

THE PENNSYLVANIA STATE UNIVERSITY
SCHREYER HONORS COLLEGE

DEPARTMENT OF HUMAN DEVELOPMENT AND FAMILY STUDIES

THE FAMILY SYSTEM OVER THE FIRST YEAR OF LIFE: A LOOK INTO
MARITAL, COPARENTAL, AND INFANT EXPERIENCES

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SPRING 2013

A thesis
submitted in partial fulfillment
of the requirements
for a baccalaureate degree
in Human Development and Family Studies
with honors in Human Development and Family Studies

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ABSTRACT

The family is the core structure in which individuals flourish. The question of how family subsystem boundaries and implicit rules affect each member's continuity has been investigated in previous work. This present study examined how the marital system and the coparental system affect one another over the first year of a child's life, and ultimately how these systems impact infant socioemotional development. Data was taken from the Project SIESTA longitudinal study sample of 167 mothers and their infant over the first 12 months of life. Results showed that the marital and coparental relationship are related and impact each other over the first 12 months of the child's life. Positive coparenting was a stronger predictor of marital quality than negative coparenting, and the coparenting relationship was found to have a stronger impact on a child's socioemotional development than the marital relationship. This study demonstrated the need to further examine familial effects on child development over the first year of life, as well as a need to focus on the contextual aspects of the coparenting relationship.

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ACKNOWLEDGEMENTS

I would like to thank Dr. Douglas Teti, my thesis advisor, for his support and guidance throughout the completion of this project, especially for his help with the data analyses. I greatly appreciate him taking the time to help me create this thesis. I would also like to thank him for allowing me to use data from Project SIESTA. I would like to thank Dr. Kathryn Hynes for her support throughout this honors project process.

Introduction

The family is the core structure in which individuals flourish. As an organized system consisting of interdependent yet separate subsystems (Minuchin, 1985), the family environment impacts a child's continuity on a healthy or detrimental life path. The question of how subsystem boundaries and implicit rules affect each member's continuity has been investigated in previous work. This present study will be examining how the marital system and the coparental system affect one another over the first year of a child's life, and ultimately how these systems impact infant socioemotional development.

Marital Spillover

Previous studies have cited ways in which the marital relationship is linked to child outcomes (Erel & Burman, 1995; Gabel et al., 1992; Alemeida et al., 1999). One process, known as spillover, is the direct transfer of mood, affect, or behavior from one setting to another (Repetti, 1987), which can have positive or negative impacts on the parent-child relationship. Parents who have satisfying and supportive marital relations tend to be more sensitive to the needs of their child (Erel & Burman, 1995; Goldberg & Easterbrooks, 1984). Children with happily married parents have been found to display optimal patterns of development (Goldberg & Easterbrooks, 1984). Infant compliance has been found to be associated with marital harmony through the spillover process (Gabel et al., 1992). More specifically, higher levels of mother pre and post-birth marital satisfaction were found to relate to higher levels of child security and sociability (Howes & Markamn, 1989).

However, positive parent-child relations cannot be easily achieved in the presence of marital discord (Erel & Burman, 1995). A negative and poorly adjusted marital relationship may

cause parents to be irritable and emotionally unavailable, leaving less attention and sensitivity for their children (Erel & Burman, 1995), ultimately leading to toddler deviance (Gabel et al, 1992) and insecure parent-child attachment (Goldberg & Easterbrooks, 1984). More specifically, interparental conflict was found to lead to emotional unavailability within the parent-child relationship, resulting in associations with child internalizing and externalizing symptoms, and infant emotion regulation difficulty (Sturge-Apple et al., 2006; Katz & Gottman, 1993; Crockenberg et al., 2007). Additionally, tension has been found to spillover from the marital dyad to the parent-child dyad (Almeida, Wethington, & Chandler, 1999), fueling multiple conflicts within and between the marital and parent-child dyad, ultimately creating a negative emotional family environment. The present study draws from the spillover perspective through its inquiry into the link between the marital subsystem and child subsystem, and the possible impact it holds for a child's development.

Emotional Security

Marital quality is also hypothesized to have a direct effect on child's outcomes, as seen in the emotional security hypothesis. Children's emotional security derives from the quality of the marital relationship, in that the interparental relationship holds implications for a child's ability to cope effectively and competently with daily problems (Davies & Cummings, 1994). Children who are emotionally secure about their parents' relationship have confidence in the stability of the marital relationship, so parental disputes pose no significant threat to the child's physical or psychological wellbeing (Davies & Cummings, 1994). Children from healthy families learn that they can count on this environment to provide emotional security and wellbeing, eventually leading to maintenance of wellbeing independently (Repetti, Taylor, & Seeman, 2002).

However, marital conflict can cause family life to be emotionally unpleasant, threatening the child's wellbeing, and resulting in greater emotional and behavioral dysregulation in children's responses to daily problems, as well as creating worries about the integrity of their

parents' relational stability (Davies & Cummings, 1994; Davies & Cummings, 1998). Interparental conflict is significantly associated with child emotional insecurity leading to internalizing and externalizing symptoms (Davies et al., 2002; Repetti, Taylor, & Seeman, 2002). Specifically, families characterized by recurrent conflict and aggression, result in unsupportive and neglectful relationships, leaving children vulnerable to mental health disorders, and a lack of emotional security and social competence (Repetti, Taylor, & Seeman, 2002). Although this present study does not focus on emotional security within the family system, these past studies are telling of the direct and significant impact marital adjustment and harmony, or lack thereof, can have on a child's socioemotional development.

Coparenting

A prominent perspective in the human development and family studies field is the coparental system's effect on child outcomes. Coparenting is how partners relate to each other in the role of the parent, and is created when the individual spouses have a shared understanding and agreement on the overlapping responsibilities involved in child rearing (Feinberg, 2003). The coparenting relationship is related but differentiated from the marital subsystem, (Van Egeren, 2004), and holds important implications in how the family functions and thrives. Responsibilities involved in the coparental role are support, division of labor, communication, and collaboration on joint decisions in raising children (Feinberg, 2003). Coparenting is likely to be influenced by the social context the coparental relationship is set in, individual attributes parents bring to their relationship, and the child's characteristics (Lindsey et al., 2005). The coparental system can be seen as more proximal to the parent-child subsystem than the marital subsystem, leading to a stronger impact on child outcomes (Feinberg, 2002). Similar to the spillover perspective, aspects of the marital relationship can spillover into the coparenting relationship (Margolin et al., 2001), effecting child outcomes. Chronic disagreement within the marriage can lead to trouble in formation of mutual, coordinated childrearing strategies, impacting child behavioral problems

(Feinberg, 2003). On the contrary, positive spousal emotional expressiveness is related to supportive and cooperative coparenting and enhanced parental performance in the parent-child relationship (Kolak & Volling, 2007; Gabel et al., 1992). This previous research on coparenting supports the present study's interest and investigation into how the coparental relationship affects infant outcomes.

Once a child is brought into a family, the coparental system emerges from the marital relationship, leading both systems to effect and change one another over a child's development. Coparenting behavior has an important influence on changes in marital functioning, as coparental behavior may spill over and affect marital adjustment (Schoppe-Sullivan et al., 2004). Parents may experience more cooperative and satisfactory coparenting, but at the expense of less intimacy within the marital relationship (Van Egeren, 2004). Stress in the parenting role can negatively affect both spouses' psychological wellbeing and marital quality (Lavee, Sharlin, & Katz, 1996). More specifically, both spouses' marital intimacy declined when couples experienced differences in beliefs about child rearing (O'Brien & Peyton, 2002), and spousal negative outlooks on parenting led to poorer coparental adjustment (McHale & Roman, 2007). When couples' marriages deteriorated over time, there was an increase in more unsupportive coparenting behavior, compared to couples whose feelings of love remained the same (Belsky & Hsieh, 1998). While some of these previous studies looked at parental relationship changes with children up to preschool age (Van Egeren, 2004; Schoppe-Sullivan et al., 2004; O'Brien & Peyton, 2002; McHale & Roman, 2007), the current study will be examining changes between the marital and coparental relationships over the first year of a child's life. Studying these dyadic changes within a shorter time span will hopefully lead to a more accurate telling of critical changes a marriage can face within a child's first year of life.

Alternatively, the coparental system has been found to predict both the marital relationship and parenting practices (Morrill et al., 2010). From this perspective, the coparental

relationship takes over as the “driver” of the marital and parental subsystems, so interparental satisfaction switches focus from the marital relationship to the coparental relationship. Due to this linkage, the way the parent perceives their own coparenting abilities, as well as their partner’s, can directly influence the wellbeing of their marriage in addition to the quality and effectiveness of their parenting practices (Morrill et al., 2010). This pathway, along with previous found links between the marital relationship and coparental relationship, show that there are a multitude of possible linkages within this complex interparental system.

Due to the important implications previous research holds for the effects the interparental system can have on children’s outcomes, the present study will focus on investigating the following inquiries:

- (1) How marital adjustment at 1 month is related to coparenting over the first 12 months.
- (2) How coparenting over the first 12 months predicts quality of marital adjustment at 12 months.
- (3) Whether the marital relationship or the coparental relationship is a better predictor of child socioemotional outcomes over the first 12 months.

The present study is unique compared to previous studies because of its focus on infancy, and how the marital and coparental relationships transform and influence each other over this first year of life. This critical time period, full of family adaptations, ultimately leads to positive or negative infant socioemotional outcomes.

Methods

Participants

One hundred sixty-seven families and their one month old infants were recruited to participate in an ongoing longitudinal NICHD-funded study (SIESTA-Study of Infant's Emergent Sleep Trajectories) (R01 HD052809) of parenting, infant sleep, and infant development across the infants' first two years of life, awarded to Douglas M. Teti. A project staff member, who described the study and provided a flyer with the study description and contact information, approached mothers in two local hospitals in central Pennsylvania within 24-48 hours after delivery. Interested mothers were called at home two to three weeks after infant discharge. The first home visit was scheduled when infants were four to six weeks of age (Teti et al., in press).

Out of the original 167 families, 159 reported living with their partner. 138 (82.6%) of the families were Caucasian, with 16.2 percent being African American, Asian American, Latino, or Other. The mother's age ranged from 18 to 43, while the mean age was 29.43 years old. The mean infant age at beginning of the study was 1.21 months, and 89 (53.3%) of the infants were female. The mean yearly family income was \$69,503.59, and 62% of mothers were employed. See Table 1 for a complete list of maternal and infant demographics.

Of the original 167 families recruited, 19 withdrew from the study between 1 and 12 months of infant age. These 19 dropouts were compared to the 148 remaining participants in the study on all study variables at 1 month, using one-way analysis of variance (ANOVA), and chi-square. Included in these analyses were infant gender, race, marital status, maternal age, maternal education, family size, employment status, breast-feeding, and yearly family income. In terms of

sociodemographics, no differences were found between dropouts and completers, except that dropouts were found to be less likely to breastfeed at one month.

Table I

Maternal and Infant Demographic Information at 1 month (N=167)

Race

Caucasian	138 (82.6%)
African American	6 (3.6%)
Asian American	6 (3.6%)
Latino	9 (5.4%)
Other	6 (3.6%)
Missing	2 (1.2%)

Marital Status at 1 month

Living with a partner	159 (95.2%)
No live-in partner	8 (4.8%)

Education

Attended high school, but did not graduate	2 (1.2%)
Graduated high school	20 (12%)
Attended college but did not graduate	29 (17.4%)
Graduated college with associated degree	14 (8.4%)
Graduate college with bachelor's degree	39 (23.4%)
Attended graduate school but did not graduate	11 (6.6%)
Post-Baccalaureate Degree	51 (30.6%)

Missing		1 (0.6%)	
Employment Status			
No		63 (37.7%)	
Yes		103 (61.7%)	
Missing		1 (0.6%)	
Infant Gender			
Male		78 (46.7%)	
Female		89 (53.3%)	
	<u>Mean</u>	<u>SD</u>	<u>Range</u>
Maternal age	29.43	5.268	18-43
Infant age (months)	1.2126	.16446	.77-1.93
Number of children	1.91	.852	1-5
Number of adults in home	1.16	.543	0-4
Working hours per week	1.33	.474	1-2
Yearly family income	\$69,503.59	\$47,604.705	\$0-\$300,000

Procedure

All families were participating in a larger study of parenting and infant sleep, involving home visits when infants were 1, 3, 6, 9, 12, 18, and 24 months. In the present study we focus on the 1-month and 12-month visits, on which all data collection is complete. At each visit, mothers were asked a variety of questionnaire measures pertaining to marital adjustment, coparenting quality, and infant behavior.

Measures

Marital adjustment. When infants were 1-month old and 12-months old, mothers and live-in fathers completed the Locke-Wallace (1959) Marital Adjustment Test (MAT) with four additional items (religious matters; aims, goals, and things believed to be important; making major decisions; and household tasks) incorporated from Spanier's (1976) Dyadic Adjustment Scale (DAS). The MAT and DAS are well-established measures and have strong psychometric credentials (Haque & Davenport, 2009; Prouty, Markowski, & Barnes, 2000). In the present study, internal reliability of the marital adjustment measure (standardized item alpha) was .80.

Quality of Coparenting. A second assessment of marital quality, the Coparenting Relationship Scale (CRS) (Feinberg, Brown, & Kan, 2012) was also obtained from mothers and live-in fathers at 1, 3, 6, 9, and 12 months. The CRS is specific to each partner's perception of how that individual and his or her partner worked together as a child-rearing team. The CRS looks at parental perceptions of the quality of their coparenting relationship regarding inter-parental agreement, closeness, exposure of child to conflict, coparenting support, undermining, endorsement of partner's parenting, and division of labor (Teti et al., in press). All items that make up the subscales of CRS require parents to rate the degree to which a particular statement describes their coparenting relationship with their partner on a seven point Likert-type scale. For example: My partner does not carry his or her fair share of the parenting work; 1 = Not true of us,

7 = Very true of us. Feinberg et al. (2012) demonstrated adequate internal and test-retest reliability and construct validity of the CRS. In the present study, positive coparenting dimensions (agreement, closeness, support, endorsement, and division of labor) were moderately-to-strongly intercorrelated, and when put into a composite scale, that scale was internally reliable at all age points (Cronbach's alphas = .75, .72, .81, .83, and .79 at 1, 3, 6, 9, and 12 months, respectively). These five dimensions were thus combined at each age point by summing their scores to create a positive coparenting composite at 1, 3, 6, 9, and 12 months. The two dimensions of negative coparenting (competition-undermining and exposure to conflict) were also moderately intercorrelated at each age point (Pearson r values = .31 to .51). When put into a composite scale, the alpha values for this scale were lower (.47, .54, .67, .63, and .54) than those reported above for positive coparenting. However, these lower values were at least in part because only two scales comprised the negative coparenting composite measure. Because the negative coparenting subscales were correlated at each age point, these two scales were summed to create a negative coparenting composite at each age point.

Infant Attachment. The Attachment Behavior Q-set (AQS, version 3.0), originally developed by Waters and Deane (1985), consists of 90 descriptive items based on attachment theory, which assess the security of attachment to mother in the home environment. Two outside observers conduct this assessment at 12 months. After observing infant-mother interaction, the observer sorts the Q-set items into 9 piles from most characteristic to least characteristic of the infant. The infant's Q-description is correlated with a theoretical description of optimal use of mother as secure base. The higher the correlation, the more the infant's behavior is organized in ways that resemble the secure base phenomenon. In the present study, interrater reliability of the Q-set was .95 (Pearson correlation) based upon 145 observations of infants and their mothers.

Infant Behavioral Problems and Behavioral Competencies. Mothers completed the Infant-Toddler Social and Emotional Assessment at 12 months. The ITSEA assesses child

behavior in the following four aggregate domains, used in analyses in the present study:

Externalizing (activity/impulsivity, aggression/defiance, and peer aggression subscales),

Internalizing (depression/withdrawal, general anxiety, separation distress, and inhibition to

novelty subscales), Dysregulation (sleep, negative emotionality, eating, and sensory sensitivity

subscales), and Competence (compliance, attention, imitation/play, mastery motivation, empathy,

and prosocial peer relations subscales). The full ITSEA includes 166 items rated on a 3-point

scale (0 = not true/rarely, 1 = somewhat true/sometimes, 2 = very true/often). The ITSEA has

strong factorial validity for both the broad-band and subscale dimensions, good convergent and

construct validity, and good test-retest reliability (Carter et al., 2003). In the present study,

internal reliability (alpha) for the four broad-band, aggregate scales was .66, .61, .64, and .85 for

Externalizing, Internalizing, Dysregulation, and Competence.

Results

How is marital adjustment at 1 month related to the coparenting relationship over the first 12 months of infant's life?

Pearson correlations demonstrated that mothers marital adjustment at 1 month was correlated with mother positive coparenting at each time point of 1, 3, 6, 9, and 12 months. The results provide statistical significance ($p < .05$) that mothers marital adjustment at 1 month was strongly associated with positive coparenting for each time point. See Table 2 for further descriptive results. Mothers marital adjustment at 1 month was then correlated with mother negative coparenting at each time point of 1, 3, 6, 9, and 12 months. The results provide statistical significance ($p < .05$) that mothers marital adjustment at 1 month was strongly associated with negative coparenting for each time point. See Table 2 for further descriptive results. Overall, these results provide evidence that marital adjustment at 1 month of infant's age is associated with the coparenting relationship all the way through the first 12 months of life.

Table II

Pearson correlations between marital adjustment at 1 month and coparenting at 1, 3, 6, 9, and 12 months

<i>Positive coparenting</i>	<i>1 month</i>	<i>3 months</i>	<i>6 months</i>	<i>9 months</i>	<i>12 months</i>
Marital adjustment, (1 mo.)					
<i>r</i>	.72**	.62**	.67**	.66**	.60**
Cov.	329.52	278.66	294.22	346.62	275.98
<i>N</i>	157	146	144	140	131
<i>Negative coparenting</i>	<i>1 month</i>	<i>3 months</i>	<i>6 months</i>	<i>9 months</i>	<i>12 months</i>

Marital adjustment, (1 mo.)					
<i>r</i>	-.48**	-.51**	-.54**	-.55**	-.50**
Cov.	-63.52	-68.75	-77.28	-80.10	-68.72
<i>N</i>	157	146	144	141	131

Note: *Significant at $p < .05$ ** Significant at $p < .001$

How does coparenting over the first 12 months predict quality of marital adjustment at 12 months?

Pearson correlations demonstrated that mothers positive coparenting at 1, 3, 6, 9, and 12 months was correlated with mothers marital adjustment at 12 months. Results provide statistical significance at all time periods ($p < .05$), meaning that positive maternal coparenting is associated with marital adjustment at 12 months. More specifically, positive maternal coparenting at 3, 6, and 9, months have the strongest correlation with maternal marital adjustment at 12 months. See Table 3a for further descriptive results. Pearson correlations demonstrated that maternal negative coparenting at 1, 3, 6, 9, and 12 months was correlated with maternal marital adjustment at 12 months. Results show maternal negative coparenting at 1 month and 3 months is not statistically significant ($p > .05$) with maternal marital adjustment at 12 months. Maternal negative coparenting at 6, 9, and 12 months was significantly associated with negative marital quality at 12 months. See Table 3b for further descriptive results.

Table III a

Pearson correlations between positive coparenting at 1, 3, 6, 9, and 12 months and marital adjustment at 12 months

	<i>Marital adjustment, (12 mo.)</i>
Positive coparenting (1 mo.)	
<i>r</i>	.25*
Cov.	98.18
<i>N</i>	109
Positive coparenting (3 mo.)	
<i>r</i>	.46**
Cov.	183.23
<i>N</i>	107
Positive coparenting (6 mo.)	
<i>r</i>	.40**
Cov.	178.29
<i>N</i>	108
Positive coparenting (9 mo.)	
<i>r</i>	.41**
Cov.	200.31
<i>N</i>	108
Positive coparenting (12 mo.)	
<i>r</i>	.34**
Cov.	148.01
<i>N</i>	109

Note: *Significant at $p < .05$ **Significant at $p < .001$

Table III b

Pearson correlations between negative coparenting at 1, 3, 6, 9, and 12 months and marital adjustment at 12 months

	<i>Marital adjustment, (12 mo.)</i>
Negative coparenting (1 mo.)	
<i>r</i>	-.02
Cov.	-2.73
<i>N</i>	109
Negative coparenting (3 mo.)	
<i>r</i>	-.17
Cov.	-21.87
<i>N</i>	107
Negative coparenting (6 mo.)	
<i>r</i>	-.44**
Cov.	-69.22
<i>N</i>	108
Negative coparenting (9 mo.)	
<i>r</i>	-.36**
Cov.	-52.85
<i>N</i>	109
Negative coparenting (12 mo.)	
<i>r</i>	-.44**
Cov.	-59.11
<i>N</i>	109

Note: *Significant at $p < .05$ ** Significant at $p < .001$

Additional analyses were completed, correlating maternal marital adjustment at 1 month with maternal marital adjustment at 12 months. This correlational analysis resulted in a Pearson correlation ($r(106) = .438, p < .05$), showing that marital adjustment at 1 month accounts for 19% of the variance in marital adjustment at 12 months. See Table 4 for further description.

Table IV

Pearson correlation between marital adjustment at 1 month and marital adjustment at 12 months

	<i>Marital adjustment (12 mo.)</i>
Marital adjustment (1 mo.)	
<i>r</i>	.44**
Cov.	197.32
<i>N</i>	108

Note: *Significant at $p < .05$ ** Significant at $p < .001$

Due to significant results of previous correlations, further analyses were completed. Positive coparenting at 1, 3, 6, 9, and 12 months was computed into a new variable of positive coparenting averaged across 1 to 12 months. Negative coparenting at 1, 3, 6, 9, and 12 months was computed into a new variable of negative coparenting averaged across 1 to 12 months. Averaged positive coparenting and averaged negative coparenting were regressed on marital adjustment at 12 months. Averaged positive coparenting was found to be a significantly stronger predictor of marital adjustment at 12 months, $b = .33, t(104) = 2.74, p < .01$, compared to the averaged negative coparenting, $b = -.14, t(104) = -1.15, p > .05$. After controlling for average positive coparenting, average negative coparenting does not add any more variance in marital

adjustment at 12 months. These results show that positives outweigh the negatives of coparenting in terms of predicting marital adjustment for mothers.

Does the marital relationship or the coparental relationship better predict child socioemotional outcomes over the first 12 months?

Child socioemotional outcomes were measured using the Attachment Behavior Q-set and the Big Dimensions of Infant-Toddler Social and Emotional Assessment. AQS at 12 months, averaged negative coparenting, and averaged positive coparenting were regressed on marital adjustment averaged across 1 to 12 months. No significant associations were found. Due to these outcomes, marital adjustment at 1 and 12 months, averaged positive coparenting, and averaged negative coparenting were correlated with the AQS. Only averaged positive coparenting was found to significantly correlate with AQS ($r(118) = .20, p < .05$). These results show that coparenting is associated with mother-infant attachment.

Marital adjustment at 1 and 12 months, averaged positive coparenting, and averaged negative coparenting were correlated with maternal report on the ITSEA at 12 months (domains: externalizing, internalizing, regulation, competence). Marital adjustment at 1 month significantly negatively correlated with ITSEA externalizing domain, $r(129) = -.20, p < .05$, and dysregulation domain, $r(130) = -.20, p < .05$. This means that a better marital relationship is related to less infant externalizing behavior and lower dysregulation. No significant correlations were found between marital adjustment at 12 months and ITSEA domains. Positive coparenting averaged across 1 to 12 months was significantly negatively correlated with ITSEA externalizing domain, $r(122) = -.29, p < .05$, approached significance with internalizing domain, $r(123) = -.17, p = .06$, and significantly negatively correlated with dysregulation domain, $r(123) = -.26, p < .05$. Negative coparenting averaged across 1 to 12 months was significantly associated with externalizing domain, $r(123) = .21, p < .05$, and dysregulation domain $r(124) = .19, p < .05$.

Discussion

The present study investigated the relationships between the coparenting subsystem and the marital subsystem over the first year of a child's life, along with each subsystem's predictive links with child's socioemotional development. One strength of the present study is its longitudinal assessment of marital adjustment and coparenting multiple times across the infant's first year, beginning very early (1 month of age) in the infant's life. This enabled longitudinal prediction of one construct by the other across the first year. Statistically significant results demonstrating a relationship between marital adjustment at one month and positive and negative coparenting at 12 months suggest that within the interparental system, the roles that each partner plays are connected and have an impact on each other throughout the first year of a child's life. This finding relates back to previous research (Schoppe-Sullivan et al., 2004; Van Egeren, 2004; Lavee, Sharlin, & Katz, 1996). When looking at the coparenting relationship's impact on marital quality at 12 months, results show that when positive coparenting occurs within the interparental system, it has an impact on the couple's marital relationship.

Negative coparenting at 1 and 3 months was found to be associated with early marital adjustment but did not predict to later marital adjustment. Reasons for this are unclear. Perhaps negative coparenting in early parenthood transitions is most strongly predicted by quality of the marriage at the same point in time, but its ability to predict to marital quality at 12 months may be obscured by high levels of family stress that exist during early parenthood transitions. It was clear that negative coparenting's power to predict to 12-month marital quality became evident by 6 months and beyond. Perhaps this is because by 6 months the family system has stabilized, the early transition is over, and the family and parenting patterns are more firmly established.

Additionally, the finding that averaged positive coparenting was a stronger predictor of marital adjustment at 12 months than averaged negative coparenting shows that positive coparenting relations over the first year of a child's life is related to a high likelihood of a good marriage at 12 months. In terms of predicting marital quality for mothers, the negative aspects of coparenting seem to not hold as much importance as the positive aspects of coparenting.

When focusing solely on the marital relationship, the correlation between marital adjustment at one month and 12 months shows that only 19% of marital adjustment at 12 months is predicted by marital adjustment at one month. This finding suggests that there are a variety of things going on within the family system that affect marital adjustment by 12 months, other than early marital quality, such as parenting practices, finances, careers, and children. By the first year of a child's life, the marital relationship has evolved into something much more than solely a dyadic romantic relationship.

In terms of mother-infant attachment, positive coparenting over the first 12 months was a strong predictor, while marital adjustment was not predictive of the attachment relationship. This finding supports previous research and theory supporting the point that the coparenting relationship is more directly related to child outcomes than overall marital adjustment (Feinberg, 2002; Kolak & Volling, 2007; Gabel et al., 1992). In terms of child socioemotional development, a better marital relationship at one month was related to less infant externalizing behavior and lower dysregulation (Goldberg & Easterbrooks, 1984; Gabel et al., 1992; Howes & Markman, 1989). Positive coparenting was predictive of lower infant externalizing behavior and lower dysregulation, while negative coparenting was predictive of infant externalizing behavior and dysregulation (Feinberg, 2003; Kolak & Volling, 2007). Thus, overall, the coparenting relationship was a better predictor of child social and emotional competencies than the marital relationship.

Results for the other ITSEA domains (competence, internalizing) were insignificant, possibly because these types of socioemotional behaviors are difficult to see before the age of one. The internalizing domain is related to anxiety, withdrawal, and depression. A parent's ability to see these behaviors at one year of age is difficult because they are internalized. Similarly, symptoms of competence may be difficult for parents to discern in their child. Externalizing (impulsion, aggression, defiance) asks whether the infant shows aggression toward themselves or others. Dysregulation involves negative emotion, sleep, eating, and reaction to sensory events. Both these domains are more viable for parents to observe and take note of.

Limitations

There are some limitations to this study worth noting. Due to the correlational design of this study, no causal relationships can be inferred from the results. Maternal measures were the focus of this study in understanding coparenting and marital quality, along with their predictive associations with child development. Results for analyses conducted could possibly be different if paternal measures were taken into account. Except for attachment measures, the data came from questionnaire self-report responses, leaving results to possible response bias and subjectivity, which thus harms the validity of results. General assessment of coparenting measures was based solely on parent report, not context. Coparenting is highly variable, so parents could be better at certain aspects of coparenting than others. Since this present study did not look at specific contexts of parenting, there could be certain aspects that are more important in predicting marital and child outcomes that were left out. Lastly, the sample was almost exclusively Caucasian, so it remains to be seen if these findings could be generalized to nonwhite populations.

Implications for the Future

This present study has shown the importance in studying the coparenting relationship and its affects on children's socioemotional development. How partners relate in the coparenting relationship holds great importance for a child's development due to its proximity to the child

subsystem. As research on coparenting proceeds, a focus on individual parental context may prove to be a promising avenue in investigating coparenting and its impact on other familial factors. Focusing on the coparenting relationship and its related factors has proven to be effective in explaining aspects of child and family development, so future studies should find success in furthering this research.

Additionally, future studies should continue the focus on changes that occur within the family system during the first year of life and its impact on child development. The present study has provided evidence of important associations between coparenting, marital quality, and child socioemotional development which all occurred within the first year of life. If future studies were to study the family system during this first year of life, they are sure to find important implications to better understand infant development and parental competences.

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