This morning we talked about the two research and intervention studies that we have been conducting at the University of California at Berkeley, where we have been offering help to couples facing two major life transitions, hoping to promote their well-being and their children’s as well.

I’m going to spend a few minutes describing the couples group intervention that we have been evaluating, and tell you briefly about the results of using it with couples making the transition to parenthood, and then Phil will tell you about the results of working with parents whose children were about to make the transition to elementary school.

**The Becoming-a family study**

**Rationale.** You will recall that we decided to work with parents during these two important family transitions by capitalizing on the moderate amount of anxiety that we find most parents have at these times, which can lead parents and their children to feel
anxious and unsure of themselves at times—even those who appear to be in the most favorable circumstances.

We believe that by offering help early, before couples feel overwhelmed by their strain and passed that anxiety on to their children, gives us the best chance to strengthen their marriages and their relationships with their children.

We set out to find out whether working with both men and women while they were making this major transition could help couples face the stressful parts of the transition while it was happening instead of sweeping them under the carpet, as we felt that we and so many couples we knew had done.

We recruited 96 couples, 72 in their sixth month of pregnancy with a first baby, and 24 comparable couples who had not yet decided whether they would have a child. This was to see whether having a baby led to more or fewer positive or negative changes in the couples’ marriages over time.

**The couples groups.** Let me describe the intervention that we have been offering couples in these studies in order to put the results in an understandable perspective. To every third couple entering the Becoming-a-Family Project, we offered the opportunity to work with our staff of mental health professionals in a small couples group that met for two hours every week for six months: the last three months of pregnancy and the first three months of parenthood. Over the transition period, we worked with couples on their strain and difficulties or disappointments—as individuals, as a couple, with their parents, and with their babies. Although the problems parents talk about vary in severity, we know that these are the kinds of difficulties that almost every couple faces at some time in the family-building years. We have been impressed with the earnestness of modern
couples becoming parents today and surprised with how many of them have such poor models for creating and keeping nurturant relationships as a couple and with their children.

Each couples group has a male-female couple as group leaders, and the participants tell us that having men in this professional role helped them both to agree to enter the project and to draw them out to talk about these family concerns, basically to become equal participants with their wives in working on central family issues.

We asked each man and woman in the study to complete questionnaires about the five parts of their lives that we talked about this morning, before the couples groups started. This was our pre-intervention look at the families that we could compare with their after-transition lives.

We talked about each of these aspects of life during the 24 weeks of the groups, helping couples (1) to make more sense of their strain or difficulties in some of these relationships, and (2) to try making small changes that would feel more satisfying to both partners. Six months is not a long time to deal with complex family problems, of course, but couples say that being able to come back to these issues week after week, once they feel safe talking about these intimate parts of their lives, helps them to explore their experiences more than they have been able to do on their own. At the end of six months, the groups ended when the babies were about three months old, as planned, and then we interviewed every couple in the study and asked them to fill out the questionnaires again four times over the next few years to follow their progress—when their babies were six and then 18 months old, again when the children were 3½, and finally when they were between 5½ and 6½ years old and had made their transition to primary school.
Now, let me say very briefly what happens in these groups and what we are trying to do. The four couples expecting a baby around the same time and a professional staff couple meet for two hours every week for six months. The leaders in our studies are psychologists, social workers, or marriage and family counselors whom we train and supervise regularly while the intervention part of the project is going on. The format of the groups is semi-structured, combining (1) an open-ended “check in” during which couples can raise any current family issue or problem, with (2) an ongoing, more structured agenda that is formed collaboratively by participants and leaders. Over the weeks of the groups, leaders raise topics for discussion from the five aspects of life that I described earlier. We help parents focus on their particular ideas and experiences in part by referring to the study questionnaires that they completed before the groups began about their own particular situations. During the months of meeting each week, we use their responses and the issues they bring each week to recognize some of the links among these parts of their lives: for example, how their conflict as a couple might be affecting their relationships with their child, or how their experiences of being parented by their parents might be coloring their ideas, feelings, and actual practices of parenting their own children.

Partly, we are trying to help make these parts of parents’ lives a bit more conscious so that they can have more control over them when they are not satisfying or actually destructive. The staff couple attempts to help men and women spell out their dreams and their unresolved conflicts as a couple, to plan ahead about how they will manage staying partners and becoming parents, and after the babies are born, the troubling or confusing parts of their relationships with their child and their own parents or co-workers.
Some men and women admit that they are frightened about how they will manage the unknowns of labor and delivery. They are worried about the family “politics” of whose parents should come to help and how they will become competent parents themselves. Some worry that they will be like their parents, despite their intention to be more attentive, loving, and involved, and less intrusive, harsh, and so on. Many of the women worry about going back to school or work after their babies are born. How they will actually feel after they become parents is truly an unknown.

The leaders work with parents to modify the kinds of relationship styles that we know are associated with risk and vulnerability, such as unresolved marital conflict or threatening behavior, and we encourage them to adopt patterns that psychological research shows can buffer risks and optimize resilience in children, such as reasonable age-appropriate limit setting and time outs for young children who are having difficulty with self-control. The leaders work to make the groups a psychologically safe and supportive environment for a group of peers at the same family life stage so that men and women can find out more about what goes on in families at this critical stage. One thing that our conversations with couples have taught us over the past two decades is that these are things that couples do not ordinarily talk about until they feel overwhelming and insoluble. The staff help partners listen to one another more sympathetically, to regulate their upset and anger more effectively, and to begin to experiment with small changes that might feel more satisfying to both partners. What is unusual here is encouraging men and women to work on these things when they are not upset and when they can come back together to assess how their “experiments” worked.
In the Becoming-a-Family groups, the babies attend the groups, too, as soon as they are born. (The groups for parents of 4-year-olds are for adults only.) For many of the new parent couples, group night is their only outing of the week and these are the only people that they feel can understand what they are going through. Most are in love with their babies, but they had not had a night of sleep or completed a sentence since their babies were born. The groups, they say, are the only place that they can begin to talk to one another about any of the issues that are catching them off guard. We know that one key benefit for the parents is that other adults listen carefully and understand what they are experiencing at a wonderful, but also vulnerable time of adult life, but our leaders are trying to do several other important things as well.

1. We try to help partners to clarify their own points of view and get them heard, especially by their spouses.

2. We encourage partners to tolerate differences in point of view, behavior, and individual needs. We find that this is very difficult for many husbands and wives to do without getting upset or worrying about who is “right” and who is “wrong” if they are having different experiences.

3. We also try to help husbands and wives develop more satisfying, less aggressive ways to solve the problems they have.

4. We encourage partners to explore how their experiences in their families of origin may be playing a role in their reactions to one another and their children, particularly when they are upset and feeling needy or vulnerable.

The group setting becomes a safe place for spouses to begin some of these discussions.
**Results.** Now, let me tell you what we found when we compared new parents with and without the couples group intervention. The results that Phil and I will tell you about are based on what men and women told us about these parts of their lives over time in regular interviews and questionnaires, what we observed when the family visited our project playroom, and what the teachers reported once the children were in school.

First, you may recall from this morning that, in general, men’s and women’s roles become much more traditional than they were before and than they predicted they would. For couples who had participated in one of our couples groups with our professional staff, the groups were making a difference in how couples described their relationships as couples, at least for the first three years of parenthood.

We found that the couples who had worked with us in the groups were doing better as individuals and as couples than the couples in the study who had not been offered a couples group. For example:

1. The men from the couples groups described themselves as more psychologically involved with their babies than men with no intervention did;

2. The women from the couples groups were more satisfied than women without a group with how they were dividing the housework and care of the babies with their husbands;

3. By the second year of parenthood, the women from the couples group had recaptured their sense of themselves as students or workers more than the women with no intervention did;

4. Finally, the marital satisfaction of couples in the groups did not decline the way the comparison couples’ did;
5. The marriages of the couples who took part in the group intervention remained intact for the next three years, whereas 15% of the new parents with no intervention had already separated or divorced by the time their first child was three years old.

And lest you think that it is only babies that bring these separations and divorces, the startling news is that 50% of the couples in the study who had remained childless during the first three years of our study had separated or divorced during the same time period.

What these results are suggesting is that when new parents participate in one of our couples groups with mental health professionals as leaders, that early work staves off a decline in their satisfaction with their relationship as a couple and arrests the tendency to dissolves their relationships during their children’s formative years. Phil and I were at a conference in Bonn, Germany in May, where the results of a large government-funded project that is based on our work with new parents were reported. They, too, created a project in which mental health professionals worked with groups of new parents as well as some groups of parents of two- and three-year-olds using our model. Under the leadership of Professor Wasilios Ethenakis, the project brought us to Germany two-and-a-half years ago to train their couples group leaders and the earliest results are remarkably similar to our own with couples in northern California. When they compared couples with and without a couples group, they found that the fathers from the groups were more involved in family tasks with their wives and more psychologically involved with their babies. In our study, the positive effects that we found on the parents’ marriages were not evident until several years after the intervention ended, and it is too early for the German group to say whether they will find measurable effects on the couples’
marriages. It looks as if these kinds of ongoing conversations with couples help men and women decide how they will come to grips with the discrepancy between the ideology of modern couples who want to have a less traditional split in which she “washes up” and he “saves France” as we used to say, but find that at this time in the climate of our business and community culture that that is very difficult to put that kind of sharing of family work and parenting into practice. What we can do is encourage partners to work together to decide how they will make sense of their dreams and their needs in a way that fits their particular situation. We are not out to tell couples how to do things, but to help them decide what makes sense for them, given their culture, their financial resources, and particularly the emotional tone they are striving for in their own families.

What is most important about this news about early preventive work with parents that we can say from our longitudinal study results is that men’s and women’s early adaptation to parenthood is linked with their children’s learning and mental health in terms of their academic, social, and emotional well-being or distress once they enter their years of formal schooling. When we followed the children into their first year of school at age 5 in that first study, we found that the children of parents who had had the most difficulty managing the transition to parenthood were having the most trouble in adjusting to school; they were not doing as well academically, they were having more trouble getting along with other children, and they had more worrisome behaviors in terms of acting out, aggressive behavior, or very shy withdrawn behavior when they were upset.
We believe that these findings support the argument for early interventions that focus not only on the relationships between parents and children, but also on the relationship between the parents as a couple.

Now, Phil will tell you what happened when we worked in this way with the parents of 4-year-olds in our current study, which was designed to build on the successes and address the shortcomings of the first study, and try to go beyond them.

**The schoolchildren-and-their-families study**

I should say that one of the reasons that we did another longitudinal intervention study is that the effect of the Becoming-a-Family intervention didn’t last forever nor would we expect it to. By the time the children were in school, we couldn’t see effects on the children, and problems of the couples in our groups were now similar to those who were in the control condition. The results suggested to us that couples need intervention all the way along the early years, not only at the beginning, but we could not raise the funds to do a new intervention study of that scope.

Instead, we decided to start a study of families in the year before their first child entered kindergarten, around age 5, and we managed to recruit 100 families. Does the child’s transition to elementary school constitute a big life transition? In the USA, it seems to. I am not sure you will regard it as so, here in Israel. The move from a preschool to an elementary school at the age of 5, raises a great many issues for children, because in the USA they are going to bigger schools that are more work-oriented, that make more demands, that have more rules. Kindergarten is a very different setting than preschool. In addition, American parents are worried about the quality of public education. There are alternative private and parochial schools for them to consider, if
they have the financial resources. Unfortunately, space is limited at these schools, and so there is a great deal of anxiety in the parents about what to do and whether their child will be accepted if they go outside the public education system. So the transition to school is not just a transition for the child, but for the whole family.

But, even if the transition to school itself were not a time of change, we know from a very good book by Arnold Sameoff and Marshall Haith *(The Five to Seven Year Shift)* that children are making many changes during this time. Biological changes in the brain are happening. Piaget has described qualitative shifts in cognitive stages. Social relationships are transformed. So, children in the 5-7 age period are changing. Their parents are changing, too. The parents are having second children and third children, changing their relationship to work and developing in mid-life, and all of these changes are going on at the same time.

A time of change in the family is a good time for intervention. The period around the elementary school transition is an especially good time to intervene if you are interested in prevention. Karl Alexander and Doris Entwisle have developed a trajectory hypothesis. If you look at children in kindergarten, at age 5, and first grade at age 6, you can predict how those children will fare at the end of high school (achievement, social relationship, drug use, dropping out). That is, once children enter elementary school, they tend to stay in the same rank order of adjustment at which they entered school. So, if we can give the children a boost, help them to arrive at school more socially and academically competent, then their advantage may be maintained over the years.

**Design of the study.** We invited families into our study without telling them that there was a possibility of participating in an intervention. Then, when we interviewed
them, we randomly offered some of them a chance to participate in one of two types of couples group interventions. Some of them participated in an intervention that focused primarily on their marriage (25 couples). Some of them participated in an intervention that focused primarily on the parent-child relationships (25 couples). Both groups were led by male-female teams of mental health professionals.

The difference between the two kinds of groups was a matter of emphasis. In the marital group, if an issue was discussed about the child, the leaders will help to focus back on the implication of this issue for the marriage or for the parents working together. If they were fighting about it, the leaders focused not on what to do with the child, but on how the partners deal with each other. In the parenting group, leaders would focus on what each parent was doing with the child.

A third condition was our control group—couples were offered a chance to have one consultation with our team of mental health professionals each year (25 couples). The couples groups, by contrast, met every week for four months.

In a fourth condition (25 couples) were couples who refused the intervention, but agreed to be followed over time. We are not going to talk about them today. They were not included in the analyses because they were not a randomly selected control group. We followed the families when the children were in kindergarten, in first grade, and in fourth grade. We observed them in our laboratory and we interviewed them at home. The teachers filled out a 106-item behavior checklist on our children and on all the children in the target child’s classroom.

**Results.** I will report the results very briefly and sketchily. We are in the process of writing them up now. There were no effects of either intervention on the parents’ life
stress, as they reported it. There were no effects of the interventions on the quality of the relationship with their parents, as they reported it in a questionnaire. But there were very specific and important effects of the intervention on the marital and parent-child relationships of the participants.

In the maritally-focused group participants, the mothers improved their self-esteem significantly, whereas the control mothers went down in their self-esteem. More importantly, in the marital group, the couples were observed fighting less in front of the child in the year after the group than they had before. There was little change in their parenting behavior, however.

The parents in the parenting group changed significantly in their parenting behavior. Fathers in the parenting groups were warmer and more responsive with their children, and the mothers were more structured and limit-setting with their children. The parenting group participants showed little change in the quality of their marriage. In both marital and parenting behavior, our observers were rating the tapes, not knowing which parents were in the groups.

Not all participants in the intervention groups showed improvement. In statistical path models, we found that when the marital group parents improved in their communication, the quality of their parenting also improved. However, when the parenting group parents improved the quality of their relationships with their child, the marriage did not tend to improve. That is, it looks like the marital group had more power to affect the quality of the relationships in the family.

And for participants in each of those groups, when the parents improved in their parenting skills, the children were doing better in kindergarten: better academic
achievement, better social skills with peers as the teachers saw it, less aggression, and less shy and withdrawn from peers. And when their parents improved after the couples group intervention, the children made even more advances between kindergarten and first grade, almost two years after the intervention ended. We just completed some preliminary analyses of grade four outcomes and the effects of the intervention appear to be maintained for another three years, supporting the trajectory hypothesis.

So, if we can help the parents before the children enter elementary school and if the parents change in positive ways, then their children seem to enter school with better cognitive and social skills and to maintain their advantage over time.

**Conclusions.** We think the transition to school is a good time to intervene. We think that something about the school experience maintains children’s level of adjustment, so starting at a higher level seems to give children a long-term advantage.

The kind of intervention study we described underlines the importance of the marital relationship in the family. When most people look for a way to facilitate children’s development, they think about parenting interventions. Our results suggest that it is really important to improve the quality of their marriage because that improvement tends to spill over into the parent-child relationship.

Many observers of family life are concerned about the high rate of divorce in industrialized countries. Whether or not the interventions we describe will affect the divorce rate, we seem to be affecting something even more central to children’s development—the way fathers and mothers handle conflict between them. If an intervention can reduce marital conflict, we have shown it also can affect parent-child relationships and children’s academic and social competence.
Finally, we care about the intervention because we think we can convince other people that the intervention is a good idea, but also because it is a test of family system theory. Almost all of the data that people will present to you about families are obtained at one point in time. Even in longitudinal studies, the links between what parents do and what children do are only correlational. It is possible that the parents affect children, but also that children affect the parents. The direction of effects is unclear. Our study finds that if you experimentally change the parents’ behavior, children will change.

I don’t know if you heard about a new book by Judith Harris *The Nurture Assumption*, which is very controversial in the USA. She claims that parents do not matter much at all; only peers really affect children’s development. Our study shows that parents really do matter, even if they are not responsible for all the positive and negative accomplishments of their children.

So, we think that the couples groups help families. The groups seem to have long-term effects. In part, they work because we create a social support network of parents undergoing similar experiences at similar developmental times of life. In part, they work because we include fathers (most interventions are focused on mothers). We teach couples to talk about issues when they were not upset, so that they can avoid negative escalation. And we provide a place to examine their relationships and to take small steps to change them.

**Concluding Comments**

To end with a theme from this morning—all couples at some time need some help to make their life better because it is difficult (but not impossible) to maintain a satisfying couple relationship over time. We are excited about the results of our intervention. We
hope we can interest more people in doing prevention intervention groups with couples who are not originally described as needing help. It benefits the couples and provides long-term benefits for the child.