents will fill out the scales for warmth/responsiveness and autonomy-support from the Parents as Social Context questionnaire – Toddler version [74].

By using both questionnaires and interview-based measures for parental identity, we will be able to rely on a multi-method approach to the assessment of parental identity. The data of Study 1 will allow us to examine the degree of convergence between both methods (thereby establishing their validity) and, if needed, to make adjustments to either the questionnaires or the interviews in function of Study 2. If the convergence between both methods is sufficiently high, the scores obtained through both methods will be aggregated into multi-method scores for the 4 aspects of parental identity. Otherwise, scores obtained with both methods will be treated separately in the analyses. Using regression analyses we will then examine associations between these aspects of parental identity and the indicators of well-being and parenting. In the subsample of intact families (where couples participate), we will apply the Actor-Partner Interdependence Model [APIM;75]. APIM takes into account the nested nature of the data [59] and can simultaneously estimate the effect of a person’s own variable (actor effect) and the effect of same variable but from the partner (partner effect) on the outcome variables. In sum, Study 1 will allow us to examine the reliability and validated of the enriched measures for parental identity (Objective 1), the direct
associations of parental identity with parental well-being and parenting (Objective 3), and the possibility of cross-over effects between partners (Objective 5).

**Study 2** will be a four-wave longitudinal study that captures the transition to parenthood of first time parents. Unlike Study 1, this study will allow us to chart the development of parental identity (and heterogeneity in this development) at this age (Objective 2). In addition, this study will include an extended battery of measures tapping into the risk factors outlined above. Consistent with previous research [76], on the basis of these measures we will create an index of cumulative risk, reflecting the overall level of risk parents are confronted with. As such, it will allow us to address the moderating role of parental identity in effects of cumulative risk (Objective 4). Further, we will focus on the long-term interplay between parental identity on the one hand and parenting and parental well-being on the other hand, thereby providing a longitudinal test of Objective 3 and an opportunity to determine the direction of effects of the hypothesized relationships. Finally, in the subsample of intact families, we will examine covariation in mothers’ and fathers’ identity development and apply a longitudinal version of the APIM model ([77] Objective 5).

We will recruit 250 families, most of which will include two partners and some of which will also be single-parent households. Participants will be contacted during the third trimester of pregnancy (Time 1; home visits), 3 months after delivery (Time 2; online), and when the child is 1 year (Time 3; online) and 2 years (Time 4; lab study) old. We will recruit this sample via hospitals and self-employed midwives. In every wave of this study, we will measure parental identity and well-being, thereby using the same measures as in Study 1. On Time 1, parents will be asked to report demographic information and parental risk factors (SES, family structure, social support). At Time 2, we will collect information about child-related risk factors (temperament, health) and the possible perinatal complications (preterm or difficult birth). In the third and fourth wave, we will assess parenting practices with questionnaires through parent self-report (mother and father) and at Time 4 also through parent-child observation. During a 5-minute period, each parent is asked to fill out a questionnaire while the child is present in the same room devoid of toys. Parent’s behavior is coded in terms of sensitivity to the child’s bids for attention, using a validated procedure [78]. In addition, parental sensitivity will be assessed in a 10-minute free-play situation using validated scales for Sensitivity and Cooperation [79]. We will use a procedure and coding scheme developed and validated by Whipple et al. (2011). Thereby, autonomy-support is coded during a 15-minute joint problem solving task. This multi-informant, multi-method approach allows us to look at the transition to parenthood from different angles and to provide strong support for our study hypotheses. The longitudinal data will be analyzed using latent-growth curves to assess development in the total sample [80], latent growth mixture models to capture variability in development [81], and cross-lagged analyses in which we will both examine between-subject differences and relationships among study variables, as well as within-person change and development [82;83]. Moderation by parental identity will be analyzed using latent variable interactions [84] and simple slope analysis [85].

Finally, we highlight the importance of a dyadic approach in examining the longitudinal association between parental identity and well-being and parenting style. To address the fifth main objective of this project, analyses will be conducted using the couples that participate in Study 1 and 2. We will employ a dyadic data analysis approach, the Actor-Partner Interdependence Model (APIM), using a recently developed app [75] and the longitudinal version of this model [77]. APIM is not biased by the nested nature of the data [59] and can address potential gender differences. This model can simultaneously estimate the effect of a person’s own variable (actor effect) and the effect of same variable but from the partner
(partner effect) on the outcome variables. Measurements of partners are considered to be nested, because individuals in a shared relationship influence each other in the way they think, feel and act. Therefore their scores are likely to be more similar to each other than scores of other individuals [86].

This research project on parental identity stands out for its novelty and therefore, contains several strengths. First, the combination of qualitative and quantitative methods will give us both an in-depth and an in-breadth view on parental identity. In this way, we can achieve a complete and comprehensive view of the construct parent identity. This measurement can be used in further research on parental identity. Second, we will examine identity in a very interesting period, namely the transition to parenthood. Third, since the transition to parenthood is typically made in the context of a dyadic relationship with a partner, we will examine the relationships within a dyadic perspective. Thus, including the fathers beyond the mothers. Finally, we will not uniquely examine parental identity (main effect) but also its buffering role, given many risk factors (moderation effect). Therefore, if we find an effect of parental identity beyond many given risk factors, this will bring new light to prevention and intervention programs.
References


