

Transition to motherhood, marital stability and divorce¹

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Abstract

The birth of a first child presents a significant challenge for woman and consequently for the couple. The period from conception until the birth and after, especially of a woman's first child, has been identified as a major life event that can bring many challenges for the woman and her family. The woman experiences it as a complex process that is a life-changing and can arouse joy and a sense of fulfillment and challenge. It may also be a stressful experience, full of anxiety, feelings of incompetence and interpersonal loneliness, as well as a sense of loss of autonomy, time, good appearance and occupational identity. Researchers cite at least four themes that open up and interlace with the process a woman undergoes as she becomes a mother: woman identity, motherhood as a developmental process, transformation of a way of life, and resolving various matters with one's own mother. As such the transition to motherhood is an intensive period during which women are proffered an exceptional opportunity to grow, develop and change. With that the challenges for relationship with partner (the father of a child) arouse. Transition to parenthood constitutes a period of stressful and sometimes maladaptive change for a significant proportion of new parents. For married couples, the first child is often born within the first five years of marriage — a period that has been shown to have the highest risk for divorce. This paper will discuss the fundamental themes of transition to motherhood for woman in relation to the quality of relationship with her partner. The understanding of the impact of a baby's birth and changes

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in the women, when they become mothers, could lead to increased understanding of early marital difficulties.

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Introduction

The birth of a child, especially the first one, presents a significant challenge for any woman and couple. The period from conception to birth, especially if it is the first child, constitutes an immense life event that stirs up several challenges for a new mother and her family. This contribution will take a look at the complex and intense process of transition to motherhood. It will then try to connect this motherhood transition with the quality of the couple relationship. Understanding how the birth of a child and the ensuing changes a woman undergoes when she becomes a mother can help to increase our understanding of early marital and couple difficulties, as well as provide insight into the hazard of divorce.

Being a mother

The period during which a woman becomes a mother sets forth a unique challenge. The transition from the state of »not-being-a-mother« to »being-a-mother« alters a woman's relationships, her body, her identity, her behavior and her life expectations. It is an exceptionally personal and intense experience. For most women in western society, this transition does not run entirely smoothly. Approximately 90% experience emotional distress, anxiety and depression in the days, weeks and months following childbirth. Research and clinical environments often refer to it as »postnatal depression«, however sometimes falsely. Motherhood is definitely a challenge, despite that a woman usually looks forward to it and experiences it as fulfilling; it is at the same time a demanding period filled with stressful routines, and it influences all interpersonal relationships and changes everyday, occupational and sexual patterns (Nicolson 1998, 2–6).

Woman identity versus Mother Identity

Motherhood and femininity are complexly interrelated, and sometimes even contradictory to each other, despite the fact that attitudes are changing. While

motherhood is still of central significance to understanding female identity, due to demographic changes in recent times it occurs that motherhood itself no longer dictates the typical pattern of a woman's life. As such, motherhood is no longer the popular choice for women as it used to be (Darvill, Skirton and Farrand 2010, 358). The more patriarchal view of women regarded motherhood as a status of power that only women could attain, and as such, it was also expected of women to achieve it (Nicolson 1998, 6).

Motherhood is not a unitary or simple experience. »Being-a-mother« requires of a woman to acquire a complex identity. She is still herself, a woman, but she is also a mother, which necessitates certain roles, responsibilities and relationships. The idea of a woman becoming a mother often manifests the majority of a woman's identity, one every female comes to know from childhood onwards. And yet so many women confirm that in fact they never knew what motherhood really was until they actually experienced it by becoming a mother (Barclay et al. 1997, 727). This comes as no surprise as it is probably based on the fact that even if women do not know it until they experience it, they still sense their biological capacity to bear children. It can also be partially attributed to the process of socialization into the female role, which in motherhood is equated with femininity, while a woman who does not accept it as her role is thus considered »incomplete« (Nicolson 1998, 12). However, motherhood is not a requisite for femininity.

In this vein, some research shows that mother identity is a component of a woman's identity. A woman's identity, or femininity, doesn't evaporate by her becoming a mother; rather, her identity becomes more complex as a result of her incorporating also a mother identity. Rubin (1984, 37–45) considers developing a mother identity as part of the maturational process of developing a female identity. Building on Rubin's work, Mercer (2004, 226–227) considers childbearing to be a major life transition and also concludes that achieving the motherhood role is in fact not complete for many months after birth (Darvill, Skirton and Farrand 2010, 358).

The process of transition to motherhood

Several studies (e.g. Belsky, Lang and Rovine 1985; Barclay et. al 1997; Darvill, Skirton and Farrand 2010; Goldstein, Diener and Mangelsdorf 1996; Pancer et. al 2000; Priel and Besser 2001) have focused on the significant event in a woman's life when she becomes a mother. The "transition to motherhood" is more a process than a select moment. This process is a life-changing event that can arouse a sense of fulfilment and joy. It also presents a challenge in that it may prove a stressful experience, full of anxiety and feelings of incompetence

and interpersonal loneliness; furthermore, common experiences include a sense of loss of autonomy, time, appearance, and occupational identity (Nicolson 1998, 85–90).

A deeper look into the process of the transition to motherhood reveals that the main changes occur at an intrapsychic level (Simonič and Poljanec 2014, 274). Beginning already with becoming pregnant, the transition to motherhood is a process of maturation. Mercer (2004, 226–228) also characterized pregnancy as a major life change, however not necessarily as something that leads to the ultimate formation of a mother's identity. The transition to motherhood is a process that reaches beyond the first few months after childbirth and it is an exceptional opportunity for a woman to grow and develop. Moreover, the increased complexity of thought processes and emotional sensitivity prior to and after birth only further demonstrate that the transition to motherhood is a time of intensive psychological and personal maturation (Pancer et al. 2000, 254–255).

In his synthesis of nine qualitative studies researching various points of view into this life event, Nelson (2003, 468–469) cites a few basic processes, or characteristics, that are integral to the transition to motherhood:

- 'Engagement' – being actively present and actively experiencing the child;
- 'Growth and transformation' – it is connected with engagement in mothering and it involves an expansion of the self;
- 'Unpreparedness' – motherhood is something that a woman can never be entirely prepared for, as feelings of uncertainty and emotional unsureness are always present;
- 'Realizing' – the first weeks and months are connected with overwhelming feelings of awe over what is expected of mothers, both physically and emotionally;
- 'Constant change and transformation' – this refers to four areas: giving of self, redefining of self, redefining relationships and redefining occupational goals;
- 'The reality of motherhood is very different to expectations' – mothers, due to their concern for their newborn, feel immensely absorbed, and isolated, as if they have lost a part of their identity, while their feelings of overwhelming love for their newborn balance the negative aspects of motherhood.

The Motherhood constellation

Despite all these studies, the parameters of the maternal transition are not clearly defined. The renowned psychiatrist and psychotherapist, Daniel N. Stern, gives a somewhat deeper look into this area. On the basis of his clinical work

and scientific studies, he describes this special phase in the life of a mother as a special psychic or mental organization of the woman, which clarifies the process a woman undergoes while transitioning to motherhood.

Stern (1998, 183–185) claims that with the birth of a child, especially the first, a mother enters into a unique psychological organization; he refers to it as the »motherhood constellation«. Organizing the psyche, this arrangement will determine the mother's new framework for activities, responsiveness, acknowledgement, fears and desires. This phase is temporary, and the duration may last months or even years. While it lasts, it takes on the primary organizational schema in the mother's psychological world, pushing aside all former fundamental psychological principles, which had until now played a central role. This motherhood constellation is not simply a derivate of already existing psychological constructs. It is a unique, independent construct with its own characteristics, and it is entirely natural; it plays a strong role in the lives of most mothers. Winnicott (1986, 22) refers to this condition as the »primary maternal preoccupation«. This is a time when the mother unintentionally neglects all other needs, even her own, and she concentrates and attunes wholly to the needs of her newborn. This is a complex mental phenomenon par excellence, and it is more than a life-span stage, phase, task or issue. It does not occur because of the general principles of development, rather as a response to getting pregnant and having a baby. The core triggers are very concrete and specific (having a baby) and the whole body cooperates to ensure this (Stern 1998, 184).

The motherhood constellation, or the primary maternal preoccupation, is brought about due to psychobiological and hormonal influences. Early romantic love is the most natural existing analogy with this primary mother–child formation of early attachment. Our bodies, when romantically in love, preserve the desire for relationships through the release of certain hormones, such as oxytocin, prolactin and vasopressin, which enable our bodies to physically experience connection with others as something enjoyable. For instance, oxytocin is released in the mother while she nurses her baby (Folden Palmer 2009, 38). Oxytocin levels are higher in mothers who exclusively nurse than in those who supplement with milk (Uvnäs-Moberg et al. 1990, 301). The higher level of oxytocin present after birth helps the mother build a strong bond with her infant. It causes her to delight in her child's scent (Kendrick et al. 1992, 833) and it gives her the feeling that breastfeeding is something natural. It also reduces the feeling of postpartum cramps and assists in contracting the uterus, which prevents bleeding. If a mother nurses, it raises the level of oxytocin formation for several months, which contributes to her general welfare, reduces her blood pressure, reduces the sensation of pain, and in particular, it is conducive to her feeling in love with her baby. It helps her to be more gentle, loving and sensitive, and to better

identify non-verbal signals (Folden Palmer 2009, 39–42). It is also noteworthy that the high levels of oxytocin in the mother cause some state of amnesia, so she is more likely to forget the difficult moments during childbirth (Popik and Vetulani 1991, 23).

Stern (1998, 175–180) cites four component themes of the motherhood constellation: *the life growth theme*, *the primary relatedness theme*, *the supporting matrix theme* and *the identity reorganization theme*.

The life growth theme

This theme concerns care for the mother, as well as her own disquiet as to whether she will succeed in nurturing her child to physically survive. The fundamental issue for the mother is whether or not she can keep her baby alive, and can she make her/him grow and physically thrive? A number of fears arise, all normal constituents to the motherhood constellation: will the baby die or stop breathing? Will the mother unintentionally suffocate her baby? Will the baby fall for lack of the mother's protective capacity? The list goes on. This is a unique theme in the life cycle – one that the mother has never before faced in such raw form, nor may she ever again. At the same time, the content of this theme may seem almost ludicrous from an outside perspective.

The primary relatedness theme

This theme is relevant to the mother's socio-emotional engagement with her baby: can she relate to her baby in a nonverbal and spontaneous manner? Can she understand her baby's needs and wants? Can she love her baby? Can she feel her baby loving her? Can she open herself to a heightened sensitivity and engage in intense identification with her baby? Does she let herself feel natural and genuine as a mother? The fundamental issues and fears that arise here pertain to the mother feeling unnatural, not good enough, defective, unspontaneous, empty, and/or ungenerous in the basic human repertoire of feelings and behaviors.

The supporting matrix theme

This theme encompasses the mothers' need for a supportive social network, which helps her be better able to physically and emotionally nurture and bond with her baby. Having the support she needs helps her accomplish the first two themes. Her relationships with her partner and extended family are crucial, as are those with other mothers and the wider social network. The primary role of the supporting matrix is protection: protecting the mother physically, providing for her vital needs, and temporarily protecting her from external reality so that she can devote herself to life growth and relatedness. The husband has always played a large role in this function; and today, in a time when with the nuclear

family carries most of the weight, he simply plays a greater one. The second role of the supporting matrix is more psychological and educative: the mother needs to feel supported, appreciated, valued, guided, and helped. These are all elements that commonly come from the maternal figures in the mother's life (e.g. her mother, grandmother, other mothers).

The identity reorganization theme

This theme concerns the mother's need to transform and reorganize her self-identity. All her previous relationships are affected by her becoming a mother: she has to shift her center of identity from daughter to mother, from wife to parent, from careerist to matron, from one generation to the preceding one. If she fails to accomplish these transformations, the other three tasks in the motherhood constellation will be compromised.

The motherhood constellation is thus something that affects a woman in her very essence, and at every level of her relatedness. Stern (1998, 172) writes: »With the birth of her child, the mother experiences a profound realignment. Her interests and concerns now are more with her mother and less with her father; more with her mother-as-mother and less with her mother-as-woman or -wife; more with women in general and less with men; more with growth and development and less with career; more with her husband-as-father-and-context-for-her-and-the-baby and less with her husband-as-man-and-sexual-partner; more with her baby and less with almost everything else". It is thus a state of being which forever alters how a woman experiences herself; and it leaves an everlasting imprint on her even when this intense period is over. As this state is universal to almost any and all women² who become mothers, it is essential to understand the natural characteristics of this process and the consequences it has on a woman's relationships, especially with her partner.

Marital satisfaction and marital stability during processes of transition to motherhood and parenthood

The first child is usually born to a couple during their initial five years together. Research shows that this period, in addition to select others (such as the "empty nest" period) also evidences the highest risk for divorce (Doss et al. 2009, 601). Even though researchers are not in unison as concerns how the transition to

² Most women, not all, will develop complete and recognizable motherhood constellation (depending on how many children they have already had and other individual differences) (Stern 1998, 174).

parenthood influences the functioning of a couple, the transition to parenthood is nonetheless a period of intense stress and change, a huge challenge for any new parents, who are also a couple (Cowan and Cowan 1995, 412). The question arises as to whether parenthood is the risk factor jeopardizing marital satisfaction and marital stability. The need for better comprehension of the effects of childbirth arises, as it might improve our understanding of early marital relational problems.

Changes in the family system with the birth of a child

The first months with a newborn present a critical transitional point in the development of the family as a system. The arrival of a newborn into an already established family system unavoidably alters the existing dynamics of the system considering that all the roles and relationships undergo a redefinition process (Gostečnik 2004, 92). Likewise, it significantly affects the existing wider system and community involved in the child's future development.

Prior to the birth of a child the family system is a simple format created by the couple. The family becomes more complex with the birth of a child: the couple relationship then needs to undergo a transition from a dyadic unit into a family of three or more members (Hirschberger et al. 2009, 402). The task of the family system is to adapt to the new family member while continuing to maintain the already existing relations among the initial elements and environment. Parents need support and help in their effort to maintain stability in their family system while they realign and absorb their new family member into the already formed and integrated family system. All the members in the wider family system – mother, father, grandparents, siblings – face the task of becoming accustomed to the presence of the new family member and redefining their relationships and roles (Gostečnik 2010, 24–27). Especially the birth of a first newborn into a family system draws a new generational border. From the perspective of systems theory, this is how new child subsystems are formed, which consequently trigger adaptations throughout the entire family system. The transition to parenthood is thus a process. Maternal and paternal behaviors, and their new roles in the family system, form gradually in response to external stimuli instigated by the child and the environment (Birss 2007, 27).

Vulnerability in the couple relationship with the transition to parental roles

With the birth of the first child, partners acquire new roles – they are no longer just each other's partners; they are also now mother and father. This brings a new sense of vulnerability into the couple relationship, as now the partners need to

coordinate and balance between their respective roles of parent and partner (Nicolson 1998, 17–19). The birth of a new child is one of the greatest challenges to the structure and dynamics of the couple relationship simply because someone enters their intimate world, one who is emotionally intensely demanding and also entirely dependent upon her/his parents (the partners) and their capacity to function (Simonič and Poljanec 2014, 281–283).

The new child also awakens several personal vulnerabilities in each of the parents as individuals. Even though the parents both usually feel joy and confirmation with the birth of their child, they at the same time often feel exhaustion, that they lack time for themselves, and an imbalance and difference in opinion often arises as how to tend to the newborn and divide family tasks (e.g. Barclay et al. 1997, 721–725; Twenge, Campbell and Foster 2003, 575). All these tensions and struggles can affect the quality of the couple relationship. Regardless of whether the transition to parenthood is a positive or negative experience and influence, this period is indubitably intensely stressful and may lead to undesired changes in several new parents. This is precisely what warrants the period of transition to parenthood as a significant time that calls for research of the risk factors contributing to change in marital satisfaction.

Marital satisfaction and marital stability

Marital satisfaction is often considered a predictor of divorce. Couples who demonstrate greater satisfaction in their partnership are less likely to then divorce. Research demonstrates that marital satisfaction drops on average with the transition to parenthood (Lawrence et al. 2008, 97). A greater decline is reported in marital satisfaction in a comparison of couples, at the same interval following marriage, between those who do become parents with those who do not become parents (Shapiro and Gottman 2005, 2–3). It would seem that the transition to parenthood represents a life event, or milestone in the couple relationship – one that brings joy and excitement as well as stress and difficulties. This renders the time following the transition to parenthood as critical, and learning to properly approach and deal with the challenges that arise is determinative of whether the relationship will develop into a healthy and vital one, or whether it will deteriorate (Hirschberger et al. 2009, 401).

Some research also shows that not all couples experience this type of decline in their marital satisfaction, and that there is great variation in marital satisfaction during the process of transition to parenthood (Belsky and Kelley 1994). Some couples do not experience any change in their marital satisfaction, while others experience positive change. Approximately 18% of couples experience an increase in their marital satisfaction during the process of transition to

parenthood (Cowan and Cowan 1995), while 45–67% of couples experience a decline in their marital satisfaction (Shapiro and Gottman 2005, 2). It would seem therefore significant in this context to take into consideration the various factors that affect postpartum changes; after all, the transition to parenthood does not necessarily lead directly to a decline in marital satisfaction, and thus to divorce. Researchers attribute several variables to these factors: enduring vulnerabilities (e.g. difficulties and conflict in primary families, religion, etc.), stressful events (e.g. unplanned pregnancy, difficulties with birth, financial struggle, etc.), and adaptive processes (e.g. couple communication, relationship during the pregnancy, commitment, trust, faithfulness, etc.). All these factors need to be considered when examining what affects relationship satisfaction and its functioning (Doss et al. 2009, 604–606).

Motherhood and changes in women as risk factors in marital stability

As already stated, women experience several changes with regard to their identity when they become mothers. Understanding this process and being able to properly cope with these changes can help lead to a better relationship, one with greater satisfaction, which will help preserve relationship stability. The changes a woman undergoes during the transition to motherhood directly affect changes in her identity, in her role within her couple relationship as well as beyond, with primary family members. Being able to grasp and accept the specifics dictated by the internal framework of a woman's psychic organization (the motherhood constellation) can presumably better our understanding of the changes involved at these levels.

Examined through the lens of the motherhood constellation, when a woman becomes a mother, she enters a complex and life-changing process that brings immense joy, feelings of fulfillment and also challenges. The period is potent, and provides women a chance to grow, develop and change, while at the same time formidable challenges arise regarding her relationship with her partner (the baby's father). It is crucial that the »new father« truly understands the characteristics of her state of being and that he knows what to offer and provide a woman, as a »new mother«, during this time. In particular, he can provide practical support during the early connection with the newborn; he can collaborate with her in caring for and nurturing the child. Due to the specifics of the motherhood constellation, there are two things the new father cannot do. Firstly, he cannot advise, teach, and model for the mother a wide array of care giving information, attitudes, and techniques, since he is as inexperienced in parenting as she is (or more so). He will thus be an inadequate source for this aspect of the support matrix. Secondly, while he can validate and appreciate the

mother in her care giving role, he cannot more of an expert than a personally selected, "legitimate" maternal figure. He is simply not entitled, by history and experience, to do so (Stern 1998, 189).

Due to the nature of the motherhood constellation, the man, as the new father, can only suffice a part of the woman's needs as a new mother (e.g. such as by psychological holding). He can curb his own feelings of injure, rejection and resentment that he might be feeling as her partner. He can take pride in knowing and own that his wife ever so needs him as a husband, father and man. As it is, during the transition to motherhood, the motherhood constellation unavoidably remains the prevailing psychic organization for a woman.

Conclusion

Research continuously demonstrates that the transition to parenthood precipitates several formidable challenges, if not already crises, upon the couple relationship. In view of the high rates of divorce in a majority of modern marriages throughout the world, it would seem paramount to try and understand the key risk factors and obstacles to marital stability. These factors are hidden also in our poor grasp of the fundamental principles of female mental organization when they become mothers.

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