



UNIVERSIDADE D
COIMBRA

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CONSIDERING CHILDBEARING MOTIVATIONS
AND PSYCHOLOGICAL ADAPTATION TO
PREGNANCY IN THE ENDORSEMENT OF
PARENTING STYLES

VOLUME I

Dissertation inserted in the Integrated Master's in Psychology, area of specialization in Clinical and Health Psychology - Psychopathology and Dynamic Psychotherapies, guided by Professor Doctor Maria Jorge Santos Almeida Rama Ferro and presented to the Faculty of Psychology and Educational Sciences of the University of Coimbra.

July 2022



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**Considering Childbearing Motivations and Psychological Adaptation
to Pregnancy in the Endorsement of Parenting Styles**

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I am dedicating this dissertation to my mom and dad, who so strongly wished for me and my brother to be born and authoritatively raised us to become the sensible, intelligent, and independent young adults we are today. You are, for me, the prime example of love, strength and perseverance.

Acknowledgments

I want to express my deepest appreciation to Professor Maria Jorge Ferro, for her guidance, patience and constant feedback, without which wouldn't be possible for me to complete this endeavor. Next, I would like to express my gratitude to Professor Rui Paixão, who so generously shared his extensive knowledge on psychodynamic subjects and inspired me to pursue excellence. I also want to thank Professor Carlos Carona, for sharing his expertise on methodology and data analysis, helping me develop much-needed skills for this work. I would be remiss in not mentioning Professor Margarida Lima, who impeccably guided our whole class through the last year of this Master's. Additionally, I am grateful to my colleague Marta Costa, for her help, suggestions and proofreading, as well as for her on-going moral support.

Furthermore, I would like to thank my family for their unconditional love and support, especially my parents, my brother and my grandparents. A special thanks goes to my friend Mariana, with whom I have been sharing my life since I stepped foot in university and intend to continue to do so until the end of time. Her emotional support throughout this journey was of unvaluable and immeasurable proportions. Lastly, I cannot express in words my gratitude to my dear Daniel, who showers me every day with endless love, affection and words of encouragement.



I.T. (1826). *A physician examining a urine specimen in which a faint figure of a baby is visible, a female patient is crying and being shouted at by her angry mother, indicating that she is pregnant* [Watercolor]. Wellcome Collection, London, United Kingdom. <https://wellcomecollection.org/works/epdd3r3s>

Note. See Appendix A for a brief essay on this painting.

Abstract

The important decision to have a child is shaped by several biological, psychological, and sociocultural factors. The subsequent transition to parenthood, commonly circumscribed by pregnancy and postpartum, by involving crisis and psychic reorganization, propels either neurotic outcomes or regression and growth. Although there's vast research on parenthood and parenting, little is known about how motivations underlying childbearing impact later patterns of parent-child interactions. This mixed-method study aimed to consider childbearing motivations and psychological adaptation to pregnancy in later endorsement of parenting styles. The hypotheses set for the quantitative study were that positive emotional/psychological childbearing motivations would be associated with authoritative parenting and negative emotional/psychological childbearing motivations would be associated with authoritarian and permissive parenting. A sample of 106 mothers and 26 fathers reported their childbearing motivations and parenting styles using the Childbearing Motivations Scale (CMS) and the Parenting Styles and Dimensions Questionnaire – Short Form (PSDQ-SF), respectively. Results from correlation and regression analyses revealed hypothesis-confirming findings. For the qualitative study, theory-driven thematic analysis was used to explore data from 9 semi-structured interviews, highlighting normal processes of transitioning to parenthood and evolving perspectives of motherhood and fatherhood, as well as current uprearing trends. Synergic analysis of both types of data underlined certain clinical implications for early psychological intervention with expectant and young parents.

Keywords: Childbearing motivations; psychological adaptation to pregnancy; parenting styles; mixed-method

Resumo

A importante decisão de ter um filho é moldada por vários fatores biológicos, psicológicos e socioculturais. A subsequente transição para a parentalidade, comumente circunscrita pela gravidez e pós-parto, por envolver crise e reorganização psíquica, pode impulsionar ou neurose, ou regressão e maturação. Embora exista vasta investigação sobre a parentalidade e o papel parental, pouco se sabe sobre como as motivações para a parentalidade influenciam os padrões futuros de interações entre pais e filhos. O objetivo do presente estudo de método misto foi considerar as motivações para a parentalidade e a adaptação psicológica à gravidez na posterior adoção de estilos parentais. As hipóteses estabelecidas para o estudo quantitativo foram que as motivações para a parentalidade emocionais/psicológicas positivas estariam associadas ao estilo parental autoritativo e as motivações para a parentalidade emocionais/psicológicas negativas estariam associadas aos estilos parentais autoritário e permissivo. Uma amostra de 106 mães e 26 pais reportaram as suas motivações para a parentalidade e estilos parentais através da Escala de Motivações para a Parentalidade e o Questionário de Estilos e Dimensões Parentais, respetivamente. Resultados de análises de correlação e regressão revelaram confirmar as hipóteses iniciais. No estudo qualitativo, a análise temática de 9 entrevistas semiestruturadas destacou processos normais na transição para a parentalidade e várias perspetivas emergentes da maternalidade e paternalidade, bem como tendências atuais na educação dos filhos. Uma análise sinérgica entre os dois tipos de dados sublinhou várias implicações clínicas para a intervenção psicológica precoce com pais expectantes ou jovens.

Palavras-chave: Motivações para a parentalidade; adaptação psicológica à gravidez; estilos parentais; método misto

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Considering Childbearing Motivations and Psychological Adaptation to Pregnancy in the Endorsement of Parenting Styles

Choosing whether or not to have a child is an important decision most individuals are faced with at some point in their life. Changes in social norms have been affecting this decision since the beginning of modern society (Polivanova, 2018), varying significantly across time. In the mid-twentieth century, it was expected of every married couple to have children, and reproductive decision-making was heavily influenced by social, patriarchal, and religious pronatalism forces – women, in particular, had little to no reproductive autonomy and motherhood was a mandatory role (Population Balance, n.d.). Nowadays, contemporary societal factors are influencing couples into delaying parenthood with the postponement of first childbirth, as well as having fewer children (Schmidt et al., 2012), or even choosing to remain child-free families. For this reason, fertility is at an all-time low in Portugal and has been in a steep decline for the past four decades (Statistics about Portugal and Europe, 2022). Closely related to this decrease in the fertility pattern are childbearing motivations, the individual element of reproductive decision-making, which are important determinants of reproductive intentions and behaviors (Miller, 1994), known to influence psychological adjustment to pregnancy and transition to parenthood (Miller, 2003).

Depending on desire and decision, the news of expecting a child can generate a whirlwind of new feelings and reactions, both positive and negative. Because it is such a personal experience, every individual takes on the role of parenthood in a different way, some adapting more promptly than others. While some may find absolute joy in their newfound purpose, others may struggle with the heavy burden of the responsibility it entails. Just as some people may have been wishing for years to bear a child, and others might never have given it any deep thought before. Either way, parenthood is one of the

most significant life domains for anyone who decides on having a child. Becoming a parent is considered to be a major life event and a unique transitional period in adulthood (Erikson, 1959; Rappaport, 1994). Hence, it's no wonder that pregnancy and the transition to parenthood reflect complex psychological processes, during which several changes in the brain and mind occur in order to prepare parents for their new role (Mayes et al., 2012; Von Mohr et al, 2017). Once their first child is born, new parents can expect adjustments in nearly all aspects of psychosocial functioning (Condon et al., 2004) as well as substantial long-term implications in various areas of life (Cowan & Cowan, 2000). Similar to the decision to childbearing, various aspects of culture and society are responsible for favoring certain childrearing and parenting practices across time, in addition to a variety of attitudes towards mothers and fathers, regulating parent-child interactions (Blum, 1980). In addition, the parents' feelings and expectations of their role, which are often derivatives of their past experiences and memories from their own childhood (Lefcourt, 2021), greatly influence their reactions and behaviors towards their offspring (i.e., parenting styles; Mayes et al., 2012), impacting their socioemotional development.

Childbearing, upbringing, parenting, and parenthood are widely researched concepts in the psychological literature (Polivanova, 2018). Although there's significant research on parenting styles and their impact on child development (Baumrind, 1966, 1971, 1991; Lamborn et al., 1991; Steinberg, 2001; Kuppens & Ceulemans, 2018), few studies (Nachoum et al., 2021) have attempted to connect childbearing motivations to parenting styles. The present study will be looking into why parents endorse certain parenting styles, with special attention given to childbearing motivations and psychological adaptation to pregnancy.

Conceptual Framework

Childbearing Motivations

As a central topic in reproductive decision research, childbearing motivation has multiple theoretical perspectives, with various authors over the years putting an effort into understanding the different types of desires and intentions behind the decision to have children.

Psychoanalytic-oriented authors underline that to fully understand the subject of parenthood, one has to first take into consideration the subject of childhood, as the process towards maturity and motherliness or fatherliness starts early in life (Benedek, 1970a). According to Kestenberg (1956) and Pines (1978), **maternal attitudes and feelings** are present from infancy in both girls and boys, observable in their reenactment of the role of parenting through play, either with dolls or words (by expressing “I play mommy, you play baby”). This is because the mother is the first person the child identifies with, as she is usually the first most important person in their life – the child wants to be just like their mother, which includes having a baby of their own. Thus, the “wish for a child” is considered to be inseparable from the Oedipal situation (Kestenberg, 1976). This complex is characterized by the child’s strong desire toward their opposite-sex parent, to “have its own baby with them”, being later sublimated as the child goes into latency (Kestenberg, 1974, as cited in Parens, 1975). Continuously identifying with their mother, girls proceed to develop their motherliness. Boys, however, go on to admire their father and his masculinity, identifying with him and consequently developing their fatherliness (Kestenberg, 1974, as cited in Parens, 1975). The wish to bear a child in adulthood would be, therefore, rooted in the nurturing tendencies that originate from the aforementioned preoedipal identification with the mother, being closely related to the longing for the

fulfillment of primitive desires, as well as to the goals and narcissistic satisfactions of parenthood, such as immortality, omnipotence, and self-replication (Freud, 1914).

Even though these sexual impulses manifest early in life (Freud, 1905), it's only when physiological maturity is reached in puberty that the primitive desire for childbearing can finally be fulfilled (Pines, 1978). In women, this maturity is marked by the beginning of the menstrual cycle and its monthly repetition, involving hormonal, physiological, and emotional processes. High hormone production during the lutein phase, alongside the preparation of the uterine mucosa for nidation and the emotional manifestations of receptive-retentive tendencies¹, all represent the psychobiologic preparation for pregnancy (Benedek, 1970b). Yet, pregnancy *per se* as a wish-fulfilling goal must be discerned from the wish for actual mothering and childcare. While the mature desire to take on the role of motherhood and motherly functions requires controlled regression and subsequent growth, wishing for pregnancy can reflect **immature childish fantasies** (Blum, 1980) or unresolved intrapsychic conflicts (Bibring & Valenstein, 1976). According to Bibring & Valenstein (1976), “motivations out of unconscious conflict simulate but do not replace a genuine unconflicted wish for a child and subsequently can be at the core of a neurotic mother-child relationship” (p. 369). An example could be a woman who is unhappy or lonely in her relationship and wants a child to love and to be loved by. Furthermore, Blos (1962), states that pregnancy could constitute a resolution of the Oedipal complex, and Erikson (1959) emphasizes that it could consolidate the woman's feminine identity, proving to the world and herself her body is sexually mature and capable of bearing a child. Essentially, a psychological

¹ The psychic representations of the need for an increase of metabolic processes. These were involved in the primary organization of the psychic structure and are a normal part of the regression that occurs in pregnancy and in its preparation (Benedek, 1959).

pressure aiming for the **resolution of childhood conflicts** can be manifested in adulthood as a wish for pregnancy, in which motherhood serves a compensatory role.

Because psychoanalysis is largely based on the biological model, motivation for childbearing is considered to be **mainly instinctual** in origin (Benedek, 1970a), the psychodynamic processes behind it reflecting a primary reproductive drive (i.e., the ultimate aim of the libido). For this reason, the psychoanalytic perspective fails to take the surrounding environment into sufficient consideration (Erikson, 1959), putting aside important influencing factors such as opportunity, expectations and socioeconomic conditions (Robinson & Stewart, 1989).

More recently, childbearing motivation has been conceptualized by Miller (1994) as a complex term that refers to the degree to which a person responds favorably or unfavorably to childbearing. In efforts to develop a new measure (Childbearing Motivations Scale) for childbearing motivation assessment, Guedes and colleagues (2015) identified four different types, which can be either positive or negative: emotional/psychological, social/normative, economic/utilitarian, and biological/physical. More specifically, **emotional or psychological** motivations can be personal fulfillment (positive) or childrearing burden (negative); **social or normative** motivations can be continuity (positive) or ecological worry (negative); **economic or utilitarian** motivations can be economical support (positive) or financial problems (negative); **biological or physical** motivations can be biological instinct (positive) or physical suffering (negative).

Psychological Adaptation to Pregnancy

Pregnancy is a very specific psychobiological process of the female reproductive function (Kestenberg, 1970), during which the expectant mother psychologically prepares for motherhood and motherliness.² Representing a developmental crisis itself, pregnancy demands the woman to go through a wide array of physical, emotional and neurobiological changes (Bibring et al., 1961; Pines, 1972; Rutherford & Potenza, 2013), especially for the primigravida³, who faces a reorganization of her inner representational world. Psychoanalytic authors (Deutsch, 1945; Kestenberg, 1956; Bibring et al., 1961; Pines, 1972) agree that the woman goes through a **recapitulation of infantile sexuality** during pregnancy, regressing to the oral phase of development. According to the same authors, this ego regression to earlier modes of cognition allows for the woman to go through a **process of identification** with the fetus, but also with herself as an infant. This pertains to the mother's ability to empathize with and better attend to her child's needs, a process defined by Winnicott (1956) as *maternal preoccupation* and described by neuroscience as a heightened sensitivity that triggers caretaking behavior (Swain, 2011). Moreover, the mother-to-be identifies with her own mother (or other mother figures) as well, as she must soon replicate her own experience of being mothered (Deutsch, 1945; Kestenberg, 1956; Pines, 1972; Raphael-Leff, 1993). A reappraisal of the task of separation-individuation occurs, as the woman is now simultaneously experiencing herself as her mother's child and as the mother of her child, nevertheless distinct from her own parent (Pines, 1982). Pregnancy is, in that sense, a period for revisitation of earlier

² It may be important to address here the fact that not all women become mothers through their own pregnancy, either by choice or infertility. Deutsch (1945) points that "a woman can fully possess and enjoy motherliness even if she has not conceived, borne, and given birth to a child" (p. 166). Blum (1980) too underlines that mothers who have never experienced childbearing or childbirth and that have resorted to surrogacy or adoption can develop motherliness nonetheless, on account of the plasticity of the motherly function. However, having a biological connection to the child might facilitate a narcissistic investment from the parent (Bowlby, 1951; Winnicott, 1956).

³ A woman who is pregnant for the first time.

intrapsychic conflicts concerning the relationship with the woman's mother, offering the opportunity for better solutions and reconciliation (Pines, 1972; Raphael-Leff, 1993). Provided the woman is successful in her re-elaboration, the identification with her mother as the prototype of the parental figure can now be much more useful (Bibring et al., 1961).

The task described above isn't, however, the only maturational challenge the pregnant woman is forced to tackle. After she goes through a phase of enhanced narcissism early in pregnancy (following the intense object relation she has had with her sexual partner), an important switch needs to be made at quickening⁴ (Bibring et al., 1961). As the woman starts to feel her child moving inside her womb, she is now faced with the reality that the growing fetus isn't part of herself, but another object, which will soon be anatomically separated from her. If successful, this **change in cathexis**⁵ prepares the mother for establishing the crucial primary relationship with her child (Pines, 1972; Walter & McCoyd, 2009), who is now being represented both as a separate identity and part of herself (Bibring et al., 1961; Ammaniti & Trenitini, 2009). This moment leads to further developments in the mother's "imaginary baby" (i.e., prenatal representations; Stern, 1995), a term that refers to the dreams and expectations concerning her unborn child, which fluctuates in a healthy ambivalence (Raphael-Leff, 2010). Childbirth ultimately confronts the new mother with the reality of her newborn, as well as with the demands of motherhood (Bibring, 1959). Bibring (1959) notes how the anticipation of childbirth is often associated with the rise of deep-seated fears and anxieties, reflecting, for many women, a highly stressful or even traumatic experience.

Bibring (1959) and Bibring & Valenstein (1976) underline that the crisis of pregnancy affects every woman regardless of their prenatal psychic state, leading either

⁴ The moment in pregnancy when the woman first starts to feel the fetus' movements inside the uterus.

⁵ A process in which an investment of libidinal energy is made into an object, idea or person.

to progress towards a more **mature identity** or to a **neurotic outcome**. Provided the woman positively adjusts to pregnancy and postpartum, as well as accurately attends to her newborn's needs, she can introject the gratifying experience of mothering, which provides her with self-confidence in her motherliness, enabling her ego ideal⁶ to incorporate the aspiration of being a good mother (Benedek, 1959, 1970; Blum, 1980). In the event the woman is not capable of managing this intense upheaval of psychological processes and of **restoring psychic equilibrium** by the time her child is born, the mother-child relationship becomes at an increased risk of establishing a cycle of mutually-induced negative reactions, such as rejection or frustration (Bibring, 1959). During this stage, the woman's early experience with the primary object plays an important role (Ogden, 1983), as it tends to affect later patterns of relational styles, particularly influencing the mother-child relationship (Bibring et al., 1961; Ainsworth, 1969; Pines, 1972) due to the on-going identification with her own mother (Pines, 1972). The previously mentioned reawakening of early intrapsychic conflicts can lead to reenactment, in which mothers continue to act out past conflicts with their primary object in present mother-child interactions (Pines, 1972), with deep-rooted feelings of ambivalence and hostility (Winnicott, 1956).

Although men do not experience pregnancy biologically, the expectant father is subject to its psychological impact as well. Similarly as in women, pregnancy can evoke a revival of conflicts and emotional turmoil in men (Deutsch, 1945), whose re-elaboration can result in growth and development (Gurwitt, 1989). In addition, research suggests that pregnancy is the most stressful time for men when transitioning to fatherhood and that it may trigger a process of life reappraisal and psychological change just as it does for women (Condon et al., 2004). A smaller fraction of expectant fathers experiences

⁶ The conscious and unconscious images of the self as one idealizes it to be.

couvade, which refer to pregnancy-like physical and psychological symptoms (e.g., nausea, appetite changes, and irritability) that dissipate after childbirth (Brennan et al., 2007). These are more commonly found in men who have greater degrees of emotional involvement in their partner's pregnancy (Clinton, 1986), as well as of role anticipation (Longobucco & Freston, 1989), suggesting *couvade* could represent a man's basic wish to bear a child, which, for denied biologically, is manifested in the psyche (Leon, 2008).

Parenting Styles

Parenting can be defined as a dyadic process through which parents influence their children as they try to discipline them (Baumrind, 1971). Research into parenting can take on multiple approaches, typically focusing either on parenting styles, parenting practices, or parenting dimensions. Although sometimes used interchangeably, these terms describe different interrelated parenting phenomena that range from specific to broad. While **parenting practices** refer to directly observable specific behaviors parents demonstrate towards their children (e.g., punishment, feeding practices; Darling & Sternberg, 1993), **parenting dimensions** emerge from factor analytic techniques and reflect similar parenting practices (e.g., demandingness, responsiveness; Kuppens & Ceulemans, 2018). **Parenting styles** is a broader term that can be defined as patterns of parental practices, varying from high to low on inherent parenting dimensions (Kuppens & Ceulemans, 2018), tending to be a more stable measure over time and across circumstances in comparison to parenting practices (Miguel et al, 2009), which can often amount to isolated behaviors rather than reoccurring patterns.

The extensive work of Diana Baumrind, a clinical and developmental psychologist, is one of the most influential in the parenting field. She began her

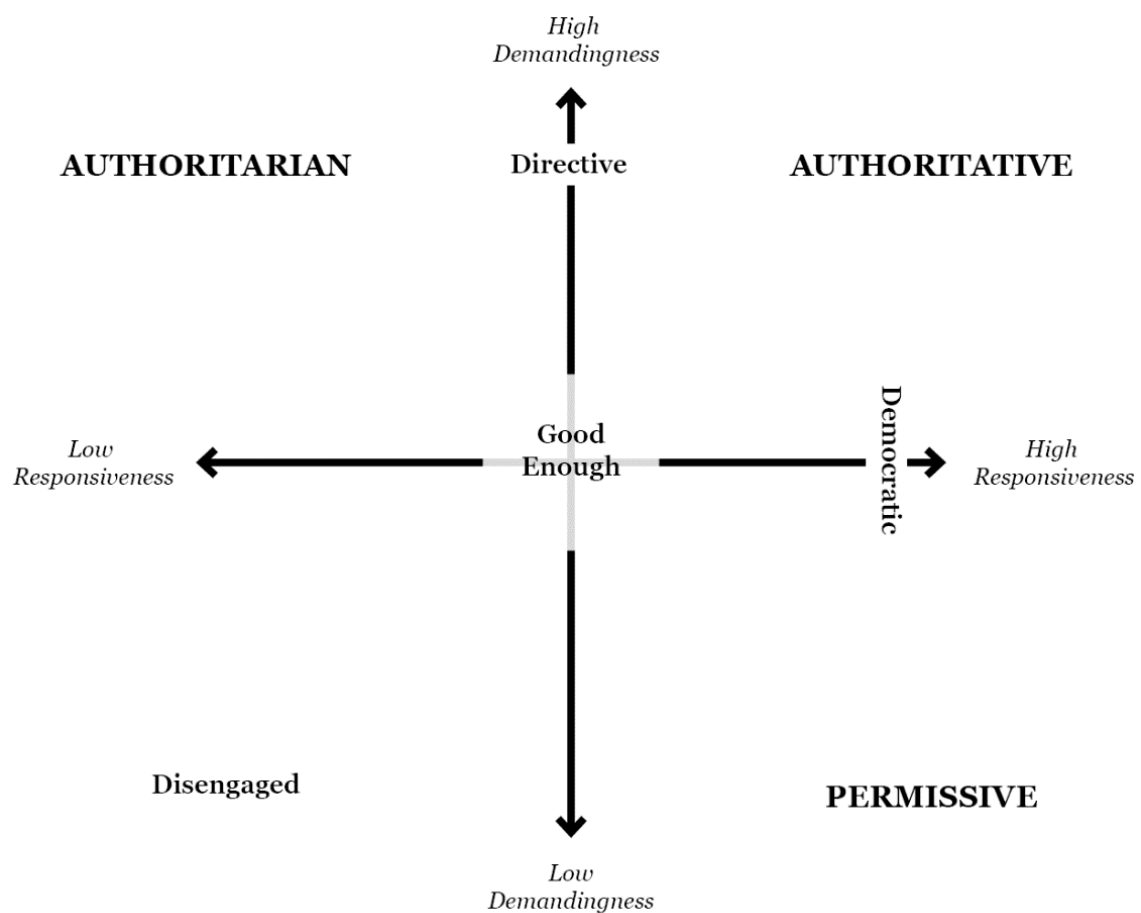
pioneering research in the 1960s, being deeply interested in the parent-child dyad, particularly in the ways how parenting behavior influences child development. She developed the most widely accepted conceptual model regarding the classification of parenting styles. She initially (1971) proposed three main parenting prototypes: **authoritarian**, **authoritative**, and **permissive**. These were based on Lewin's (1948) three leadership styles (authoritarian, democratic, and laissez-faire), under the premise that parents fulfill a role similar to one of a leader in the dyadic parent-child relationship (Ferguson et al., 2006). The authoritarian parent is characterized as a restrictive, punitive, and coercive authority figure, whereas the permissive parent is unconditionally accepting, autonomy-granting, and lenient. Between the two extremes, the authoritative parent is neither coercive nor indulgent, but both responsive and demanding, autonomy-supportive and confrontive, affectionate and power assertive (Baumrind, 2013a).

Later research done by Maccoby & Martin (1983) connected Baumrind's parenting styles to two dimensions: **demandingness** and **responsiveness**. The *demandingness* dimension refers to the level parents attempt to control their children's behavior (e.g., power assertion), and the *responsiveness* dimension refers to the level parents are able to respond to their children's emotional needs (e.g., warmth). Parenting styles can be described as different combinations of the two dimensions: authoritarian being high in demandingness and low in responsiveness; permissive being low in demandingness and high in responsiveness; and authoritative being high on both. Following the emphasis on parenting dimensions, Maccoby & Martin (1983) proposed a fourth parenting style characterized by low levels of both demandingness and responsiveness: *neglectful*. Baumrind (1989, 1991) later integrated it into her typology, ultimately naming it **disengaged**. She further expanded her typology over the years, aiming to include other sets of patterns (i.e., average in one of the dimensions or both

dimensions) by adding three other parenting prototypes: directive, democratic, and good enough. In sum, seven parenting prototypes compose Baumrind's parenting typology (see Figure 1): authoritarian, authoritative, permissive, directive, democratic, disengaged, and good enough.

Figure 1

Baumrind's Parenting Typology.



Note. Adapted from *Authoritative Parenting: Synthesizing Nurture and Discipline for Optimal Child Development* (p. 4), by R. E. Larzelere, A. S. Morris & A. W. Harris (Eds.), 2013, American Psychological Association (DOI: 10.1037/13948-001). Copyright 2013 by American Psychological Association.

The **authoritarian style** is characterized by a coercive assertion of power and low support levels. Authoritarian parents try to shape, control, and evaluate their child's behaviors based on absolute set standards (Miguel et al., 2009). They tend to be repressive, exercising psychological control often through verbal hostility, physical punishment, or other coercive methods (e.g., threats). Being mostly concerned with retaining their hierarchical status, authoritarian parents' discipline tends to be superfluous, harsh, and arbitrary (Baumrind, 2012).

In contrast, the **permissive style** is characterized by warm affection and low demandingness levels. Permissive parents do not assert power, as they avoid seeing themselves as socialization agents who are responsible for regulating their children's behavior (Miguel et al., 2009). Instead, they set few rules or demands, being more autonomy-granting. These parents tend to have low expectations for their children's behavior, endorsing a lenient approach to parenthood (Baumrind, 2012).

Because the **authoritative style** combines high levels of both demandingness and responsiveness, authoritative parents tend to set high – yet reasonable - expectations for their children, while still showing warmth and support. Furthermore, differently from the strict control authoritarian parents employ, authoritative parents assert confrontative power, which is reasoned and negotiable, to regulate children's behavior (Baumrind, 2012).

The parent-child relationship is naturally asymmetrical in early childhood, as infants depend heavily on their parents' care. As the infant grows and starts exploring the world surrounding them, they most often need their behavior externally regulated to keep them safe. Part of the parent's role as a caregiver is to impose limitations on the infant's behavior, and by doing so, protect them. Thus, and despite its given pejorative value, parents' frequent and consistent assertion of power is a necessary part of the socialization

process, through which children acquire a wide range of social competencies (Baumrind, 2012, 2013b). Both authoritarian and authoritative parents assert power to discipline their children, yet they differ in the qualitative kind of power they assert. Authoritarian parents assert **coercive power** (i.e., arbitrary, peremptory, and hierarchical), while authoritative parents assert **confrontative power** (i.e., reasoned, negotiable, and outcome-oriented; Baumrind, 2012). Baumrind (2013b) argues that while power assertion isn't per se harmful to children's development, the coercive power authoritarian parents tend to assert is.

Consistent findings across various research (Baumrind, 1966, 1971, 1991; Lamborn et al., 1991; Steinberg, 2001; Kuppens & Ceulemans, 2018; Nachoum et al., 2021) have shown that parenting styles and practices have a significant impact on children's social and emotional development. Children of authoritative parents tend to have the most positive developmental outcomes, displaying better mental health, psychosocial competence, and academic achievement when compared to children of authoritarian or permissive parents (Baumrind, 1966, 2012; Kuppens & Ceulemans, 2018). Hence, the authoritative style is considered to be the "**optimal parenting**" approach, combining high levels of both demandingness and responsiveness, whereas other parenting styles emphasize either demandingness alone (authoritarian) or responsiveness alone (permissive), leading to less favorable child outcomes (Kuppens & Ceulemans, 2018). Authoritative parents show high levels of responsiveness, and yet they are as demanding as authoritarian parents, underlining that while responsiveness is crucial, the role of demandingness cannot be discredited (Baumrind, 2013a). This reassures parents they can be warm and responsive while still maintaining high expectations for their children's behavior.

The Current Study

Goals

The present study aimed to explore how the reasons that motivated parents to have children, in addition to their psychological adaptation to pregnancy, related to how they would later behave and react towards their offspring. More specifically, the main goal of the quantitative study was to examine whether particular childbearing motivations were associated to the endorsement of authoritative, authoritarian, and permissive parenting styles. Hypotheses were built encompassing both positive and negative emotional/psychological childbearing motivations: Personal Fulfillment (positive), which refers to intrinsic motivations related to establishing emotional bonds with a child, experiencing pregnancy, and fulfilling a biological instinct (Guedes et al., 2015); and Childrearing Burden and Immaturity (negative), which pertains to concerns about the ability to parent and emotional immaturity (Seaver et al., 1977), as well as the demanding responsibilities and resources of the parental role (Miller, 1995). As such, the initially set hypotheses were:

Hypothesis 1: Positive emotional/psychological childbearing motivations (Personal Fulfillment) would be associated with the endorsement of a positive parenthood style (Authoritative).

Hypothesis 2: Negative emotional/psychological childbearing motivations (Childrearing Burden and Immaturity) would be associated with the endorsement of negative parenthood styles (Authoritarian and Permissive).

The qualitative study was focused on exploring how psychological adaptation to the first pregnancy, as well as earlier childhood experiences, might connect to the way parents perceive and experience their parenthood, as well as interact with their children.

No predictions were made concerning the results of the qualitative analysis since thematic analysis was adopted as a research method. Unlike the traditional research model, whose main focus is to validate an initially set hypothesis, the use of thematic analysis' goal was to explore the data, privileging inductive reasoning rather than hypothetico-deductive.

Method

Participants

The sample consisted of 132 participants from the general population, of which 106 (80.3%) were mothers and 26 (19.7%) were fathers, with their ages ranging from 22 to 57 years and the mean age being 43.35. The majority of the participants were married, in a civil union, or a long-term relationship (81,1%, $n = 107$), and 19% were divorced or single ($n = 25$). Half the participants had 2 children (50.8%, $n = 67$), 34.1% had only one child ($n = 45$) and 15,2% had 3 or more children ($n = 20$). More than half had their first child between the ages of 27 and 35 years (64.2%, $n = 85$), and most had planned their first pregnancy (82.6%, $n = 109$).

Concerning the qualitative study, 30 participants revealed interest in participating in the interview, and 10 replied to the follow-up email. A total of 9 participants were interviewed, of which 7 were mothers and 2 were fathers (see Appendix B for further description of this sample).

Procedure

This cross-sectional research resorts to a mixed-methods approach by collecting and analyzing both quantitative and qualitative data. This study was conducted in

compliance with the Helsinki Declaration, as well as with the Order of Portuguese Psychologists' Code of Ethics.

For the quantitative study, the minimum required sample size was calculated using the G*Power computer software (version 3.1.9.7). For the linear regression analyses with 2 tested predictors, a minimum of 107 participants was required for obtaining an effect size of 0.15 (moderate) and a power of 0.95. The sample's inclusion criteria to participate in this study was to be a mother or father of at least one child aged between 3 and 18 years. Mothers and fathers were invited to participate in this study through social networks (e.g., Facebook®, Instagram®, LinkedIn®), more specifically through postings on parenting-themed forums, groups, and pages. The advertisement included a link leading to the online survey, hosted by GoogleForms®. The first page of the online survey introduced the nature of the present study, informing the participants of its goals and ethics (e.g., anonymity, confidentiality, voluntariness). Then, the participants who would provide informed consent (by clicking a button stating "Yes" below the statement "I declare that I've read the information given and that I accept participating voluntarily in this study.") would be given access to the sociodemographic form and further measures. After filling out the measures and by the end of the online survey, participants were invited to take part in this part of the study by participating in the interview. The participants who were willing to do so were welcomed to leave their contact details (e.g., email). They were later reached out with more information on the interview process via email (e.g., duration, necessity of voice recording, guarantee of confidentiality). The participants who agreed to be interviewed sent back a signed declaration of informed consent and scheduled a time slot on a previously sent Doodle® calendar. Interviews were conducted using Zoom® online platform, and the recording of audio only began following explicit verbal consent from the interviewee. Before the start of the interview,

the nature and goals of this study were described to the participant, as well as that they could withdraw from the interview at any time, as well as refuse to answer any question.

Quantitative data was collected throughout January and February 2022, and interviews were conducted until early May 2022.

Measures

Sociodemographic Form. Sociodemographic information was collected through a self-report form (see Appendix C), which included variables such as age, gender, education, marital status, area of residence, employment, and financial situation. In a second part of the form, participants were instructed to answer parenthood-related questions thinking of their first pregnancy and child (e.g., pregnancy planning, age they had their first child).

Parenting Styles and Dimensions Questionnaire - Short Form. The short form of the Parenting Styles and Dimensions Questionnaire (PSDQ – SF; Miguel et al., 2010) was used to assess the participants' parenting styles. It is comprised of 32 items in total, for which the general instruction of “Answer how frequently you act towards your child in that manner.” is given. Items are answered using a 5-point Likert scale, ranging from 1=*Never* to 5=*Always*. This measure is organized in 3 subscales, based on Baumrind's three main typologies: Authoritative (e.g., “I give my child reasons why rules should be obeyed.”), Authoritarian (e.g., “I punish by taking privileges away from my child with little if any explanations.”) and Permissive (e.g., “I find it difficult to discipline my child.”). The Authoritative subscale is composed of three subdimensions (Connectedness, Regulation, and Autonomy), as well as the Authoritarian subscale (Physical Punishment, Verbal Hostility, and Punitive Strategies). Furthermore, two other subscales will be

considered: Positive Parenthood (Authoritative items) and Negative Parenthood (Authoritarian and Permissive items). The score for each subscale or dimension is obtained by calculating the sum of its items, indicating the degree of expressiveness of each parenting style. Similar to the original version of the PDSQ (Robinson et al., 2001) and the Portuguese version (Miguel et al., 2010), both Authoritative/Positive Parenthood and Authoritarian subscales revealed good internal consistency (Cronbach's alphas of 0.93 and 0.79, respectively), with the Permissive subscale being the less consistent (0.56), which is most likely due to its lower number of items (5). The Negative Parenthood subscale also showed good internal consistency, with a Cronbach's alpha of 0.80.

Childbearing Motivations Scale. The Childbearing Motivations Scale (CMS; Guedes et al., 2012) is a self-report measure that assesses both positive and negative childbearing motivations (CM) and their respective subdimensions. It is composed of two subscales, which are separately scored: the Positive Childbearing Motivations subscale (e.g., "Fulfilling a moral obligation.", "Giving a meaning to my life.", "Strengthening the bond with my partner.") and the Negative Childbearing Motivations subscale (e.g., "Facing the labor of childcare.", "Worrying about the future of a child in the current world.", "Assuming increased expenses with a child."). For each subscale, the general instruction was for participants to indicate how much they presently valued each reason for or against becoming a mother or father, using a 5-point Likert scale, ranging from 1=*Not at all* to 5=*Completely*. The Positive Childbearing Motivations subscale is composed of 26 items organized into four subdimensions (Socioeconomic Aspects, Personal Fulfillment, Continuity, and Couple Relationship). The Negative Childbearing Motivations subscale consists of 21 items organized in five subdimensions (Childrearing Burden and Immaturity, Social and Ecological Worry, Marital Stress, Financial Problems, and Economical Constraints, and Physical Suffering and Body Image Worry).

The score for each subscale or subdimension is calculated through the sum of their corresponding items, with higher scores indicating a higher degree of value given to positive or negative childbearing motivations, respectively. This measure showed good internal consistency in this sample, with Cronbach's alphas of 0.93 (Positive Childbearing Motivations subscale) and 0.92 (Negative Childbearing Motivations subscale).

Qualitative Semi-Structured Interview Guide. A semi-structured interview guide was developed for the qualitative study (see Appendix D). It was comprised of questions regarding both the interviewees' family of origin (e.g., structure, roles, authority) and established family (e.g., structure, parenting, and rearing practices). More specifically, participants were questioned about their couple relationship ("*How did the relationship with your partner/spouse change as you became parents?*"), and their wish to bear a child ("*Why was it important for you to have children? Was it something you discussed as a couple?*"), as well as the planning of their first pregnancy. Furthermore, the guide included questions on their views and feelings on parenthood ("*What are the best and worst parts of being a mother/father?*"), with a special focus on how they adapted to pregnancy and childbirth (i.e., their transition to parenthood; "*What did you feel when you first found out you/your partner were/was pregnant?*"; "*How did you imagine your child while you/your partner were/was pregnant?*"; "*What came to your mind when you first saw your newborn?*"). Finally, interviewees were questioned about their parenting practices ("*When your child misbehaves or does something they're not allowed to, how do you try to discipline them?*") and the relationship they share with their child ("*How does a happy moment with your child(ren) look like? How about a sad one?*"; "*What are some of your wishes for your child(ren)'s future?*").

Data Analysis

Quantitative Data

Statistical analyses of the quantitative data were performed using the computer program Statistical Package for the Social Sciences (SPSS, version 25.0; IBM SPSS, Chicago, IL). The reliability of all three quantitative measures was assessed by calculating their Cronbach's alphas, which were interpreted as indicators of adequate (≥ 0.70) or optimal (≥ 0.80) internal consistency (Nunnally & Bernstein, 1994). The minimum confidence interval considered for all analyses performed was 95%.

Firstly, descriptive statistics were computed for sociodemographic characterization of the sample. Then, zero-order Pearson's correlation coefficients were computed in order to evaluate associations between variables, which were then classified as weak (± 0.10 — ± 0.29), moderate (± 0.30 — ± 0.49), and strong (± 0.50 — ± 1.0) (Cohen, 1988). Lastly, main effects were examined by computing multiple linear regression analyses (Enter-method). Sociodemographic and childbearing motivation variables which had the strongest associations with parenting styles variables were entered as predictors (e.g., gender and Personal Fulfillment) and dependent (e.g., Authoritative Style). Effect sizes were based on the values of Cohen's R^2 (1992), being interpreted as small ($R^2 \geq 0.02$), medium ($R^2 \geq 0.13$), or large ($R^2 \geq 0.26$) and representing the proportion of the variance for a dependent variable that's explained by predictors in the regression model.

Qualitative Data

For qualitative data collection, semi-structured interviews were conducted while providing an open space for interviewees to express themselves. Interviews were recorded following the participant's consent and later transcribed into written form, in order to conduct thematic analysis. Thematic Analysis as proposed by Clark & Braun (2006) was considered for the exploration of data, departing from the ground (i.e., participants' narrative discourses) and managing to find the central domains of perspectives, concerns, and solutions regarding the transition to parenthood. Thematic analysis is a process based on the constant comparison and categorization of data, leading to the identification and later refinement of themes, which are descriptive of latent patterns in participants' narrative discourse (Boyatzis, 1998), thus requiring a degree of theoretical sensitivity (Glaser, 1978). In the case of this study, the analysis was theory-driven. The computer software NVivo (QSR International) was used for streamlining data analysis.

Following familiarization and organization of transcripts, thematic analysis started by generating codes from the raw data, working systematically through the entire set. Codes identify a certain patterned feature of data, which content can be semantic or latent, and refer to short segments or elements of the interview (i.e., references; Braun & Clarke, 2006). After organizing data in meaningful codes, analysis was re-focused on the broader level of themes. This phase required sorting the different codes into groups, considering how codes might relate to each other to form themes (Braun & Clarke, 2006). Refined and defined themes are then subject to interpretative analysis within each of its codes, and an overall conceptualization of the data patterns is produced. It's important to underline that thematic analysis is a flexible, recursive process, and therefore the analyst moves back and forth between phases (Braun & Clarke, 2006).

Results

Correlation Analyses

Regarding sociodemographic variables, a negative correlation (though weak association) between the parent's age and the Permissive Style was observed. Additionally, the parent's gender correlated positively with the Authoritative Style (weak association).

Of the main variables under study, Continuity, a positive social/normative CM, correlated positively with all three parenting styles (weak associations). Personal Fulfillment, a positive psychological/emotional CM, correlated positively and moderately with the Authoritative Style, and positively and weakly with the Permissive Style (see Table 1). Childbearing motivations Couple Relationship (weak association), Socioeconomic Aspects, and Childrearing Burden and Immaturity (moderate associations) correlated positively with the Authoritarian Style. Furthermore, significant positive correlations were observed between Socioeconomic Aspects (weak association), Childrearing Burden and Immaturity, Marital Stress (moderate associations), and the Permissive Style. Social. Ecological Worry, Financial Problems and Economical Constraints also correlated positively with both negative parenthood styles, though representing weak associations. Childbearing motivation Physical Suffering and Body Image didn't significantly correlate with any of the parenting styles.

Table 1

Correlation Matrix Between Variables Under Study.

	Authoritative	Authoritarian	Permissive
Age	-.02	-.04	-.25**
Gender	.25**	-.06	.00

<i>Positive CM</i>	Authoritative	Authoritarian	Permissive
Socioeconomic Aspects	-.06	.30**	.28**
Personal Fulfillment	.40**	.08	.20*
Continuity	.20*	.20*	.24**
Couple Relationship	.07	.18*	.12
<i>Negative CM</i>			
Childrearing Burden and Immaturity	.04	.39**	.39**
Social and Ecological Worry	.15	.20*	.23**
Marital Stress	.05	.27**	.34**
Financial Problems and Economical Constraints	.05	.24**	.23**
Physical Suffering and Body Image	.03	.17	.12

* $p < .05$, ** $p < .01$

Regression Analyses

Linear regression analyses were conducted in order to examine the main effects of childbearing motivations on self-reported parenting styles, as detailed in Table 2. Parenting styles were each regressed on their strongest correlated childbearing motivations, as well as gender for the Authoritative Style and age for the Permissive Style. In these models, predictors gender and Personal Fulfillment as CM revealed medium-sized ($R^2=0.19$) main effects in explaining the observed variance in the Authoritative Style. Moreover, CM Socioeconomic Aspects and Childrearing Burden and Immaturity revealed medium-sized ($R^2=0.19$) main effects in explaining the observed variance in the Authoritarian Style. Lastly, age and Childrearing Burden and Immaturity as CM revealed medium-sized ($R^2=0.18$) main effects in explaining the observed variance in the Permissive Style.

Table 2*Parenting Styles Regressed on Socioeconomic Variables and Childbearing Motivations.*

	<i>Dependent variables</i>					
	Authoritative		Authoritarian		Permissive	
	<i>B</i> (SE)	ΔR^2	<i>B</i> (SE)	ΔR^2	<i>B</i> (SE)	ΔR^2
<i>Predictor variables</i>						
Gender ^a	4.01 (1.84)*	.06**				
Personal Fulfillment ^b	.48 (.11)***	.13***				
Socioeconomic ^a Aspects			.18 (.07)*	.09***		
Childrearing Burden and Immaturity ^b			.34 (.08)***	.10***	-.07 (.04)	.11***
Age ^a					.19 (.05)***	.06**
Total R^2	.19***		.19***		.18**	
Adjusted R^2	.17***		.18***		.16***	
<i>F</i> (final model)	20.04***		15.78***		17.5***	

Note. The unstandardized regression coefficients (*B*) concern the analyses in which all effects were entered (last step).

^a First block predictor; ^b Second block predictor.

* $p < .05$; ** $p < .01$; *** $p < .001$

Thematic Analysis

Following coding procedures, a total of 19 codes were generated, which were then grouped into 6 themes: (1) *Identification and Desire*; (2) *Transition*; (3) *Parenting and Upbringing*; (4) *Children*; (5) *Parenthood and Identity*; (6) *Education, Work and Relations*. These themes can be organized into one over-arching theme – *Parenthood and Identity* – comprising four themes organized in sequential order (*Identification and Desire, Transition, Parenting and Upbringing, Children*), and influencing and being influenced by topics described in *Education, Work and Relations* (see Appendix E). The

codes that compose the themes refer to diverse subjects that pertain to how the interviewees perceived their own upbringing, parenthood, and family, comprising at least three different generations (i.e., grandparents, parents, and children). These represent an attempt to build an understanding of parenthood-related phenomena, despite motherhood being “*a very personal matter and a very intransmissible feeling.*”, as described by interviewee A.

Theme 1: Identification and Desire.

Maternal Feelings

When questioned why having children was important to them, an interviewee (K) made the statement “*I knew I would become a mother since I was little.*”, conveying a feeling that was present from early on in her life. Others shared more of a desire, that they’ve “*always wanted to be a father*” (C), or that “*becoming a mother was my biggest wish*” (N). These statements go in line with Pine’s (1978) maternal feelings or attitudes, the forerunners of motherliness and fatherliness which are present from an early age and represent their deepest identifications with the mother. However, interviewee A expressed a contrasting feeling – that she had “*always wished to become a mother different from my own*”, suggesting a conflict from a previous identification with her mother’s role. Her successful re-elaboration provided her with the solution of mothering her child differently from how she herself was mothered, which illustrates well the words of Blum (1980, p. 100) “In addition to the biological foundations and motivations for parenthood, the psychology of parenthood is itself enormously influenced by the early parent-child relationship”.

Interest in Children

Some interviewees referred to an interest in babies and children when discussing why they had wanted to become a parent in the first place (“*I really like children.*” (F, S); “*After we got married, I remember being at the beach and seeing babies everywhere. That wasn't indifferent to us.*” (D)). Concerning this subject, one of the male interviewees (C) made an interesting remark: “*I like children, however, I don't like babies.*”. This specific interest might be due to sex differences in infant responsivity, which tends to be heightened in young women, as they are who traditionally take on the primary caregiver role, hence representing a biological adaptation for parenting (“*There are people who don't care for the baby phase, but I melt completely.*” (D); Maestriperi & Pelka, 2002).

Adoption was mentioned by two interviewees: “*When I was younger, adopting children was always my plan. It still hasn't happened, but I'm planning on doing it.*” (A), “*We are currently waiting for our fourth member of the family. I'm not pregnant, though. We are in the process of adoption and have been waiting for a child for five years now.*” (F). The adoption of children in foster care, due to its lengthy process and inherent socioemotional challenges, might reflect an altruistic and genuine interest in children, as well as greater empathy.

Repeating Childhood Experience

A common topic was the desire to repeat a pleasurable childhood experience (“*I liked being a daughter (...) and I liked the family institution.*”) (S). Becoming a parent does enable the adult to relive childhood once again, fulfilling early desires and fantasies (Pines, 1978). In fact, Lefcourt (2021) states that the act of reliving childhood is a universal aspect of being a parent, describing it as a process in which the past is re-enacted in the present. The desire of doing so is logical if the feelings evoked from past

experiences are of joy and happiness (“*I had a really good relationship with my brother and I regret not being able to provide that to (my daughter)*” (P)). However, the fear of repeating traumatizing childhood experiences was also mentioned by one of the interviewees (F), who witnessed recurring domestic violence (“*I always thought to myself (...) things don’t have to repeat themselves, but what if they do.*”).

Being able to recall childhood memories might facilitate the process of identification in which the parent empathizes with their child. An example of this is interviewee P perceiving his parenthood as “*living a second life*”, as he was actively trying to “*put myself in (my daughter’s) shoes (...) and take the best decisions for her and know what is best for her.*”. Another interesting example could be interviewee C, who “*hated being an only child*”, and because he “*felt so lonely*”, he’d “*never want any child of mine to go through that.*”, which is probably why he finds “*the tension between the two of (his children)*” to be the worst part of being a parent.

Idealizations of Child

At its earliest stages, parenthood is the most prone to the parent’s idealizations and fantasies concerning the future child and their new role. Mental representations (i.e., Stern’s (1995) imaginary baby) of the fetus develop during pregnancy, embodying the mother and father’s expectations and dreams concerning their unborn child (Rusanen et al., 2018). Of the interviewees who imagined traits of their unborn child while in the womb, most projected their own features (“*I remember dreaming of a child with curly hair.*” (N), “*I would imagine he had dark skin.*” (L)). Interviewee F pictured her fetus somewhat differently, imagining “*the shape of the baby inside my belly.*”, which is a much more literal and real way to mentally represent her child. Parents who refrain from imagining their future child and parenthood, in general, might do so to protect themselves

from disappointment, which is particularly common towards the end of the pregnancy (Vreeswijk et al., 2015). In truth, interviewees stated that they were under the impression that their idealizations surrounding parenthood would hardly correspond to reality (*“When we imagine, we think about the movies in which babies are well behaved and everything is nice, when in reality, it’s chaos.”* (C); *“One would picture a baby with cute clothes, but it’s not like that at all.”* (L)). It might be the most common for parents to develop their strongest idealizations towards their first child, as, by that time, they haven’t been yet confronted with the disappointments of the reality of parenthood.

Theme 2: Crisis and Transition.

First Pregnancy and Child

Parenthood begins with a wish for a child and is materialized by its fulfillment, the pregnancy. The novelty of the first pregnancy and child is undeniable, even in what concerns relatives and surrounding others, as one interviewee commented *“everyone is curious to see us in that role”* (F). Interviewees who had more than one child reported the idea that the first pregnancy and birth were distinct from the others: *“It’s funny how there were things from the first that never repeated.”* (F); *“With the other children, it wasn’t like that at all.”* (D); *“I was kind of shaken with the first (child), but not with the second.”* (C). Some interviewees described a sense of strangeness upon seeing their child for the first time after birth (*“He looked so unfamiliar.”* (F)), as well as feeling confused and needing time to adjust and connect with the baby (*“It took two or three days to build that connection.”* (P); *“I felt confused and I needed some time to internalize it.”* (F)). For the parent, falling in love with (i.e., emotionally attaching to) their infant can be instant or gradual (Lefcourt, 2021). On top of that, a traumatic birth experience can make it harder for the new mother to develop an attachment bond with her newborn (Dekel et al., 2019),

who, on the other hand, is innately ready to attach to her. In fact, the newborn inherent helplessness and dependence are meant to elicit their parent's care (Mahler et al., 1975), which interviewee P illustrates well with the following statement: *“I don't particularly attribute that initial connection to the fact that she is my daughter. I think it was mostly due to the fact that a human being was relying on us entirely (...). And I think that's what has got me so involved with her, whether she's my daughter or not. (...) It's her dependence that gives us the sense of responsibility, (...) when we realize “this creature needs us for everything”.”*

Adaptation

Depending on the desire and planning of the pregnancy, the news of expecting a child can elicit both positive and negative emotions (*“We were thrilled. It was planned, so it was great news.”* (A)). An unexpected pregnancy can establish from early on a pattern of negative emotions and reactions that persist over time, as it was the case of interviewee S (*“It wasn't good... We were so busy with the farm at the time.”*; *“I liked my belly, but I was horribly depressed the first few months of pregnancy.”* (S; Nelson & O'Brien, 2012). High ambivalence, however, is characteristic of expectant women, as they can be overjoyed with their pregnancy at the same time as dealing with archaic fears and anxieties, especially concerning childbirth (Bibring, 1959). The moment of discovering her pregnancy is ambivalently described by F as *“At first I felt confused. I had wanted to become pregnant for so long, but when it finally happened, I thought “my life will be changed forever”.”*

As the date of birth nears and as a means to promptly adapt, parents start to anticipate their future role and psychologically prepare for it, even practicing tasks for when the baby arrives (e.g., diaper changing; Alhusen et al, 2013). Interviewee D made the following statement concerning her first few days as a parent: *“I was so young, (...) I*

never had had close contact with such a small baby before. However, I handled it very calmly.”. Another interviewee (F) described her first year as a parent as *“a year of fitting in a new element in life.”*. Furthermore, interviewee N made a humorous remark regarding her adaptation while mentioning instinct: *“They don’t come with an instructions manual... but, I guess it’s a maternal instinct. We learn for ourselves, too.”*.

Fears and Anxiety

As a natural and universal part of the parenting experience, all nine interviewees reported feeling fearful or anxious concerning some aspect of becoming (or being) a parent. An interviewee (C) mentioned his partner’s fear of being unable to conceive (*“She was getting paranoid, thinking she would have low fertility because of the pill.”*).

Concerning pregnancy, most reported feeling worried about the fetus’s health and well-being, especially concerning the moment of childbirth (*“It’s so stressful, checking if everything is okay or if it’s not.”* (K); *“I was hoping everything was working fine, that he would be fine.”* (A)). Some even recalled feeling anxious about the possibility of the child having a birth defect or disability (*“I’m well aware of the sorrow of having a child with a severe disability.”* (P); *“I was more anxious because of my close contact with cerebral palsy disorders.”* (A)).

Pertaining to children, some referred to child’s sickness and their consequent feeling of helplessness (*“When he is sick, it’s an immense affliction.”* (L); *“When they are sick with something I don’t know, I get so stressed until we go to the doctor.”* (K); *“I felt powerless (...) knowing he had COVID, it scared me so much.”* (N)). Additionally, two interviewees (A, K) mentioned a *“fear of the unknown”* as one of their main concerns relating to parenthood, as well as *“losing control”* (K) as children grow up. Other described fears were incompetence (*“It was so scary because he was so small. I wasn’t sure I would be able to care for him.”* (N)), dying (*“Who would take care of him?”* (A))

and being unloved by their child (“*I had the reoccurring thought, that maybe my son wouldn’t like me.*” (F)).

Theme 3: Parenting and Upbringing.

Mother and Father Models

As in childrearing, mothers have commonly assumed the primary caregiver role (Katz-Wise et al., 2010), most interviewees did point out their mothers as the parent who detained the main role in their upbringing. While fathers were described as “*condescending*” (A) and “*absent*” (S), mothers were generally described as more responsive (“*She was at home, she was the one who took care of us.*” (P), “*If my father said something, she would always appease things.*” (K)), but also as demanding (“*Mom was the one who took all the decisions.*” (A); “*The most active voice was my mom’s.*” (P); “*Mom gave more orders than dad.*”(L)). The authority figure, however, seemingly remained the more passive father, who would “*intervene when necessary*” (P). Particularly, both male interviewees admitted to more promptly obeying their fathers’ orders rather than their mothers’ (“*I was always more obedient towards my father.*” (C); “*I had a different kind of respect for my father.*” (P)). One interviewee’s (S) statement illustrates well the father’s renunciation of childcare: “*The role of my father was not to educate, but to provide.*”. Another interesting example was interviewee K’s idealized representations of her parents, which were of “*Our Lady of Fatima*”, the mother, who nurtures and protects, and “*God, my idol*”, the father, who punishes and is all-mighty (“*He was always so controlling with us.*”). Mother and father representations like these aren’t uncommon and have been depicted throughout history in various forms of art and culture (Lefcourt, 2021). Still following the example of interviewee K, her statement “*I went through both the loss of my baby and my parents’ divorce that year. Most surprisingly,*

my parents' divorce affected me the most." underlines how significant parental identifications and idealizations are, even for the mature adult.

Parenting Roles

Nowadays, parents are seemingly reevaluating their cultural-predetermined roles and stereotypes and trading them for a more shared approach to parenthood, as illustrated by this statement: "*Women have been overloaded with their role, sometimes not as much if our partner is by our side, but socially there is still a lot of this weight, that "the woman has to care for, the woman has to stay at home..." I don't feel that way at all.*" (F). However, statements from the male interviewees may indicate otherwise: interviewee P confesses the role of caregiving is "*a burden that falls much more on (my partner) than it does on me. I would say that on a day-to-day basis it's (my partner's) role, and when things get a little more serious, I go in.*", while interviewee C states his wife "*gets burned out caring for (their children).*". Contrasting somewhat to his less active role at home, which seems to be implicit in his previous statement, interviewee C, who is the vice-president for his children's school parents' association, admits it "*should be called mothers' association, because fathers don't give a shit about parenthood*".

A couple of interviewees talked about unwritten dyad rules, such as "*We don't blame each other.*" (K), "*We never withhold the authority from each other in front of our daughter.*" (P), and "*There is mutual reinforcement of each other's orders.*" (P). Interviewee P made an important remark when he stated that "*there needs to be an agreement between the couple. Children need clear rules, especially when they're younger. And having arguing parents doesn't help that at all.*".

Grandparents' Support

While interviewees recall being cared for by their grandparents (“*Growing up, my most important person wasn’t my mother or my father, it was my grandmother. She didn’t work (...) so she was the one who would take me to school, pick me up... I lived with her until I was six or seven.*” (C); “*I lived close to both my grandparents. There was mutual help between my parents and them.*” (F); “*My maternal grandparents were very present (...) always with a lot of love.*” (K); “*When I was little (my grandparents) would take care of us when my parents were out of town.*” (L)), nowadays, they can’t rely on that same support for their children (“*When he was born, my dad had already passed away, and so had both my partner’s parents. Let’s just say the family is a bit old in terms of being able to provide support.*” (A); “*My mother used to say she regretted not being able to help me more.*” (N)), which is turning parents to other support alternatives. In the case of interviewee A, she relied upon support from other mothers from her child’s daycare, in true allomaternal⁷ fashion: “*We organized ourselves in a supportive way, by caring for each other’s kids.*”.

Concerning this subject, interviewee C makes an important remark: “*I think a big institution that fails socially is the so-called “grandparents’ house”. My mother-in-law is 66 years old and works. My maternal grandmother never worked and the paternal retired at 55. The increase in the retirement age is causing this institution to no longer exist.*”. Despite this, the grandparent-grandson relationship remains affectionate, as exemplified by these statements: “*(his grandparents) are emotionally close, but not geographically.*” (F); “*Emotionally, (her great-grandmother) was a very important figure for (my daughter).*” (P).

⁷ An alloparent is any individual who is not the biological parent, but who aids in the upbringing of a child, by providing either direct or indirect investments. Alloparents can be kin members, such as grandparents or older siblings, as well as non-kin, such as friends or neighbors (Emmott, 2017).

Childrearing

Concerning the subject of childrearing and upbringing, the interviewees who focused their narrative discourse on the relationship with their child(ren) mentioned the importance of mutual respect (*“If we want to be respected, we have to respect.”* (A)), warmth (*“When we say goodnight, we hug for the longest time and tell each other “I love you”.”* (F); *“It’s an immense love.”* (L)) and quality time together (*“I really enjoy the time I spend with them (...), playing with them, showing them things they’ve never seen”* (C); *“We are very close, we’re always together.”* (K); *“It’s amazing just being able to talk with him and share things with him.”* (F)).

Some interviewees shared views on matters such as their children’s independence (*“He’s not half as independent as me when I was his age.”* (C), *“It’s important for me that he is independent.”* (L)) and access to tech and social networks (*“He wanted a phone. I thought he was too young. He got angry with me.”* (A), *“These days, every kid has a cellphone and all they do is nonsense.”* (C)).

Overall, the emphasis was put on their role in childrearing (*“The best part of being a parent is the challenge of rearing a child.”* (P); *“Now that my two girls are teens, they really got me thinking how important we are in their shaping as future adults and in their personal values.”* (D), while still acknowledging children’s individuality (*“Perhaps parents sometimes think their children are theirs. I’ve always said they’re not, because he isn’t mine to keep. He has to pave his own way.”* (L)).

Discipline and Power Assertion

Some interviewees stated to privilege clear communication and mutual debate when disciplining their children (*“We try to discipline him by talking. (...) We debate and sometimes we diverge in our opinions, but I always make a point of showing him what*

my opinion is, and he makes a point of showing me his.” (A), “Sometimes just talking and calling to their attention in a positive way.” (F), “When his grades went down (...) I talked to him. I asked if he agreed. I always try to do that.” (L)). These statements go in line with the authoritative style’s disciplinary reasoning, in which parents regulate their child’s behavior through inductive discussion and argument (Baumrind, 2013). On the other hand, an interesting example that illustrates a pejorative view of power assertion is given by D: *“When we scold, it makes them feel like we won, and that causes an atmosphere of tension.”*

Most comments on punishment followed the question *“When your child misbehaves or does something they’re not allowed to, how do you try to discipline them?”*. While some interviewees stated they didn’t resort to any type of punitive strategies (*“I don't think I have ever grounded my son. It was never necessary.” (L); “I've never been an advocate of spanking, nor punishments, anything that hurts.” (A)*), others punished with no explanation (*“Repression.” (C)*) or admitted to frequently physically punishing when disciplining their child (*“If it's something they've really done wrong, a spank. With (my oldest son) it doesn't work anymore, he's 10 years old. Either you beat the guy or I mean...” (C); “At that time, I hit him two or three times in the neck.” (S; referring to her child’s non-compliance); “Sometimes he gets spanked.” (N)*). Associated with some of these comments, there was often a feeling of guilt and even embarrassment (*“But I'm starting to realize that maybe that's not the best strategy.” (N); “I only did it once, and never again.” (L, F)*).

Hostility was mostly present in one male interviewee’s (C) narrative discourse: *“Sometimes I understand people who commit infanticide. I understand that if one has a difficult life... Sometimes it drives you crazy.”; “Sometimes I yell at them, and I don't beat them for real, but one day... I can't promise I won't. Sometimes I feel like it.”*. and N’s *“It*

comes to a time of the day when I just yell at him...”; “When I’m out of patience, I either yell at him or spank him.”. Both physical punishment and hostility, which are known to be detrimental to a child’s socioemotional development, are coercive power strategies characteristic of the authoritarian parenting style (Baumrind, 2012).

Theme 4: Children.

Generativity

A tendency was found for the interviewees to see their children as a hope for a better future. While some of these can be idealized expectations for their children, as confessed by interviewee L (*“Probably all mothers say this about their child, but... He is an advocate for the younger and all his peers, even at school. He always speaks up when something is unfair.”*), others convey a feeling of hopeful curiosity (*“He wants to study railway engineering. He loves trains. Sometimes I think “Will my son save the future of (Trains of Portugal)?”*” (F)). For interviewee D, it was important for her as a mother to believe her children *“could have a role in society and be a good contributor to the world”* as future adults (*“I think that in this world there is a lack of good citizens and good values and good principles. Our country needs children who become good adults with good principles. (It’s important for me to), regardless of the profession, the place (my children) occupy, and what they do in life, that they are good people and important people. And that later they leave their mark and, for me, knowing that I contributed for that.”* (D)). Interviewee S made a similar statement referring to her partner: *“He used to say “If someone can do different, it’s our children. If we give them the right values, they can become a vehicle of change”*.”. These humanitarian concerns for establishing and guiding the next generation reflect Erikson’s (1959) term of “generativity”, which is achieved in

the effective transmission of the parents' ideals, values, and responsibilities to their children.

Gratification

The newborn infant as a love object can be of overwhelming gratification to the mother, as it embodies her ego ideal (Deutsch, 1991). Key moments can be immediately after childbirth, or even the moment of finding out the pregnancy, as characterized by interviewee K as meaning "*the whole world*" and of "*great happiness*". This probably relates to the fulfillment of the very primitive and early desire to have a child, as illustrated by an interviewee (L) recalling the first time she saw her newborn child: "*I was so emotional, I couldn't stop crying (...) because it was something I had wanted for so long.*". Furthermore, the statement of interviewee D, who had her first child fifteen years ago and went on to have three other children, suggests that this feeling extends throughout life ("*Motherhood is the part of my life which gratifies me the most.*"). According to Benedek (1959; 1970), if a woman is successful in adapting to her role as a mother, she can then introject the gratifying experience of mothering, providing her with confidence and allowing her to incorporate the aspiration of being a good mother.

Continuity

For some of the interviewees, having children could be "*a matter of legacy, of heritage*" (C). In that sense, children can represent a continuity of the family and lineage, which is well illustrated by the following statements: "*My family of origin is small, I only have one sister and she doesn't have any kids. I felt like our family was going to end with us. It was important for me to continue our family.*" (A); "*I'm an only child and the only grandson from one side of the family, so I'm the only one who still carries my*

grandfather's last name." (C). Another interesting example of the importance of lineage is presented by interviewee L: *"When we found out he was a boy, his dad got even happier, because he comes from a traditional family, and he himself is the oldest son, therefore he is the king, and his son is the heir."*. This motivation can be linked to the primitive desire for self-replication and immortality through the extension of oneself to the next generation (Freud, 1914).

Theme 5: Parenthood and Identity.

Life Meaning

When sharing their perception of parenthood, some interviewees conveyed a feeling that this role had given their life a purpose (*"From child to child, I've realized parenthood is what gives my life a meaning."* (D)). On a similar note, when questioned about the reason why having children was important to her, F stated *"So one can make sense of one's existence"*. Moreover, statements such as *"Nothing fulfills a life the way a child can."* (P) and *"It is what makes me feel the most fulfilled."* (D) illustrate how the role of parenthood can contribute to a person's experience of living a fulfilling life. A couple of other examples that demonstrate this are given by interviewees S (*"After he was born, we kept thinking "How was our life before this baby? How could we live like that, with such emptiness?"."*) and F (*"I can't imagine my life now without my son."*).

Growth and Development

Some interviewees perceived parenthood as an experience that made them grow and mature: *"We learn to deal with things differently."* (N); *"The mother I was with the older ones is not the same mother I am now, we end up learning how to deal with certain situations..."*(D)), but also as an individual (*"I was an indecisive person, nowadays I'm*

not.” (A); *“I learned to relativize some aspects of life.”* (L); *“I discovered I was a lot more than I ever thought I could be.”* (A)). Becoming a parent, in that sense, implies a change in a person’s attitude towards life (Deutsch, 1991), adding to the concept of parenthood as a maturational phase, in which the ego is further developed (Benedek, 1959). Moreover, Cowan (1988) underlines how becoming a parent can lead to an increased sense of maturity and a more integrated approach to life.

Theme 6: Education, Work and Relations.

Education and Work Constraints

Just as conceptualized early in this paper, for the interviewees who chose to pursue higher education, pregnancy was often delayed until studies were complete (*“I was finishing my doctorate degree when we got married. It wasn't in our plans to have children until I had finished it.”* (A); *“After getting married, we went about 8 years without kids, because I was getting my doctorate.”* (F)), mentioning concerns regarding lack of support (*“Even more knowing that we wouldn't have much family support.”* (A)) and uncertainty (*“I wanted to make sure there was enough stability.”* (F)).

These education and work constraints (*“I work at the faculty, which is very demanding. I mean, what job do women have that isn't demanding?”* (F)); (*“I could only (look out for my child) because I was working part-time. I think that makes the biggest difference. I don't think I could do it if I had had a full-time job.”* (S)), also affected the decision of having more children (*“They have a 7-year gap between them. We didn't really want that, but she wanted to finish her thesis first and it took a little longer than expected.”* (C)), or, as in the case of interviewee A, adopting: *“Concerning work, I still don't have that availability. I think that, in upbringing and accompanying someone in their growth, we should pour our soul and heart into it and be available for them.”*

Couple Relationship

Most interviewees agreed that parenthood affects the couple's relationship in some way, especially concerning personal time for the couple (*"It can be easy for a marriage to fall apart if there's no quality time together."* (S)). Some expressed difficulty in managing both (*"I think it's a really big challenge."* (A)) or conveyed a feeling of dissatisfaction " (The worst part of being a parent is) *the sexual withdrawal it causes in the relationship.*" (C). Furthermore, interviewee C overtly puts his children to blame for his discontentment, viewing them almost as rivals: *"If someday we get divorced, it would be a paradox. Because at the same time as the kids are who stick us together, they're also the ones who screw up our relationship. They're just so invasive and she gets burned out caring for them."*

On the other hand, interviewee K expressed a feeling that sharing the bond of parenthood had strengthened her partnership tie with her spouse (*"Having kids has made our relationship stronger, however, I'd say it distances most couples."*). Interviewee A added to this matter by suggesting that satisfaction in the parental role may also depend on marital satisfaction: *"If we aren't satisfied with our partner, motherhood isn't that happy either."* Contrasting examples surrounding the decision of choosing a partner and deciding on becoming a parent were given by F (*"I found someone who I thought would be a great father."*) and S (*"I only stayed with him because I got pregnant."*) which brings attention to the reciprocal influences of parenthood and couple relationship.

Discussion

The current quantitative study isn't the first to explore the links between childbearing motivations and subsequent parenting styles. A recent research paper (Nachoum et al., 2021) found prenatal childbearing motivations to have meaningful and long-term effects on parenting styles, which is consistent with the findings from this study. It had been hypothesized that positive emotional/psychological childbearing motivations would be associated with authoritative parenting, while negative emotional/psychological childbearing motivations would be associated with negative parenthood styles (authoritarian and permissive). In agreement with the hypothesis devised, Personal Fulfillment (positive emotional/psychological CM) correlated positively and moderately to the Authoritative Style, with gender and Personal Fulfillment revealing altogether a medium-sized main effect on authoritative parenting. Moreover, Childrearing Burden and Immaturity (negative emotional/psychological CM) correlated moderately to both Authoritarian and Permissive Styles, also in the expected direction. Socioeconomic Aspects and Childrearing Burden and Immaturity together displayed a medium-sized main effect on authoritarian parenting, while age and Childrearing Burden and Immaturity together revealed a medium-sized main effect on permissive parenting.

Although it wasn't hypothesized for Socioeconomic Aspects (positive economic/utilitarian CM) to be associated with the authoritarian style, this result wasn't entirely unexpected. Socioeconomic Aspects as CM refer to extrinsic motivations that relate to the external rewards of having a child (Miller, 2009), such as affirmation as a responsible adult or fulfillment of gender roles and social expectations (Guedes et al., 2015), thus being devoid of any affective element, towards the child or oneself. In consonance, the authoritative parents, being ideologically conservative (Baumrind,

2013b), tend to be concerned with status and to show low levels of responsiveness (i.e., the ability to respond to their child's emotional needs; Baumrind, 2012).

Following correlational analysis, mothers were found to be more authoritative in style than fathers. This finding is congruent with other parenting styles research (Yaffe, 2020), in which mothers have been characterized as both more supportive and behaviorally controlling than fathers, who, in turn, tend to show less parental concern and to be more coercive and harsher. Perhaps a warmer type of parenting can be linked to the qualities of motherliness (e.g., nurturance) women would naturally tend towards, on account of a maternal ego ideal (Blum, 1980). On the other hand, fathers, by having been socially deterred from performing what is considered to be a "woman's job", are subject to sociocultural forces which prohibit them to engage in a more active caretaking role. This notion of the father as the provider and protector, while of the mother as the nurturant parent (Pakaluk & Price, 2020) goes in line with the conceptualization in the code *Parenting Roles* (cf. theme *Parenting and Upbringing*).

Furthermore, age was found to be negatively correlated with permissive parenting, which indicates younger parents tend to be more lenient. This specific finding may illustrate the ongoing debate on the moral right of parents to assert power over their children, which liberal political philosophies motivate against (Baumrind, 2012). Consequently, popular books and fads have been influencing young parents into endorsing a democratic personality (i.e., a permissive style) towards their children. With parents becoming increasingly reluctant in disciplining their children, behavioral problems tend to develop, as most families aren't sufficiently harmonious for parents to have control without actively exercising it (Baumrind, 2012, 2013b).

Continuity, a social/normative CM, was found to positively (though weakly) correlate to all three parenting styles. According to Guedes et al., (2015) this CM pertains

to family lineage, relationships, and legacies, just as conceptualized in code *Continuity* (under *Children* theme), in which the importance of carrying the family line and legacy is pointed out among provided statements of interviewees when questioned about their childbearing motivations. On the other hand, Physical Suffering and Body Image, a negative biological/physical CM, didn't significantly correlate with any of the parenting styles. This CM refers to the effects of childbearing, or more specifically pregnancy, on women's health and body (Guedes et al., 2015). Considering the sample was mostly composed of women, and yet no correlation was found, it becomes apparent that this CM doesn't reflect a real concern for women, but rather a result of misogynistic trends regarding women's bodies that they have been permanently subject to.

It's crucial to highlight how current societal and cultural stereotypes have been attributing the intense wish for a child to be exclusively characteristic of women. While motherhood isn't crucial for the development and fulfillment of feminine identity (Ireland, 1993; Tobin & Aria, 1998), neither fatherhood is as void of affectivity as it is vouched for. Findings from this qualitative study support the psychoanalytic theory (Benedek, 1970; Pines, 1978) that the desire to nurture, protect and care for a child is inherently bisexual (i.e., present in both sexes). These "maternal feelings" (Pines, 1978) are only so-called because they stem from the earliest identifications with the mother for both women and men. Men too feel aspirations for self-fulfillment and nurturant parenthood, as well as capacity for regression, identification, and empathy, as exemplified by both male participants' narrative discourse (cf. theme *Identification and Desire*). However, childhood models and sociocultural expectations have influenced paternal ego ideals to wishfully "being like father" and "being like a man", which, many times, means to be controlling, dominant, superior, and even aggressive. To be given space for men to live involved in fatherhood in a socially-approved manner would enable them to engage

in more positive father-child interactions and, consequently, better child outcomes (Flouri & Buchanan, 2004; Ramchandani et al., 2013).

Attempting to bridge between earlier and more recent studies, a synergic analysis of qualitative and quantitative findings brought attention to a couple of commonalities between the two. One of the most immediate is the emphasis on maturity as a necessary condition for positive parental outcomes (cf. theme *Growth and Development*). Congruently with the notion that ego immaturity and childish childbearing fantasies are linked to maladaptation to pregnancy and disruption of the ego, which is supported by authors such as Winnicott (1956) and Bibring & Valenstein (1976), the present quantitative study also found immaturity to be associated with negative parenthood. Benedek (1970b) brings to the conclusion that “only if the psychosexual organization of the woman is loaded with conflicts toward motherhood do actual conditions stir up deeper conflicts and disturb the psychophysiologic balance of pregnancy” (pp. 142). Another commonality was the dichotomy between child-centered and self-centered childbearing motivations. Despite its derogatory meaning, the term *self-centered* doesn't appear to necessarily imply narcissistic neurosis in this case. In fact, Personal Fulfillment, a self-centered childbearing motivation, was found to be associated with positive parenthood, and other normal narcissistic processes also reflected a relationship in which the object of cathexis remains the child (cf. theme *Children*). Child-centered childbearing motivations can, however, be devoid of affection (e.g., Socioeconomic Aspects), or, contrastingly, reflective of an altruistic approach (e.g., *Interest in Children*).

Important distinctions between the themes *Identification and Desire* and *Education, Work and Relations* should also be discussed. Both concern the reproductive decision of individuals and couples, yet they appear in the qualitative study as separate topics. The reason for this was that factors conceptualized in codes *Education and Work*

Constraints and *Couple Relationship* appeared more as influencing rather than as predicting, regardless of the contemporary emphasis on antinatalist trends. Even altogether, these factors come up against long-term wishes and desires, as conceptualized in the code *Maternal Feelings*.

The mixed-method approach poses a strength for the present study, as it ensures data is far-reaching and allows for a synergic analysis by integrating elements from both types of data. However, the present study was also impacted by several limitations which are to be noted. Firstly, data collection took place on an online platform, which prevented people lacking digital literacy or access to the internet from participating in the study. Nevertheless, submission of the online form was only allowed if there were no missing answers, which ensured the absence of missing values from the data. The quantitative study resorted only to self-report measures, which are subject to social desirability bias, a tendency that can be especially present concerning the influence of social norms in parenthood, influencing the validity of data. Similarly, the need to recall details of first pregnancy and first child development poses a threat to validity as it heavily relies on each participant's ability for memory retrieval. Furthermore, the CMS instructs participants to indicate how much they presently valued each reason for or against becoming a mother or father. Because present childbearing motivations might not be the same as prenatally, we cannot be sure whether data collected from CMS is connected to the reasons behind the earliest decision to childbearing. Another limitation of this study is the much lower number of male participants. Unfortunately, it's not uncommon for fathers to be underrepresented in pediatric and health-related research (Phares et al., 2005). In spite of concerted efforts to include fathers in the research design and sample, recruitment was made difficult by the apparent unwillingness of men to participate. Moreover, sociodemographic form questions weren't sensitive to gender identity

diversity, nor single-parent, same-sex parents, and reconstituted families, which are increasingly more common and were beyond the scope of this study. Lastly, most of the referenced psychoanalytic-based research was outdated and relied solely on the study of the patriarchal model of the family, in which the undeniable role of the mother is to care for the children, and the father's is to provide. However, this research adds credence to most of the classical psychoanalytic theories here conceptualized, by authors such as Benedek and Pines. Contributions from the neuroscience perspective (Mayes et al., 2012; Von Mohr et al., 2017), as well as findings from this qualitative study, by relating closely to their theories, make them look valid and legitimate still.

Future research would desirably follow a longitudinal design, which would be more fitting for parenthood research, as it is a developmental matter. While assessment of childbearing motivations would ideally take place before pregnancy, psychological adaptation to pregnancy should be assessed over the course of pregnancy and postpartum. A proposed next step would be to investigate if motivations for childbearing can predict the quality of the primary relationship, as well as child development. Additionally, it is important to further research the disengaged parenting style, which is associated with the worst child outcomes and was beyond the reach of this study due to measure limitations. Finally, it may be important to study the subject of parental identification in single-parent and same-sex parents families.

The present study underscores certain implications on the grounds of clinical intervention with parents and parents-to-be. By highlighting the numerous challenges faced by women and men during their transition to parenthood and pregnancy, it underlines the vital role of early intervention. The results of this study can help identify new parents who would benefit from professional psychological support. The earliest of interventions might take the form of psychoeducation, following a screening in antenatal

care services (e.g., family planning, obstetrics, and gynecology). Pregnancy, as a critical period for the reawakening of early conflicts and lessening of defenses, calls for the need for appropriate psychological care at least, and psychoanalytic intervention at most (Raphael-Leff, 1993). It has been recognized that the negative effects of this transition lead to an increased risk of clinical depression in post-partum women (Campbell et al., 1992). By guiding mothers-to-be towards better resolutions, puerperal psychopathologies could be prevented (Pines, 1972) and the crisis of pregnancy would more likely be normative and equilibrium restored sooner (Bibring, 1959, 1976). Furthermore, young parents who are struggling in their new role can also benefit from clinical and group intervention alike, which, by promoting self-reflection and insight, could result in lasting transformations in the parent-child relationship and improve emotional difficulties of both (Lefcourt, 2021). The over-arching goal of such interventions would be to help struggling parents establish quality nurturing relationships with their children, conducive to favorable social and emotional developmental outcomes while gaining maturity and feeling confident in their role.

Conclusion

The present study adds to our current understanding of parenthood. The quantitative study's findings indicate that childbearing motivations influence the endorsement of authoritative, authoritarian, and permissive parenting styles. Furthermore, the qualitative study brought attention to topics related to the participants' childhood experiences of being parented, psychological adaptation to pregnancy, and views on parenthood. These findings not only have direct clinical implications but also shine a light on current cultural perspectives of parenthood as a social role.

Given the influence of society and culture on recent trends regarding the reproductive decision-making of young individuals and couples, this study can also highlight the potential of preventive intervention with a younger population. A more specific target could be individuals in early adulthood (e.g., university students), who could be soon transitioning to cohabitating and parenthood, with whom could be addressed concerns pertaining to communion, family, and child-rearing. Moreover, several findings from this study were revealed to be closely linked to contemporary stereotypes of gender roles, a particular example being the dismantling of women's fear of suffering and body changes with pregnancy, mostly associated with the perception of female vanity. The stark contrasts in mothers' and fathers' parenting roles were also highlighted, calling for reflection for the next generation of parents, i.e., the youth who is referring to these parenting models. This study also adds value to the close monitoring of pregnant women and their partners, highlighting how improving their experience throughout pregnancy and childbirth can promote their ability to establish a positive relationship with the child to be born.

Ultimately, this study underscores the decision to "have a child" to be strikingly different from the decision to "become a parent". As a biological, psychological, and social process, becoming a parent should be clearly understood as a life-long commitment that requires taking on the role of caring for a child, devoting a great amount of time and resources for their uprearing, and being responsible for their future, not only as an individual but also as a representative of the upcoming generation.

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Appendix A

Essay: *A physician examining a urine specimen in which a faint figure of a baby is visible, a female patient is crying and being shouted at by her angry mother, indicating that she is pregnant* (I. T., 1826).

This nearly 200-year-old painting that portrays pregnancy at the start of the Victorian Era remains surprising suitable to our current day view of parenthood. It depicts a medical physician performing a pregnancy test, the recently-informed to be pregnant woman, her noticeably enraged mother, and a man looking through an open door, presumably the father of the child. Their reactions suggest this pregnancy was neither planned nor desired, and that certainly the couple isn't married. The woman cries in despair while being excoriated by her mother – she is now facing, and will continue to face, the consequences of *her* acts, by being shamed, punished and rejected by her own family and society. The father, however, remains hidden behind the door, anonymous to all the rest and unimputable for *his* acts. For the woman, her unborn child probably already embodies the cultural and societal disapproval, an object of intense shame and guilt, rather than love. Perhaps she will never again see that man with whom she shared a fleeting passion – he cannot put his reputation at any further risk. This poignant scenario will most likely present the expectant mother with difficulties in dealing with the intense upheavals of pregnancy and, subsequently, in mothering her child.

Although this painting is dated, the story it tells could fit perfectly over one of a young single woman in modern day. This depiction remains accurate in relation to present sociocultural expectations, which, while shaped and modified by the passing of time, have remained as harsh, as well as in the resultant differences between perspectives of what means to be a mother and father.

Appendix B

Qualitative Study Participants' Sociodemographic Information

Table B

Qualitative Study Participants' Sociodemographic Information.

	Gender	No. Children	Family type	Relationship status
<i>A</i>	Feminine	1	Reconstituted	Civil union
<i>L</i>	Feminine	1	Single-parent	Divorced
<i>C</i>	Masculine	2	Traditional	Married
<i>F</i>	Feminine	1	Traditional	Married
<i>K</i>	Feminine	2	Traditional	Married
<i>N</i>	Feminine	1	Traditional	Civil union
<i>P</i>	Masculine	1	Traditional	Civil union
<i>D</i>	Feminine	4	Traditional	Married
<i>S</i>	Feminine	2	Reconstituted	Married

Note. This small sample was equally distributed in terms of socioeconomic status and area of residence.

The narratives of these participants were each unique, reflecting a wide collection of different experiences in parenthood, for example: a mother who had gone from grieving a loss of a newborn and two miscarriages to later delivering two healthy children; a mother who carried her pregnancy at 49 years old after resorting to an egg donor; a father who studied abroad throughout his partner's pregnancy and childbirth; a mother who got diagnosed with fibromyalgia right after childbirth; a mother who planned on adopting, but ultimately established a reconstituted family; a father who got extremely dissatisfied in his romantic relationship after becoming parents; and a mother who married her partner despite disliking him, after unexpectedly getting pregnant.

Appendix C

Sociodemographic Self-Report Form

Please answer the following questions about yourself:

Gender

- Feminine
- Masculine

Age _____

Marital Status

- Single
- In a relationship
- Civil union
- Married
- Divorced

Area

- Urban
- Rural
- Semi-urban

Education level

- Basic or lower
- Secondary
- Bachelor's
- Master's
- Doctoral

Current employment status

- Unemployed
- Employed
- Student
- Working student
- Other: _____

How do you assess your current financial situation?

- Insufficient
- Sufficient
- Comfortable
- Privileged

Have you received, for some reason, psychological or psychiatric support?

- No
- Yes

If yes, could you specify the reason why?

How many children do you have?

- 1
- 2
- 3
- 4
- 5 or more

Age at which you had each child:

Please answer the following questions about your first child:

Gender

- Feminine
- Masculine

Age _____

Pregnancy

- Planned
- Not planned

Delivery

- Natural
- C-section

Who cared for this child during the first year?

- Mother
- Father
- Mother and father
- Grandfathers
- Daycare
- Other: _____

How do you assess the first years of caring for this child?

- Easy to care for
- Difficult to care for

Could you specify why?

Appendix D

Semi-Structured Interview Guide

Family of origin

How was your family of origin composed?

Who had the main role in your upbringing (school, health, feeding)?

Who gave you the most orders?/Who asserted the most power?

Constituted family

How is your family currently composed (number and age of children, relationship status, cohabiting)?

Do you have any support from family or friends in what concerns caring for your child(ren)?

Couple relationship

How would you describe the relationship with your partner before you became parents?

Why was it important for you to have a child? Was it something you discussed as a couple?

How did the relationship with your partner/spouse change as you became parents?

Pregnancy

Was your first pregnancy planned?

(If yes) Why did you choose that time in particular?

What did you feel when you first found out you/your partner were/was pregnant?

To whom did you first tell the news? How was their reaction?

How did you imagine your child while you/your partner were/was pregnant (gender, traits, temperament)? How different is your child from what you had expected?

What came to your mind when you first saw your newborn? How about your partner's first impression?

Parent-child Relationship and Upbringing

How does a happy moment with your child(ren) look like? How about a sad one?

What are the best and worst parts of being a mother/father?

When your child misbehaves or does something they're not allowed to, how do you try to discipline them?

What are some of your wishes for your child(ren)'s future?

Are you planning on having more children?/If you could, would you have another child?

Is parenthood any different from what you had imagined?

Appendix E

Relationships Between Themes and their Codes

