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Keeping the Ledger Balanced during Pregnancy

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ABSTRACT

Couples experiencing pregnancy and the transition to parenthood face many challenges. One of the most difficult challenges is attempting to remain balanced in their relationship. In order to discover how couples maintain balance, researchers conducted a secondary analysis of qualitative data using a contextual family therapy lens to investigate how couples keep their relationship ledger balanced during pregnancy. Results indicate that four key components help couples maintain balance in the relationship, namely: 1) Give and take, 2) Relational ethics, 3) Destructive and Constructive Entitlement, and 4) Exoneration. Couples who give attention to these four aspects were more balanced in their relationship and reported navigating the transition to parenthood and pregnancy more effectively. Results from this study provide a framework for therapists to guide couples in discussing important topics that should be discussed throughout the transition to parenthood.

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Introduction

Pregnancy is often stressful for couples and requires adjustments in their personal lives, couple relationship, and relationships with extended family (Walsh, 2015). Although many couples gladly welcome this life-long change and look forward to the addition of a new family member, there is also a significant amount of change happening and work to be completed to prepare for the baby. Though no fault of the couple, the amount of effort required by each partner is significantly different. In heterosexual couples, mothers are, quite literally, growing another individual inside of them, whereas fathers are placed into a secondary, supportive role. Since couples' balance of give-and-take and fairness in the relationship is affected by pregnancy, Contextual Family Therapy (Boszormenyi-Nagy & Krasner, 1986) is a useful framework for assessing how couples "balance the ledger." The aim of this qualitative study was to investigate how

heterosexual couples keep their relationship ledger balanced during pregnancy and identify challenges that arise when couples are unable to balance the ledger effectively.

Parenthood

The transition to parenthood has received significant attention in the literature, both in how couples effectively transition to their new roles (McGoldrick et al., 2016) and how it impacts the couple relationship (Doss, 2014). Approximately two-thirds of couples report a significant decline in relationship satisfaction after the transition to parenthood (Trillingsgaard et al., 2014), with others reporting increased stress and anxiety, and decreased intimacy (Fillo et al., 2015; Lawrence et al., 2008). The way both partners cope with stressors, individually and as a couple, plays an important role in effectively reducing marital distress and anxiety (Mitnick et al., 2009). The challenge is many couples lack the knowledge and skills needed to effectively navigate the transition.

Literature focusing on the transition to parenthood indicates that the most significant protective factor for depressive symptoms among couples is the quality of support they receive from their partner (Hlebec & Kogovs'ek, 2013). In other words, the quality of support given by each partner to one another is associated with greater parental health and well-being during the transition to parenting (Razurel et al., 2013). Of particular importance is what the literature has defined as dyadic coping, or coping that focuses on behaviors of one partner to support the other when he or she is stressed (Bodenmann, 2005). From a family systems theory lens, stress experienced by one partner will directly or indirectly affect the partner (Von Bertalanffy, 2010).

The transition to parenthood begins well before the child is born (Darwiche et al., 2016), and paternal involvement and support during this phase is critical for the stability of the couple relationship (Eddy & Fife, 2021). For example, general perception of equity of both partners in the relationship is associated with lower distress in newlyweds before the birth of their child (DeMaris & Mahoney, 2017) and higher levels of relationship quality (Durtschi et al., 2017). Of particular importance is the perceived equity women feel their partner contributed in the transition to parenting. Gender roles and expectations, or what some have called the "traditionalization shift" (Dew & Wilcox, 2011), contribute to perceived equity. From this perspective, women's workload in the domestic sphere tends to increase more across the transition to parenting than men's workload (Mikula et al., 2012). This coupled with partners' inability to provide dyadic support to one another (e.g., encouraging, praising, and supporting one's partner), contributes significantly to the equity

gap and associated marital dissatisfaction. Furthermore, decreases in women's perceived equity are associated with more depressive symptoms in women than their male partners (Meier et al., 2020).

Although relationships are at risk of becoming unbalanced during pregnancy, many male partners desire to be supportive. Communication and increased paternal involvement prior to pregnancy and throughout the prenatal process is of vital importance to couples in their transition to parenting (Eddy & Fife, 2021; Eddy & Hertlein, 2020), especially as it relates to perceived equity. Fathers report wanting to be involved during pregnancy but are unsure of how they can participate (Xue et al., 2018). Most of the research on husband involvement focuses on the physical support fathers can provide during pregnancy (Carter 2002), with new research showing the importance of emotions and dyadic support to relationship quality (Eddy & Fife, 2021; Meier et al., 2020). This literature shows partners pay particular attention to the emotional and physical support they receive from their partner. The more balanced this support is, the more likely both partners transition well into parenting. Clearly the literature highlights significant differences in experiences with women, often carrying more of the workload, and more societal expectations for nurturing and childrearing. This is why a more in depth understanding of how couples experience the transition to parenting in terms of relational ethics is so critical.

Contextual Family Therapy

In the transition to parenting, each person maintains their own emotional ledger based on principles of love, trust, loyalty, fairness, and justice (Doss et al., 2009). However, research has not addressed how couples can achieve an effective balance of emotional support required during pregnancy and subsequent parenthood. This balance of giving and receiving is at the core of trust and trustworthiness critical for the health of the relationships. Contextual family therapy (Boszormenyi-Nagy & Krasner, 1986) provides a valuable and comprehensive framework to understand the transition to parenthood. Furthermore, Contextual Family Therapy has shown to be applicable to various physical and psychological problems or life transitions couples may experience (Keskin, 2017; Schmidt et al., 2016; Sibley et al., 2015). Additional research has found a direct effect of relational ethics, depressive symptoms, and low relationship satisfaction (Gangamma et al., 2012, 2015), as well as the importance of applying a Feminist lens with Contextual Therapy (Dankiski & Deacon, 2000) to achieve more balance and equity in relationships.

Contextual therapy is founded on the principle that fairness is essential in relationships and each individual's contributions matter for the overall health of couple and family relationships (Boszormenyi-Nagy & Krasner, 1986). From a contextual perspective, there is a constant give-and-take occurring

within relationships, and one of the primary goals of therapy is to help couples find balance in their relationships. Contextual therapists operate under two core assumptions: First, the actions and decisions individuals make in their relationships impact all those connected to them (Hulst & Sibley, 2018). Second, satisfying and long-lasting relationships require accountability and responsible consideration for the other people in these relationships (Hulst & Sibley, 2018). In essence, each individual has an obligation to give, what rightly belongs to themselves, while fulfilling their relational roles that have been established. (Hargrave & Pfitzer, 2003). This is different for each couple and is built upon overt and covert messaging related to what is fair, equitable and just (Hargrave & Pfitzer, 2003)

Another core principle of contextual therapy is the concept of relational ethics, which specifically refers to fairness or balance of give and take that sustains relationships (van Heusden & van den Eerenbeemt, 1987; Gangamma et al., 2015; Hargrave & Pfitzer, 2003). In fact, recent research evaluating relational ethics, depressive symptoms, and relationship satisfaction in couples therapy (Gangamma et al., 2015) found significant effects between relational ethics in one's family of origin and depression. Conversely they also found a significant partner effects for relational ethics, in current partner relationships, depressive symptoms and low relationship satisfaction. Another study confirmed the contextual theory's assumptions of the perceptions of unfairness and relationship dissatisfaction (Gangamma et al., 2012). In other words, one's perception of fairness is a strong indicator of their relationship satisfaction. However, an intriguing finding from this sample was when male partners reported greater fairness and higher satisfaction, female partners reported considerably lower levels of satisfaction (Gangamma et al., 2012). This result supports previous literature that gender and other societal factors may play an important role in the perceptions of meaning of fairness (Dew & Wilcox, 2011; Mikula et al., 2012). Not only are these gender and societal factors experienced within the relationship, but pregnant women also are discriminated against in the workplace (Fox & Quinn, 2015). Gender stereotypes also suggest that women are expected to care a larger role in family obligations, are thought to be more emotional, irrational, and less committed to their jobs (Halpert et al., 1993). As a result, women often have to work harder to counter these negative stereotypes, which can be difficult if the woman's partner does not assist in equalizing familial pressures in the home (Fox & Quinn, 2015).

We know that during pregnancy there are certain expectations, spoken and unspoken, that society, and each partner has for themselves and for their partner. Having a partner who is involved and responsive to their partner's needs can benefit the relationship, whereas partners who are uninvolved and unresponsive to their partner's needs often see their relationship weakened (Eddy & Fife, 2021). The ability to meet a partner's needs can greatly depend on relational ethics and knowing what expectations your partner has for you

in relation to give and take and fairness. In fact, one's relational ethics is also influenced by a host of economic, structural, cultural, gender and racial factors (Crissey, 2005). Countless studies have shown that couples are generally more satisfied with their marriages when their belief systems are homogamous (Ellison, Burdett, & Wilcox), and they hold similar education and socioeconomic resources (Bratter & King, 2008). When differences are present, couples expectations around fairness and balance could be drastically different from their partners. Also, understanding how power, privilege and gender affects relational dynamics (Dankiski & Deacon, 2000), especially how men and women experience pregnancy cannot be overstated and ignored. For example, a recent WHO study found that childbearing women from high and middle resource countries, often report negative experiences such as being verbally humiliated, ignored and belittled by their healthcare provider (2019). Women also experience pregnancy-based employment discrimination (Byron & Roscigno, 2014), something that men rarely, if ever, experience. On the other hand, men are often expected by society to be financially and physically responsible for one's family, with little expectation around providing emotional support to their partner or their children. This coupled by the fact that men (especially of color) are often discouraged by health care providers in participating in their partner's health visits (Deave et al., 2008; Kay et al., 2014), creates huge disparities in potential areas of fairness and balance in the couple's relationship. Therefore, it is critical when applying relational ethics with couples that one recognizes how social contexts impact a couple's perceptions of fairness balance and give and take.

Relational ethics is also operationalized to include concepts of trust, loyalty, and entitlement (Hargrave et al., 1991), which are often conceptualized as relational ledger. The concept of family ledgers, fairness, equity, and justice appear to be the core of what partners need from one another during the transition to parenthood. This study attempts to fill a hole in the literature on how couples effectively find balance in their relationship ledger and establish relational ethics during pregnancy. Discovering how couples find balance during the transition to parenthood may prove useful to couples in strengthening their relationship during a time where the relationship is usually experiencing high levels of distress.

Methods

Research Design

This study was conceived as researchers were collecting and analyzing data from participants on the topic of active husband involvement during pregnancy (Eddy & Fife, 2021). As the researchers amassed greater amounts of

Table 1. Individual Characteristics.

Characteristic	Sample N = 22
Age Range (Mean)	
Husbands	25-36 (29.5)
Wives	24-34 (28.3)
Race	
Caucasian	17
Hispanic/Latino	4
Asian-American	1
Religion	
Non-Religious	7
Religious	15
Education	
High School	4
Associates	4
Technical	2
Bachelors	9
Advanced	3

data, it became evident that a contextual family therapy framework could be applied to analyze the data by focusing on how couples keep their relationship ledger balanced during pregnancy. As a result, the researchers determined to conduct a theory-based thematic analysis on relational ethics during the transition to parenthood.

Thematic analysis is a useful qualitative analysis method that allows researchers to pinpoint themes within data while providing a description or explanation as to the significance and deeper meaning contained therein (Byron & Roscigno, 2014). Thematic analysis involves analytic stages of becoming familiar with the data, creation of initial or beginning codes, identifying themes within the data, evaluating and reexamining the themes, providing names and clarity regarding each theme, and constructing a manuscript or report of the results obtained (Braun & Clarke, 2006). These steps were followed for the analysis of the current study.

Participants

Eleven heterosexual couples ($n= 22$) participated in the original study. The couples were required to be married and to have given birth to a child within the past 6 months. Participants were recruited in various ways, including social media, flyers at local universities and obstetrician and gynecological offices, and by word of mouth. Among the 11 couples in the study, the majority (8) had a household income of \$75,000 or less, 68% of the individuals identified as religious, and 4 of the couples were first time parents. Although the majority of participants in the study identified as white, 5 of the 11 couples were in interracial marriages. Table 1 and Table 2 provide individual and couple demographic characteristics.

Table 2. Couple Characteristics.

Characteristic	Sample N = 11
Household Income	
20 K or less	3
20k-50k	0
50k-75k	5
75k-100k	1
100k +	2
Children	
1	4
2	2
3	4
4+	1

Data Collection and Analysis

Semi-structured interviews were used to collect the data. Semi-structured interviews are useful as they provide a basic outline for the interviews, but also allow the interviewer some latitude to ask supplementary questions and gather additional data as needed (Creswell & Poth, 2018). While conducting interviews, each partner was interviewed separately, followed by a couple interview for a total of 33 interviews. Researchers believed interviewing the couple individually and together would increase the chances of providing a thorough data collection process. The interviews took place at the couple’s home or via telephone, both of which have proven effective and acceptable in qualitative research (Sturges & Hanrahan, 2004).

The following are a few sample questions from the interview guide for wives: *What actions did you notice that your husband took to participate or support you during pregnancy?* and *What times do you wish your husband would have been more involved during pregnancy?* Sample questions for the interview guide for husbands include: *Can you describe your overall participation during pregnancy?* and *When you look back on the pregnancy, what were your wife’s most significant needs and how did you respond to them?* Sample questions from the couple interview guide: *Can you discuss how each of you expressed needs that you had during the pregnancy and how well your spouse was able to meet those needs?* and *How did the ways in which you interacted with your spouse during pregnancy impact your current relationship?*

When conducting a thematic analysis, the first step is becoming familiar with the data (Braun & Clarke, 2006). Each researcher read over every transcript multiple times and took notes throughout the analysis. The second step is the creation of initial codes. Because researchers were approaching the data analysis through a contextual therapy lens, codes were based upon theoretical aspects of contextual therapy. Next, researchers began to identify significant statements from participants that were representative of the contextual themes. Finally,

researchers produced an organized report of the findings. Research team members also made use of memos throughout the entire analysis process. Memo writing or “memoing” is useful in tracking the thoughts of researchers during analysis, organizing themes, and is also used to keep initial biases or assumptions from negatively impacting data analysis (Charmaz, 2014).

Researcher Reflexivity

In qualitative research it is important to be transparent regarding researcher bias. Of the researchers in this study, four are parents and have had partners give birth multiple times, thereby experiencing the inherent imbalance of the relationship ledger during pregnancy. In order to ensure bias did not impact the study, researchers focused on developing credibility, transferability, confirmability, and dependability (Anfara et al., 2002). Credibility was ensured by using investigator triangulation (Patton, 2002). Investigator triangulation involves using several different researchers in the analysis process. The research team met together to compare findings and organize significant statements into the respective categories. Thick description of the results aided in establishing proper transferability and in depicting the findings. Finally, memo writing was used by researchers to develop confirmability, and a code re-code strategy was used to increase dependability.

Findings

Drawing upon core concepts of contextual family therapy, we organized our findings according to four themes that identified the participants’ experiences in how they kept their relationship ledger balanced during pregnancy. Themes included (a) Give and take: Balancing relational ledgers, (b) Relational ethics: Fairness and equity, (c) Destructive and Constructive Entitlement: and (d) Exoneration.

Theme 1: Give and take: Balancing relational ledgers

One of the most prominent themes mentioned by participants was the concept of give and take or ensuring that the relational ledgers were balanced or shifted during pregnancy. The concept of give and take is a critical component of Contextual Family Therapy because it supports the fact that interpersonal relationships are made up of explicit and implicit giving, receiving, and taking. The relationship ledger is therefore an invisible interpersonal balance of entitlements and indebtedness that is overtly and covertly maintained (Liu, 2017). As couples discussed their experience during pregnancy, it was clear that there was a relationship of give-and-take that was implicitly and even explicitly developed by most couples. For example, many of the wives reported

feeling exhausted physically during the pregnancy process, and as a result they felt entitled to receive more help from their partner to assist in keeping up with the household duties and even child rearing of the older children. One wife reported, “While I was pregnant, he did all the meal planning because I was just so tired. He basically took over all the ‘motherly’ duties for the duration of the pregnancy.” Many husbands were quick to recognize a sense of indebtedness (i.e., what one owes another) when they perceived the additional strain their wives were experiencing, and therefore increased the amount they gave to the relationship. One husband reported, “I was working during that time (her pregnancy), but I tried to support her as much as I could. Sometimes I’d take the kids to activities alone and give her time for herself.” Another wife commented, “He was always willing to help. If I needed help making dinner, if I was sick, he would take care of (daughter’s name). Even during the labor and delivery, he didn’t leave my side.” The sense of commitment and balance of give and take during the process of pregnancy created a sense of togetherness and support that nurtured the relationship.

What was interesting, was even after the child was born, many couples continued to explore how balanced the relationship was, and whether roles needed to be taken back, so the relationship could thrive. For example, one wife commented on how good it felt for her to be able to take back roles her partner was doing during pregnancy, which seemed to balance the ledger, and sense of give and take. “I’m more able to do things I typically would around the house. I feel better about being able to contribute more to our relationship. Being able to take some of that back was nice.” Another partner commented on the importance of being able to contribute financially again after the pregnancy. “He feels a lot of pressure. He is always stressing about making enough money. I’m going to start teaching more music classes out of my house, which lightens some of that (financial pressure on husband).” Overall, these couples realized that the give and take in the relationship would change throughout the course of the pregnancy and postpartum, and they worked together to achieve balance as best they could. What we found particularly important was the data did not find any noticeable differences in terms of gender and the importance in balancing the relationship. Both couples spoke to this theme equally, suggesting that this is an important principle that couples strive for.

Theme 2: Relational ethics: Fairness and equity

Many of the couples in the study placed a strong emphasis on fairness and reciprocity in their relationship, or their relational ethics. The concept of “Relational Ethics” is a major construct in Contextual Family Therapy and refers to fairness or a balance that sustains relationships (van Heusden & van den Eerenbeemt, 1987). From the relational perspective during

pregnancy, trust is the primary relational resource that couples learn to interact with other (Hargrave & Pfitzer, 2003), whereas loyalty is the bond that couples feel that bind them, and entitlement is the guarantee of being cared for from each partner (Gangamma et al., 2015). Results of the analysis found that partners consistently commented on finding a sense of balance that would sustain the relationship. For many couples, this was working explicitly with one's partner in overt ways to find balance and fairness in the relationship during this transition. For example, one husband remarked, "I felt like her and I worked hand in hand. I would do everything I could to be with her or part of the pregnancy 100%." Another husband spoke about how his loyalty toward his wife helped him make decisions that made him more reliable, dependable, and trustworthy throughout the pregnancy. He said, "There was never a time when I heard what she was going through and thought, "Well, you'll have to deal with it on your own."

Wives in the study had similar views on their relational ethics during the pregnancy related to trust, loyalty and accountability. One wife said, "When I think of having a husband, we're equal partners and support each other. I'm the pregnant one, but that doesn't mean that I'm the only one raising the baby." Wives' also commented on the importance of each of them being dependable and caring toward their partner throughout the pregnancy. One wife said, "(Wives) should also understand that the husband is also going through something and it's important to take in consideration his emotions, recognize that she's not the only one going through this pregnancy." It was important to couples that they were both taken care of physically and emotionally so that they could maintain fairness in the relationship and remain a strong couple. Similar to theme one, the researchers found no gender differences in the number of responses from men and women who addressed the importance of overtly and covertly working on addressing fairness and equity in the relationship, which has important clinical implications.

Theme 3: Destructive and Constructive Entitlement

Themes of destructive and constructive entitlement were evident in the experiences shared by participants as it relates to relational ethics or the balance of trustworthiness, merit, and entitlement between each member of the relationship (Gangamma et al., 2012). While relational ethics are based on the belief that a balance of entitlement and indebtedness exists, individuals can develop constructive or destructive entitlement that strengthens or harms the relationship. What is clear from this study is that pregnancy further skewed the perception of relational give and take, which at times reinforced destructive or constructive entitlement among the couple (Boxzormenyi-Nagy,

Grunebaum & Ulrich, 1991). For example, some couples they felt their needs or wants were not deemed as important by their partner, which resulted in further victimization either toward themselves or their partner (Boszormenyi-Nagy & Krasner, 1986), while other acted more reliably and responsibly in the relationship that build further trust and a sense of togetherness.

In the instances where destructive entitlement was expressed, couples often struggled in how to successfully address the hurt it caused in a productive way. One example was when a wife articulated concern that her husband was unwilling to express his needs during the pregnancy. She commented, "Maybe [my husband] could just tell me his needs everyone once in a while . . . I am worried he is taking on too much." Yet, despite her desires and expressed concern, her husband's skewed perception of support and give and take, resulted in him cutting off his emotions and his wife's felt need to nurture him. This is evident in his response, "If I did have a need, I wouldn't tell her. I'd take care of it myself or find another way, to not put any more burden on her. The last thing she needs to worry about is what I need." Another husband reported similar feelings, "Sometimes if I was stressed with school and needed help, I was hesitant to ask because I felt she was already going through so much. I just tried dealing with it on my own." While at first glance it may appear that these husbands are functioning from a place of constructive entitlement, where self-sacrifice would build further trust in their partner to rely on them; their refusal to allow their partner to give is a form of destructive entitlement as it relates to relational ethics. This is especially true as these husbands are depriving one's relational partner of the opportunity to earn constructive entitlement and self-validation. This then led to the relationship feeling unbalanced, and both partners feeling shut out and not validated.

Conversely, destructive entitlement was also seen, in partners who disengaged and didn't reliably support one another in this process. One spouse said, "I just didn't feel it from him. Maybe he was annoyed with me or something. I can't figure it out, but I didn't want to push. That just made him pull back further." Another wife added that their relationship was "kind of in a scary place" due to the imbalance, destructive entitlement, and lack of emotional support she received from her partner. This resulted in significant distress in their relationship and in the wife feeling "less confident in [her partner] being a great husband."

Although both partners engaged in destructive entitlement at times during the pregnancy, in this study we found that female participants were more likely to engage in destructive entitlement stemming from a lack of emotional support. Wives continually commented that when their partner shut them out emotionally, they were more likely to feel angry, frustrated and

overwhelmed. This was further seen in this quote, “He wouldn’t want to talk. He just wanted to sleep. I think that was when I felt like he didn’t just understand (me) and what was going on.”

The results of the study also found that husbands were more likely to engage in destructive entitlement when they felt a lack of physical intimacy in the relationship. Husbands continually commented on how this lack of connection, “made me grumpier, just tense. Because there’s a lot of stress in my life.” Another husband reported, “She just didn’t feel physical intimacy. It wasn’t great. I think it’s a negative impact (on the relationship).” These gender differences in how destructive entitlement were experienced by men and women, provide important data for therapists when addressing the transition during pregnancy.

Constructive entitlement was also experienced by participants when partners recognized the importance of staying engaged in the relationship by reliably and responsibly sharing the emotional and physical burden during pregnancy. For example, one wife in the study commented on how she had witnessed a friend’s pregnancy and noticed the imbalance they had in the relationship during that time. She said it was important to her that she and her husband’s relationship didn’t experience the same thing. She commented that “the husband definitely supports the wife, but the wife also remembers the husband is supporting her and she can’t just take.” This wife had seen others who engaged in destructive entitlement and knew how it could damage relationships. Another participant commented on the importance of balance they achieved during the pregnancy. When asked what helped the couple maintain an effective balance she responded, “Giving the love and support that you *both* need, because it’s (pregnancy) stressful, you know?” Finally, a husband remarked, “If I didn’t help out (during pregnancy) I feel that I would be indebted to her because I didn’t help out or wasn’t involved, but because I put in the effort that I did, it became a balanced relationship again.” In each of these examples the wife and husband recognized that in order to have a balanced relationship they needed to consistently and reliably be present (constructive entitlement). Similar to theme one and two the researchers found no gender differences in the number of responses from men and women who addressed the importance of constructive entitlement or being reliably and consistently present in the relationship.

Theme 4: Exoneration

Not all couples were able to achieve balance in their relationship during pregnancy. In fact, most couples reported struggling at some point during the pregnancy and participating in some form of destructive entitlement. What was most impressive is that many of these couples, in an attempt to

achieve more balance in their relationship, attempted to understand why their partner was behaving in a certain way, which led to exoneration. It is important to recognize that exoneration is different from forgiveness. Whereas forgiveness requires neither justification or understanding to give (Goldenthal, 1996), and results in letting go of one's feelings attached to hurtful actions (Sue, 2015). Exoneration is the process that each individual goes through in understanding, accepting, and crediting their partners efforts. In other words individuals are able to exonerate their partner's destructive entitlement as they seek to understand their actions in light of that person's struggles.

One of the best examples of exoneration is when a participant initially lamented about her partner's inability to be emotionally present, "My emotional health . . . he wasn't there for that part of things. He would kind of just pull away." However, she then followed this statement by recognizing the importance for her (and other couples) to approach the pregnancy through a lens of compassion so one can credit their partners efforts and not allow destructive entitlement to further damage the relationship. This was summed up when she said, "[You need to] Be compassionate toward each other whether you're the pregnant one or not pregnant one. You're both going through change, so just be compassionate." Another example comes from a husband who felt intimacy was withheld from him by his partner through much of the pregnancy. He stated, "wives will be on an emotional roller coaster, they'll be distant (physically)." This husband had been hurt from that distance, but he had been working through exoneration and knew that his wife had experienced difficulties too. He stated later that "Intimate frustrations are there for both husband and wife" and that he needed to have compassion with what his partner was going through that contributed to her lack of desire and intimacy. This led him to let go of the anger and frustration he had been harboring. Overall, the gender differences associated with the need for exoneration in this study was primarily centered around the lack of physical intimacy that husbands received, and the lack of emotional support that wives received. As both husband and wives took time to understand, accept, and credit their partners efforts, they were more likely to achieve exoneration, so they could move on in a healthier way.

Discussion

Contextual Family Therapy provides a compelling and important model in understanding how clinicians can approach working with couple's faced with the transition to parenthood. The intention of this study was to utilize contextual family therapy as a framework for exploring how couples experience the process of attempting to keep their ledger balanced during pregnancy, a time where the ledger is inherently unbalanced. Our hope was that the results

would provide a better framework in understanding what challenges couples face and how they navigate this important yet often difficult time in their lives. In this thematic analysis, we discovered that all couples disclosed concerns with issues of give and take (ledgers), fairness (relational ethics), equity (entitlement) and exoneration during their pregnancy. These concerns were found to be particularly important for couples to recognize within themselves and address in meaningful ways to their partner. For the couples who were unable to find balance in their relationship during pregnancy, they expressed significant distress and frustration during their transition to parenthood. Although some couples did work through the process of exoneration, not all were able to, which left their relationship negatively impacted.

In many ways, these findings highlight the interconnectedness and interdependence of the couple's relationship during pregnancy. This is particularly evident when previously agreed upon roles and expectations are unable to be met, and couples fail to renegotiate these expectations. Many of the participants in the study were first time parents and mentioned feeling totally unprepared for how issues of fairness and equity would be challenged during their pregnancy. Couples experiencing a second or third pregnancy tended to negotiate the transition more easily, although not seamlessly, having past experience to guide them. It would stand to reason that couples should be counseled, prior to pregnancy, to discuss how roles and expectations may change during pregnancy, and ways these could be addressed to facilitate a more seamless transition to parenting. Future studies examining this framework with a larger sample size and more rigorous quantitative analysis is merited.

Most prominently, the results suggest that all couples experienced a process of negotiating roles, processing feelings of resentment, and attempting to find a balance in their transition to parenting, while attempting to exonerate one another when destructive entitlement did occur. This study is supported by substantial research that husband involvement pre-pregnancy is equally important as their involvement post-pregnancy (Deave et al., 2008; Eddy & Fife, 2021; Schoppe-Sullivan et al., 2004). In these studies, it has been argued that shared expectations and involvement in activities has played a significant role in strengthening couples' relationships.

On the same note, it is important to recognize how gender and power from a societal perspective (Dankiski & Deacon, 2000) influences how men and women not only experience the pregnancy process, but how the implicit and explicit messages they receive from care providers, family members, and friends, impact the degree to which they perceive fairness and relational ethics in keeping the ledgers balanced during pregnancy. For example, men experience more societal expectations to be the caregiver who is strong and silent. They also receive implicit and explicit messages from care providers to limit their involvement in their partners maternal health (Deave et al., 2008; Kay

et al., 2014). This often results in men being less likely to be emotionally present during pregnancy and is consistent with the findings of our study, as we found that the most common form of destructive entitlement for husbands was their inability to be emotionally involved and present with their wives during the pregnancy process. These results show the gender difference between men and women in how they viewed fairness, and even their willingness to strive for a sense of constructive entitlement in the relationship.

Other studies have found that husbands continue to feel excluded from advice and parenting support (Deave et al., 2008), with research showing that minority fathers receive much less support and feel less included in pregnancy and postpartum care, than do their white counterparts (Singh & Newburn, 2000). These issues might limit the discussions couples may have around their changing expectations and roles both as they transition to parenting and post-birth.

What was particularly interesting in the results of the study was there were no gender differences in the degree that husbands and wives reported the importance of (1) give and take, (2) fairness and equity as well as (3) constructive entitlement. This suggest that both men and women intrinsically view these concepts as critically important in having a healthy transition to parenthood. However, despite this most couples reported incidences of destructive entitlement that men and women equally participated in, with men being more distant emotionally and women engaging in less physical intimacy during this process. This has important clinical implications.

Similar to the co-parenting research that describes the need for couples to develop mutual expectations and roles, this study highlights the critical discussions that should occur around coordinating new roles and expectations prior to pregnancy and throughout the pregnancy process. One would argue that this is not only practical, but psychologically important for the health and well-being of the couple relationship (Turner-Zwinkels & Spini, 2020). In fact, existing empirical literature provides little guidance regarding the specific ways husbands can provide emotional support (Eddy & Fife, 2021). Past research suggests that while husband involvement is critical, it is complex and multidimensional (Carter, 2002) despite most of the literature focusing on the physical or instrumental support a husband can provide (Yargawa & Leonardi-Bee, 2015). Results identified through the Contextual Family Therapy lens provides an important roadmap that partners can use to meet the physical and emotional needs of their partner as they transition to parenting. This framework supports additional research that couples are managing multiple roles within themselves (Amiot et al., 2007), and these roles are often in conflict with their internal desires and societal expectations. These roles include, childrearing expectations, work responsibilities and the stigma women experience in the workplace, as well as how socio-

economic factors privilege other couples who have more choices in childcare, and whether women have a choice to return to work (Fox & Quinn, 2015; Halpert et al., 1993). It has been posited that couples who transition best to parenting should coordinate these new roles and their new identity with their partner, thus optimizing the functioning of the couple. Future research testing the application of this approach in pre-pregnancy couples is encouraged.

Clinical Implications

Marriage and family therapists (MFTs) and other mental health providers can play a unique role when working with couples transitioning to parenting. First, the results of this study can provide a framework for therapists to discuss important topics that should be discussed in the transition to parenting. For example, this study highlighted the need for couples to explicitly discuss their expectations related to give-and-take, fairness and equity, as the couples responsibilities and roles change. This is particularly important because researchers have found there is an association between an individual's expectations concerning parenthood and how successful they are in negotiating the transition (Delmore et al., 2000). Additionally, the quality of the postnatal marital relationship declines when prenatal expectations about their roles are violated (Pancer, et al., 2000). This is especially important because of gender differences in the relationship between expectations about parenthood and how well individuals adjust. MFTs are particularly adept in having these discussions and in helping couples' transition through important life events.

Second, the results of this study suggest that clinicians should help couples exonerate one another when the relationship ledger is not balanced during pregnancy. This is supported by Terry Hargrave's theoretical framework of forgiveness where the work of forgiveness fits into two broad categories, exoneration and forgiveness. From this framework, exoneration is the effort of a person who has experienced destructive entitlement to remove "culpability" from the person who has caused the hurt (Murray, 2002). Through insight and understanding the hurt individual can appreciate the wrongdoer's situation, options, efforts and limitations, so they can exonerate them from the patterns of injustice.

Forgiveness can and should also be a goal of therapy. Recent studies have shown forgiveness as one of the most significant factors contributing to marital satisfaction and long-term stability (Fincham et al., 2006). In fact, forgiveness appears to be especially important for maintaining emotional well-being, physical health and healthy intimate relationships. From a Contextual lens, forgiveness is different from condoning or excusing the behavior. Rather, it is an intentional, conscious, and deliberate decision to release feelings of resentment toward their partner and is more likely to lead to reconciliation

(Kearns & Fincham, 2004). Forgiveness also requires some specific action from the responsible party that caused the injustice, where they accept responsibility for the injustice and hurt they have caused. It is in the restoration of trust that the basis for reestablishing the relationship can occur (Hargrave, 1994; Murray, 2002). Because forgiveness is an intentional process, as opposed to an act (Enright & Fitzgibbons, 2000), it lends itself nicely to therapy. In this process, the therapist can help partners express work through this process of forgiveness, that will lead to healing.

Third, it would be important for therapists to talk about the gender differences that were apparent in how couples experienced “Destructive Entitlement” from one another. In particular, the findings that men felt destructive entitlement due lack of intimacy and women experienced destructive entitlement due to lack of emotional connection can provide an important framework of what issues therapists need to overtly discuss with the couples they work with. As couples develop skills in how to navigate these issues, it can lead to each couple more consistently and dependently following through in ways that nurtures constructive entitlement in the relationship.

Finally, there is an important need for the therapist to have explicit conversations about how social context including race, ethnicity, religion, and SES affect individual’s perceptions of fairness and balance of give and take that sustains relationships. It is clear from research that an individual’s learned relational ethics in their family of origin has a significant impact on their current partner’s relationship (Gangamma et al., 2015), as well as depressive symptoms and low relationship satisfaction for both men and women. In fact, it may be particularly helpful for clinicians to adopt a feminist lens when working with couples using Contextual Family therapy, as it provides a useful framework for addressing marginalized voices, issues of gender, power, and privilege, in the context of family relationships (Dankiski, & Deacon, 2000). This is particularly important as research shows that women continue to do much more of the domestic household tasks than their husbands, as well as experiences other social pressures from work when pregnant that men rarely if ever experience. As husbands become more aware of their privilege, and the gender and social inequities that exist, it provides an important opportunity for husbands to balance the ledgers by engaging more during the pregnancy process in ways that nurture and support their partner.

Limitations and Future Directions

All research has limitations and the same can be said with this study. One limitation of this study relates to the demographics of the participants. This sample was made of a majority of those who identified as Caucasian, married and from middle to higher socioeconomic groups. This sample is definitely not representative of all couples who seek therapy. Therefore, designing

a larger study involving a heterogeneous sample of couples is warranted. Next, while the results of this study identify four key components that help couples maintain balance in the relationship during pregnancy, further research is essential in understanding what factors influenced fairness and balance during pregnancy. This information may guide clinicians in formulating specific strategies that would foster more balance in the couple's relationship, and help establish clearer expectations around fairness and give and take.

Finally, findings from this study also suggest that a more in-depth exploration of how couples in general experience fairness during pregnancy, especially from a gender, racial, and societal perspective, would be important in understanding how gender, power and societal pressures impact the degree to which partners engage in constructive entitlement. Although 5 of the 11 couples in our study had interracial marriages, we did not notice a difference in their findings from that of couples of the same racial background. This could be due to a smaller sample size or lack of emphasis on that specific aspect by the researchers. It could also be the case that because all couples shared the same religious views as their partner, that mitigated differences elsewhere. Going forward, an investigation on such topics would help clinicians when working with couples who are newly pregnant or are experiencing marital distress during pregnancy. This will provide clinicians with additional language and data while working from a relational ethics stance.

Conclusion

Pregnancy can be both an incredible and difficult time for couples. Bringing a new baby into the world can create amazing connection or challenges for the couple (Fillo et al., 2015; Lawrence et al., 2008). This thematic analysis provides information on how couples perceive the give-and-take, destructive and constructive entitlement, and exoneration, within their relationship during pregnancy. Findings also indicate that there is much to be gained from examining how couples can keep the relational ledger balance through an examination of relational ethics. Therapists can help strengthen couples' relationships during this time by providing a space to discuss topics related to these areas and promote healing before the child arrives or after, if necessary.

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