Personal RELATIONSHIPS
JOURNAL OF THE INTERNATIONAL ASSOCIATION FOR RELATIONSHIP RESEARCH

Personal Relationships, **21** (2014), 1–21. Printed in the United States of America.
 DOI: 10.1111/pere.12023

A longitudinal study of conflict in new parents: The role of attachment

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Abstract
In this longitudinal study of the transition to parenthood, couples reported on their own conflict resolution tactics and their perceptions of their partners' tactics. Their reports were analyzed in terms of their own and their partners' attachment styles. The results showed that more anxious and more avoidant persons used less effective conflict resolution styles. They showed that both actor and partner attachment styles were related to conflict resolution tactics. They also showed that in some cases less avoidant and less anxious persons showed improvement over time, using fewer ineffective and more effective resolution tactics. More avoidant and more anxious individuals, in contrast, showed little improvement and in some cases even showed decline over time.

The transition to parenthood is one of the most life-altering events a couple can experience (Cowan & Cowan, 2000; Feeney, Hohaus, Noller, & Alexander, 2001; Rholes, Simpson, Campbell, & Grich, 2001). As such, it is not surprising that the transition is also one of a marriage's most stressful and challenging events. Although having a child enhances marital well-being in some couples (Cowan et al., 1985), it brings role changes, chronic fatigue, financial burdens, work–family conflict, and other problems to most new parents, which can result in decreased marital satisfaction, decreased companionate activities, decreased sexual/intimate activities, and increased conflict (Belsky & Pensky, 1988; Cowan & Cowan, 2000; Kohn et al., 2012). These changes can be long term or short term in nature. Financial burdens, for example, may persist for years. Chronic fatigue, in contrast, may end after a few months. The persistence of many of these problems (e.g., increased conflict in the relationship) is likely to depend on how both partners react to them.

The present longitudinal study examines conflict resolution tactics in couples during the first 2 years of the transition to parenthood. In particular, it investigates husbands' and wives' reports of their behavior toward their partners in situations involving conflict as well as their perceptions of their partners' behavior toward them. It also examines how these reports and perceptions are related to each partner's romantic attachment orientations.

According to attachment theory (Bowlby, 1973, 1982), interactions with attachment figures during infancy, childhood, and adolescence give rise to working models of relationships and attachment orientations (styles), which then guide attachment-related

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This research was supported by National Institute of Mental Health Grant MH49599 to Jeffry A. Simpson and W. Steven Rholes.

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cognitions, affect, and behavior from infancy to old age. Adults who are high on attachment anxiety have attachment systems that are easily activated. Such persons are hypervigilant about their partners' availability, they long for more physical and emotional closeness, and they are preoccupied with their partners' level of supportiveness. Highly anxious people yearn for attention and support from their partners, but they often perceive them as being unsupportive (Simpson & Rholes, 2012).

The primary goal of highly avoidant individuals is to keep their attachment systems deactivated. Highly avoidant people achieve this in part by inhibiting emotions that could trigger their attachment systems. They also minimize or downplay threat-related perceptions and emotions. One way they do so is by both viewing themselves and presenting themselves to others as being strong, independent, and able to cope well (both instrumentally and emotionally) on their own. Highly avoidant individuals also avoid engagement and emotional connections with other people by remaining independent, emotionally disengaged, and autonomous (Mikulincer & Shaver, 2007).

Attachment orientations and conflict have been studied extensively in couples that are not undergoing the transition to parenthood. This work has focused on the way in which individuals with different attachment orientations react to conflict and how they tend to behave during conflict. With regard to reactions to conflict, research has shown that anxious and avoidant people experience greater physiological reactivity during conflict discussions (Powers, Pietromonaco, Gunlicks, Gunlicks, & Sayer, 2006), and avoidant people experience larger inflammatory responses to marital conflict (Gouin et al., 2009). Other studies have shown that individuals with insecure attachment orientations do not cope with conflict very effectively. For example, Domingue and Mollen (2009) found that couples in which both partners have insecure attachment orientations display higher levels of demand–withdrawal, mutual avoidance, and withholding of communication. Campbell, Simpson, Boldry, and Kashy (2005) found that persons with anxious attachment orientations typically escalate the severity of daily relationship conflicts. Simpson, Rholes, and Phillips (1996) have documented that more anxious women exhibit a strong stress reaction to conflict and engage in more negative conflict resolution behaviors. In addition, highly anxious men and women perceive their partners and relationships less positively after discussing a major conflict topic, whereas less anxious men and women view their partners and relationships more positively after discussing a major conflict issue. More avoidant men are rated as being less warm and supportive during conflictual discussions. More anxious and avoidant people also display more attacking communication during conflict; anxious and avoidant women also engage in less compromising communication (Marchand, 2004).

Research on couples actually going through the transition to parenthood has investigated whether the level of conflict is higher for couples during the transition than before it, and whether conflict is greater than that witnessed in childless couples. Several studies have confirmed that conflict levels tend to be higher in couples experiencing the transition to parenthood (Bouchard, Boudreau, & Hébert, 2006; Cowan & Cowan, 2000; Cowan et al., 1985; Crohan, 1996; MacDermid, Houston, & McHale, 1990; Nomaguchi & Milkie, 2003). Other studies have examined process variables that may affect the incidence or severity of conflict. These studies have found, for instance, that increased spousal conflict during the transition period is associated with reduced leisure time, perceptions of unfair allocation of household tasks, and work overload outside of the home (Claxton & Perry-Jenkins, 2008; Grote & Clark, 2001; Perry-Jenkins, Goldberg, Pierce, & Sayer, 2007).

To our knowledge, no study within the transition to parenthood literature has investigated conflict resolution tactics. Prior transition studies have shown that this period is marked by higher levels of conflict, but they have not investigated how conflict is handled by partners going through the transition. A

major contribution of the present study, therefore, is to investigate conflict resolution styles during the transition to parenthood.

In this study, we assessed patterns of conflict resolution tactics displayed by spouses over the first 2 years of the transition period. Data were collected at five assessment waves, starting approximately 6 weeks before the birth of each couple's first child. This starting point was chosen because the stress occurring during the final weeks of pregnancy is likely to be comparatively high, and because this starting point is consistent with prior studies in the transition literature. The four postnatal assessment waves occurred at 6, 12, 18, and 24 months postpartum. At each wave, both partners completed several self-report measures, including their own avoidant and anxious attachment orientations, their own conflict resolution styles, and perceptions of their partners' conflict styles. Four conflict resolution tactics were investigated: collaboration, stalemate, avoidance–capitulation, and verbal aggression (Kerig, 1996).

Collaborative tactics include talking through problems and expressing thoughts and feelings openly. We predicted that highly avoidant persons would report behaving less collaboratively with their partners. Because collaboration requires collaborative behavior by both partners, we also predicted that the tendency of avoidant persons to eschew collaboration would lead their partners to behave less collaboratively toward them.

Stalemate tactics involve manipulative problem-solving strategies such as crying, threatening to end the relationship, and giving the partner "the silent treatment." Due to lack of evidence in both attachment theory and the attachment literature, we did not advance hypotheses about stalemate. Stalemate was therefore investigated on an exploratory basis.

Avoidance–capitulation tactics are designed to minimize the discussion of issues that are causing a conflict. We predicted that highly avoidant persons would report engaging in greater avoidance–capitulation.

Verbal aggression was expected to be greater in both highly avoidant and highly anxious individuals, both of whom tend to experience higher levels of anger and hostility in anger-provoking situations (Mikulincer, 1998; Rholes, Simpson, & Oriña, 1999). We also anticipated that the behavior of these insecure individuals would elicit similar behavior from their partners in return. Thus, we also predicted that highly anxious and highly avoidant persons would perceive their partners as also being more verbally aggressive toward them.

The actor–partner interdependence model (APIM; Kashy & Kenny, 2000) was used to analyze our data. Consequently, we examined self-reported conflict tactics as well as perceptions of the partners' conflict tactics as a function of each actor's avoidance and anxiety scores *and* his or her partner's avoidance and anxiety scores. Our hypotheses (stated above) focused on the actors' avoidance and anxiety. We also generated hypotheses about the way in which actors should perceive their partners' behavior toward them, depending on their partners' attachment orientations. Specifically, we predicted that actors involved with more anxiously attached partners should perceive them (partners) as displaying more verbal aggression tactics. We also predicted that actors involved with more avoidant partners should perceive them as displaying less collaboration, more avoidance–capitulation, and more verbal aggression.

Our expectation for change in conflict tactics across time centered on the premise that the patterns of behavior and perceptions hypothesized above should grow stronger over time in more insecure individuals or in those who were paired with more insecure partners. Among less insecure persons or those who had less insecure partners, growth trends should attenuate over time, and may either level off or decline.

In virtually all transition to parenthood studies, gender is treated as a predictor variable, even when there are no specific gender hypotheses. This is because the transition period is very different for men and women in a number of important ways. For example, new mothers are susceptible to postpartum depression, and women shoulder most of the burden of child care and housework. Women also spend more time in the home in the months following childbirth than most men

do. Thus, consistent with previous studies, gender was analyzed in the present study, even though we derived no gender-based hypotheses.

Method

Participants

One hundred and ninety-two couples living in a Southwestern United States city were recruited at Time 1. Couples were living together, and each partner was expecting his or her first child. There were 165 couples at Time 2, 153 couples at Time 3, 151 couples at Time 4, and 137 couples at Time 5 (24 months after childbirth). Thus, 55 couples dropped out during the course of the study.[1]

Most couples were recruited at a local hospital through childbirth classes. Approximately 45% of the couples that were initially approached agreed to participate. Ethnic backgrounds were Caucasian (82%), Asian (9%), and Hispanic (9%). Ninety-four percent of participants had some college education. Household income was as follows: Sixteen percent of the sample earned an annual household income under $25,000, 46% earned $25,000–$55,000 per year, 38% earned more than $55,000, and 6% earned over $100,000. At the beginning of the study, the mean ages of women and men were 26.7 ($SD = 4.1$) and 28.4 ($SD = 4.4$) years, respectively. Five percent of couples at Time 1 were living together but not married. Married couples had been married for a mean of 3.3 years ($SD = 2.6$). Unmarried couples had been cohabiting for an average of 1.85 years ($SD = 2.2$). For additional sample information, see Rholes and colleagues (2011).[2]

Procedures

Couples were recruited from childbirth classes and through fliers. They had to be married or living together with their partner in order to participate in the study, and both partners had to be expecting their first child. Each partner was mailed self-report measures (privately) approximately 6 weeks before their expected due date (Time 1). Each partner received additional packets of measures at approximately 6 months (Time 2), 12 months (Time 3), 18 months (Time 4), and 24 months (Time 5) after childbirth. At the 6-month assessment wave, couples came in for a laboratory interaction session. This session is not discussed in this article. Partners were instructed to complete their questionnaires privately and return them in separate envelopes. Couples received $50 for completing each of the Time 1–3 questionnaires. Payment was increased to $75 for returning the Time 4 and Time 5 questionnaires. Couples in which both partners returned their questionnaires from each phase of the study were entered into a draw for two $500 cash awards.

Measures

All participants completed the following measures at each assessment wave. In the analyses, we used prenatal scores of each partner's anxious and avoidant attachment orientations. Cronbach's alphas for each measure are reported in Table 1. Participants also completed several measures other than those listed here. These measures will not be discussed as they are not relevant to the hypotheses tested in this study.

1. We tested whether participants who completed the study differed from those who did not. Participants were considered dropouts if they did not complete the last assessment wave (Time 5), regardless of when they discontinued. Independent-samples t tests were conducted on the Time 1 variables. Before childbirth, dropouts were also married/involved for less time, and they were younger, less educated, and reported lower household incomes. These significant differences are also reported in Table 3 of Rholes and colleagues (2011). Dropouts differed from other participants in that they scored higher on stalemate received, verbal aggression received, and avoidance–capitulation provided. Importantly, the groups did not differ on either attachment anxiety, $t(384) = 0.80$, $p = .42$, or attachment avoidance, $t(384) = 1.03$, $p = .30$.

2. The data set analyzed for this study has been analyzed before, yielding two published studies, Rholes and colleagues (2011) and Kohn and colleagues (2012). Conflict resolution was not a variable in either of these studies. Rholes and colleagues investigated changes in depression, and Kohn and colleagues investigated changes in marital satisfaction.

Table 1. *Means, standard deviations, and reliabilities for prenatal attachment and conflict tactics over time*

	Assessment wave									
	Prenatal		6 months		12 months		18 months		24 months	
Variable	*M* (*SD*)	α	*M* (*SD*)	α	*M* (*SD*)	α	*M* (*SD*)	α	*M* (*SD*)	α
Men										
Anxious attachment	2.74 (0.91)	.89								
Avoidant attachment	2.50 (0.92)	.84								
Collaboration received	4.48 (1.24)	.89	4.28 (1.27)	.90	4.18 (1.26)	.91	4.17 (1.30)	.91	4.13 (1.32)	.93
Stalemate received	1.66 (0.75)	.70	1.65 (0.82)	.78	1.78 (1.00)	.83	1.78 (1.06)	.85	1.69 (0.93)	.83
Avoid–capitulation received	2.14 (0.81)	.72	1.98 (0.89)	.80	2.03 (0.94)	.83	2.01 (0.91)	.80	1.94 (0.85)	.80
Verbal aggression received	2.05 (1.06)	.92	2.06 (1.09)	.91	2.14 (1.21)	.94	2.14 (1.12)	.91	2.08 (1.07)	.91
Collaboration provided	4.80 (1.32)	.91	4.63 (1.28)	.91	4.58 (1.29)	.82	4.52 (1.23)	.90	4.41 (1.41)	.92
Stalemate provided	1.47 (0.67)	.74	1.48 (0.67)	.75	1.47 (0.64)	.67	1.56 (0.74)	.77	1.50 (0.74)	.79
Avoid–capitulation provided	2.32 (1.02)	.82	2.13 (0.99)	.83	2.14 (0.94)	.81	2.13 (1.02)	.85	2.06 (0.97)	.83
Verbal aggression provided	2.04 (0.90)	.86	2.02 (0.93)	.88	2.07 (0.90)	.86	2.11 (1.04)	.90	1.97 (0.89)	.87
Women										
Anxious attachment	3.34 (1.06)	.90								
Avoidant attachment	2.35 (0.93)	.92								
Collaboration received	4.80 (1.17)	.89	4.71 (1.09)	.85	4.34 (1.33)	.91	4.32 (1.27)	.89	4.28 (1.33)	.91
Stalemate received	1.31 (0.58)	.73	1.39 (0.58)	.60	1.39 (0.52)	.55	1.48 (0.68)	.69	1.42 (0.62)	.62
Avoid–capitulation received	2.10 (0.90)	.76	1.88 (0.88)	.78	1.97 (0.85)	.73	2.01 (0.96)	.80	1.93 (0.91)	.80
Verbal aggression received	1.85 (0.97)	.89	1.99 (1.02)	.89	1.97 (0.98)	.88	2.05 (1.00)	.88	1.88 (0.84)	.83
Collaboration provided	5.12 (1.13)	.89	5.02 (1.15)	.88	4.70 (1.29)	.91	4.73 (1.14)	.88	4.68 (1.14)	.88
Stalemate provided	1.68 (0.89)	.78	1.65 (0.79)	.70	1.67 (0.77)	.67	1.70 (0.80)	.69	1.64 (0.77)	.69
Avoid–capitulation provided	1.96 (1.00)	.84	1.81 (0.85)	.79	1.89 (0.90)	.79	1.89 (0.90)	.80	1.78 (0.88)	.79
Verbal aggression provided	2.11 (1.06)	.90	2.05 (1.01)	.88	2.06 (0.94)	.88	2.11 (1.03)	.90	2.00 (0.87)	.85

Note. Alpha values are Cronbach's alphas, indicating high reliability.

Conflict resolution tactics

Four conflict resolution tactics were assessed using the Conflicts and Problem-Solving Scales (Kerig, 1996). This scale measured how often each conflict resolution strategy was used (by the self or the partner) during the past month. Participants rated their own conflict tactics as well as their perceptions of their partners' conflict tactics. Items were answered on a 7-point scale, anchored 1 (*once a month or less*) to 7 (*just about every day*).

Collaboration. Collaboration involves working together to find a mutually satisfactory resolution to the issue(s) that are causing a conflict. Collaboration includes tactics such as talking through problems and expressing thoughts and feelings openly. The eight "collaboration received" items assessed participants' perceptions of their partners' use of collaborative tactics (e.g., "My partner listened to my point of view"), whereas the eight "collaboration provided" items assessed participants' self-rated use of collaborative tactics (e.g., "I listened to my partner's point of view").

Stalemate. The goal of the stalemate strategy is to prevail during a conflict interaction at any cost. Thus, it includes manipulative problem-solving strategies such as crying, threatening to end the relationship, and giving the partner "the silent treatment." Both "stalemate received" and "stalemate provided" were assessed, with seven items per scale.

Avoidance–capitulation. Avoidance–capitulation entails minimizing conflict by avoiding interactions with the partner associated with conflict issues. Avoidance–capitulation includes tactics such as changing the subject of a conversation, ignoring the problem, and leaving the room. The seven "avoidance–capitulation received" items assessed participants' perceptions of their partners' use of avoidance–capitulation tactics (e.g., "My partner gave in to my viewpoint to escape an argument"), whereas the seven "avoidance–capitulation provided" items assessed participants' self-rated use of avoidance–capitulation tactics (e.g., "I gave in to my partner's viewpoint to escape an argument").

Verbal aggression. Verbal aggression tactics include problem-solving strategies such as name calling, yelling, and making accusations. The eight "verbal aggression received" items assessed participants' perceptions of their partners' use of verbally aggressive tactics (e.g., "My partner interrupted/didn't listen to me"), whereas the eight "verbal aggression provided" items assessed participants' self-rated use of verbally aggressive tactics (e.g., "I interrupted/didn't listen to my partner").

Attachment orientations

Attachment avoidance and anxiety were measured by an adapted version of the Experience in Close Relationships Scale (ECR; Brennan, Clark, & Shaver, 1998). This adapted 36-item scale asked participants to rate how they viewed romantic partners/relationships *in general*. Each item was answered on a 7-point scale, anchored 1 (*strongly disagree*) to 7 (*strongly agree*). Eighteen items assessed avoidance (e.g., "I prefer not to show partners how I feel deep down"), and 18 items assessed anxiety (e.g., "My desire to be very close sometimes scares people away"). Mean scores were computed for each dimension. Higher scores indicated greater attachment avoidance or anxiety.

Control variables

Although they are not included in the primary analyses, we also included three covariates in follow-up analyses: relationship satisfaction, neuroticism, and agreeableness. As with attachment, these were measured at the prenatal assessment wave.

Relationship satisfaction. The 10-item satisfaction subscale of the Dyadic Adjustment Scale (Spanier, 1976) assessed relationship satisfaction. Participants rated how frequently they had various feelings related to satisfaction in their relationship. Most items were rated on a 6-point scale, anchored 1 (*never*) to 6 (*all the time*). Sample items are, "In general,

how often do you think that things between you and your partner/spouse are going well?" and "How often do you and your partner/spouse quarrel?" (reverse-scored). Participants also rated their overall happiness with the relationship on a 7-point scale, anchored 0 (*extremely unhappy*) to 6 (*perfect*).

Big Five Inventory. We assessed personality traits using the Big Five Inventory (John & Srivastava, 1999). Participants were asked to indicate their agreement with items ranging from 1 (*disagree strongly*) to 5 (*agree strongly*). Each personality dimension was measured using seven items.

Data structure

Dyadic growth curve models were tested using multilevel modeling (Kashy & Donnellan, 2008). Dyadic interdependence was modeled in two ways: (a) as similarity on the outcome at birth (i.e., by including a correlation between spouses' intercepts) and (b) as unique similarity at specific time points (i.e., by including a correlation between spouses' time-specific residuals).

Data were structured for analysis using the APIM (Kashy & Kenny, 2000; Kenny, 1996). The APIM, which controls for nonindependence of data in couples, specifies that a person's outcome (dependent variable score) may be a function of the person's own predictor variable scores (an actor effect) and his or her partner's predictor variable scores (a partner effect). For example, one can test whether collaborative problem solving is lower for highly anxious individuals (an actor effect) and/or for those who have highly anxious partners (a partner effect). By including both actor and partner effects in the model, one can also test the unique predictive value of actor or partner predictors, controlling for any variance they share.

For the growth curve models, Time 0 was defined as the date of birth, and the time variable was scored in months since childbirth. Although there were five assessment waves, the exact timing of each assessment varied slightly across couples. To account for this variation, we computed months relative to childbirth based on when participants actually completed each questionnaire. Standard deviations for time within each assessment wave ranged from .36 months to 1.23 months. Because Time 0 was set at childbirth, the intercept indicates use of a given conflict tactic at childbirth, and the slope for time represents the degree to which the use of a conflict tactic changes each month. Gender was coded −1 for women and 1 for men. All continuous predictor variables were centered on the grand mean (Aiken & West, 1991).

Data analytic models

The growth curve models estimated initial levels and changes in trajectories of each conflict tactic over the first 2 years of the transition to parenthood. Growth models of conflict tactics were examined in two steps—first with, then without, the nonlinear (quadratic) fixed effects of time. We also explored nonlinear models to test whether individuals experienced rapid, dramatic changes in the early months of parenthood. These models included fixed effects for gender, anxious attachment, and avoidant attachment. As mentioned earlier, all attachment variables were assessed at the prenatal assessment wave. Additionally, we included the four possible interactions between time and each attachment dimension: actor anxiety, actor avoidance, partner anxiety, and partner avoidance (i.e., eight possible interactions for the nonlinear models).[3] Initial analyses tested for linear and nonlinear effects of time, including interactions for each of these two measures of time with other predictor variables. Within the nonlinear models, we checked for the significance of the hypothesized interactions (i.e., those involving attachment). If there were no

3. We initially tested models that included interaction terms involving gender (two-way and three-way interactions with time and attachment). However, none of our eight models contained any significant interactions between gender and attachment. As a result, we simplified the models by removing these interaction terms, retaining only the main effect for sex. Removing these terms did not substantially affect the findings that are reported.

significant interactions with the quadratic component of time, quadratic terms were removed from the model to increase power and simplify the interpretation of the linear effects. Further analyses were conducted that included only the linear effects of time and their corresponding interaction terms. Only models that revealed significant interactions are presented below. Significant interactions are graphed using 1 *SD* above and below the grand mean as high and low values for continuous predictors (Aiken & West, 1991).

Results

Preliminary analyses

Table 1 presents means and standard deviations for anxious and avoidant attachment at Time 1 and for conflict resolution tactics (both received and provided) at each assessment wave, separately by gender. Table 2 presents correlations between the variables assessed at Time 1. Table 2 also shows the correlations between husbands and wives on each variable. There were significant correlations between husbands' and wives' perceptions of all four conflict tactics (provided and received), indicating nonindependence between dyad members. Thus, we controlled for this covariation in the multilevel models.

Perceptions of partners' conflict resolution tactics

The models presented below tested the associations among conflict resolution tactics, attachment orientations, and time, treating time as both a linear and a nonlinear variable. Initial models were run with time included as a nonlinear variable. If the nonlinear component of time was not significant, the model was simplified and rerun treating time as a linear variable.

Collaboration

This model tested for linear changes in collaboration received over time, treating gender, self-reported anxious and avoidant attachment, relevant partner terms, and relevant interaction terms as predictor variables

Table 2. *Correlations for study variables at Time 1 for men and women*

Variable	1	2	3	4	5	6	7	8	9	10
1. Anxiety	(.24***)	.18*	−.09	.26***	.26***	.35***	−.01	.33***	.27***	.23**
2. Avoidance	.26***	(.18*)	−.19**	.12	.14*	.17*	−.20**	.20**	.27***	.19**
3. Collaboration received	.02	−.12	(.30***)	−.23**	−.02	−.13	.63***	−.11	−.05	−.06
4. Stalemate received	.32***	.22**	.02	(.31***)	.51***	.73***	.03	.57***	.54***	.48***
5. Avoid–capitulation received	.33***	.18*	.23**	.58***	(.22**)	.54***	.10	.51***	.55***	.61***
6. Verbal aggression received	.20**	.20**	.04	.73***	.47***	(.44***)	.04	.72***	.62***	.66***
7. Collaboration provided	.10	−.08	.64***	.11	.24***	.17*	(.17*)	−.02	.05	.03
8. Stalemate provided	.19**	.17*	−.05	.58***	.38***	.53***	.03	(.36***)	.70***	.75***
9. Avoid–capitulation provided	.30***	.34***	.08	.50***	.41***	.53***	.22**	.55***	(.27***)	.60***
10. Verbal aggression provided	.17*	.17*	.20**	.53***	.41***	.73***	.21**	.66***	.52***	(.45***)

Note. Correlations among variables collected from men (husbands) appear below the diagonal; correlations among variables collected from women (wives) appear above the diagonal. The values on the diagonal (in parentheses) are the correlations between measures collected from each partner (e.g., the correlation between husbands' and wives' attachment anxiety).
*$p < .05$. **$p < .01$. ***$p < .001$.

Table 3. *Collaboration received and avoidance–capitulation received as a function of actors' and partners' attachment anxiety and avoidance*

	Collaboration received		Avoidance–capitulation received	
Fixed effects	*b*	*t*	*b*	*t*
Intercept	4.608	74.97***	2.064	49.28***
Gender	−0.168	3.72***	0.073	2.08*
Time	−0.018	6.08***	−0.002	0.99
Actor anxiety	0.022	0.40	0.193	4.80***
Actor avoidance	−0.189	3.20**	0.085	1.97*
Partner anxiety	0.094	1.69†	0.006	0.16
Partner avoidance	−0.217	3.65***	0.071	1.64
Time × Actor Anxiety	−0.004	1.23	−0.0007	0.37
Time × Actor Avoidance	−0.001	0.38	0.003	1.37
Time × Partner Anxiety	0.0001	0.02	0.002	0.91
Time × Partner Avoidance	0.007	2.14*	−0.0004	0.19

Note. For gender, 1 = men, −1 = women.
†$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

(see Table 3). Specifically, this analysis tested the prediction that highly avoidant actors should report that they received less collaborative behavior from their partners during the transition. It also tested the prediction that persons who were involved with more avoidant partners should report receiving less collaboration. A significant main effect emerged for gender, indicating that men perceived their partners as less collaborative than women did. A significant main effect for actor avoidance showed that higher avoidance predicted less perceived collaboration received from partners.

There were also significant main effects for time and partners' avoidant attachment, which emerged within a significant two-way interaction (see Figure 1, with simple slopes reported in Table 4). When individuals had more avoidant partners, they perceived their partners as less collaborative when their baby was born, with collaboration declining further across the transition period. Although individuals who had less avoidant partners reported receiving more collaboration at childbirth, they declined steeply across the transition.

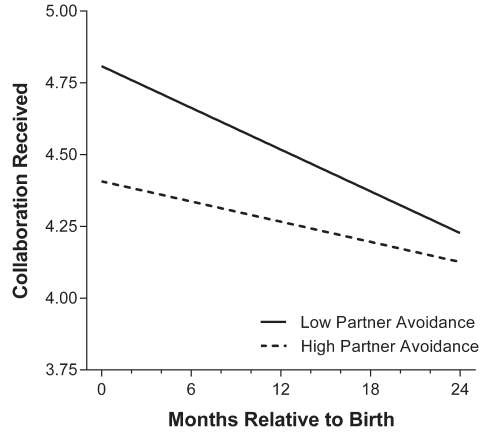

Figure 1. Linear change in individuals' (actors') perceptions of collaboration received over time, moderated by partners' avoidant attachment.

Stalemate

This model tested for nonlinear changes in stalemate received across time, treating gender, self-reported anxious and avoidant attachment, relevant partner terms, and relevant interaction terms as predictors (see Table 5). There was a significant main effect for gender, such that men perceived their partners as using more stalemate tactics on them compared to women. A significant main effect for actor anxiety also revealed that highly anxious individuals reported receiving more stalemate tactics from their partners.

Table 4. *Simple slopes for significant two-way interaction effects*

	Intercept		Slope for time		Slope for timesq	
Analysis	*b*	*t*	*b*	*t*	*b*	*t*
Collaboration received						
Low partner avoidance	4.809	58.39***	−0.024	5.95***		
High partner avoidance	4.407	53.35***	−0.012	2.77**		
Stalemate received						
Low partner anxiety	1.465	29.58***	0.023	3.94***	−0.0007	3.23**
High partner anxiety	1.499	29.46***	0.005	0.76	0.0002	0.86
Verbal aggression received						
Low partner anxiety	1.887	24.37***	0.040	5.29***	−0.001	4.82***
High partner anxiety	2.019	25.72***	0.006	0.76	0.00003	0.09
Collaboration provided						
Low partner anxiety	4.962	58.11***	−0.021	5.87***		
High partner anxiety	4.914	57.02***	−0.011	2.99**		
Stalemate provided						
Low partner anxiety	1.494	27.54***	0.014	2.26*	−0.0006	2.32*
High partner anxiety	1.647	30.22***	−0.002	0.34	0.0003	1.16
Avoid–capitulation provided						
Low actor anxiety	1.926	28.50***	0.008	1.07	−0.0005	1.53
High actor anxiety	2.277	33.90***	−0.017	2.15*	0.0006	1.87†

Note. For gender, 1 = men, −1 = women.
†$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

There were also two significant two-way interactions involving partners' anxious attachment: one with the linear effect of time and another with the nonlinear effect of time (see Figure 2, with simple slopes reported in Table 4). When individuals had more anxious partners, they reported receiving fewer stalemate tactics at childbirth, with a steady increase through 24 months postpartum. In contrast, individuals who had less anxious partners reported receiving fewer stalemate tactics at childbirth, but reported increases only through 12 months postpartum. During the 2nd year of the transition, individuals who had less anxious partners perceived a decline in their partners' use of stalemate tactics.

Avoidance–capitulation

This model tested for linear changes in avoidance–capitulation received over time, treating gender, self-reported anxious and avoidant attachment, relevant partner terms, and relevant interaction terms as predictors (see Table 3). This analysis tested the hypothesis that individuals who had more avoidant partners should report receiving more avoidance–capitulation tactics from them. There were significant main effects for gender, actor anxiety, and actor avoidance. These effects indicated that individuals perceived that their partners engaged in more avoidance–capitulation tactics if they (partners) were highly anxious, highly avoidant, or male.

Verbal aggression

This model tested for nonlinear changes in verbal aggression received over time, treating gender, self-reported anxious and avoidant attachment, relevant partner terms, and relevant interaction terms as predictors (see Table 5). This analysis tested the hypotheses that both highly avoidant and highly anxious actors should report receiving more verbal aggression from their partners. It also tested whether persons involved with more avoidant and more anxious partners would report receiving more verbal aggression from

Table 5. *Stalemate received and verbal aggression received as a function of actors' and partners' attachment anxiety and avoidance*

	Stalemate received		Verbal aggression received	
Fixed effects	*b*	*t*	*b*	*t*
Intercept	1.482	40.68***	1.953	33.53***
Gender	0.194	7.09***	0.113	3.02**
Time	0.014	3.18**	0.023	4.10***
Timesq	−0.0002	1.50	−0.001	3.17**
Actor anxiety	0.137	4.27***	0.221	4.47***
Actor avoidance	0.046	1.30	0.109	2.03*
Partner anxiety	0.016	0.49	0.064	1.28
Partner avoidance	0.063	1.77†	0.070	1.30
Time × Actor Anxiety	−0.0004	0.09	−0.006	1.23
Timesq × Actor Anxiety	−0.0000	0.04	0.0002	1.12
Time × Actor Avoidance	0.001	0.32	0.005	0.91
Timesq × Actor Avoidance	−0.0000	0.19	−0.0002	0.73
Time × Partner Anxiety	−0.009	2.03*	−0.017	3.10**
Timesq × Partner Anxiety	0.0005	2.77**	0.001	3.41***
Time × Partner Avoidance	0.001	0.24	0.006	0.99
Timesq × Partner Avoidance	−0.0000	0.39	−0.0003	1.26

Note. For gender, 1 = men, −1 = women.
†$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

them. There was a significant main effect for gender, with men perceiving their partners as being more verbally aggressive. There also were significant main effects for actor anxiety and actor avoidance. These effects revealed that individuals perceived their partners as more verbally aggressive if they (individuals) were highly anxious or highly avoidant.

In addition, there were two significant two-way interactions involving partners' attachment anxiety: one with the linear effect of time and another with the nonlinear effect of time (see Figure 3, with simple slopes reported in Table 4). When individuals had more anxious partners, they perceived their partners as more verbally aggressive at childbirth, with verbal aggression increasing across the transition. When individuals had less anxious partners, they perceived less verbal aggression at childbirth, but reported sharp increases in verbal aggression during the 1st year of the transition. However, individuals involved with less anxious partners perceived a decline in their partners' use of verbally aggressive tactics during the 2nd year.

Perceptions of own conflict resolution tactics toward the partner

Collaboration

This model tested for linear changes in collaboration tactics directed toward one's partner over the transition, treating gender, self-reported anxious and avoidant attachment, relevant partner terms, and relevant interaction terms as predictor variables (see Table 6). This analysis tested the hypothesis that highly avoidant actors should report engaging in less collaborative behavior across the transition. There was a significant main effect for gender, such that men reported engaging in less collaboration than women. A significant main effect for actor avoidance also showed that higher avoidance predicted less use of collaborative problem-solving with one's partner.

There was also a significant main effect for time, which emerged within a significant two-way interaction with partners' anxious attachment (see Figure 4, with simple slopes reported in Table 4). At childbirth, individuals

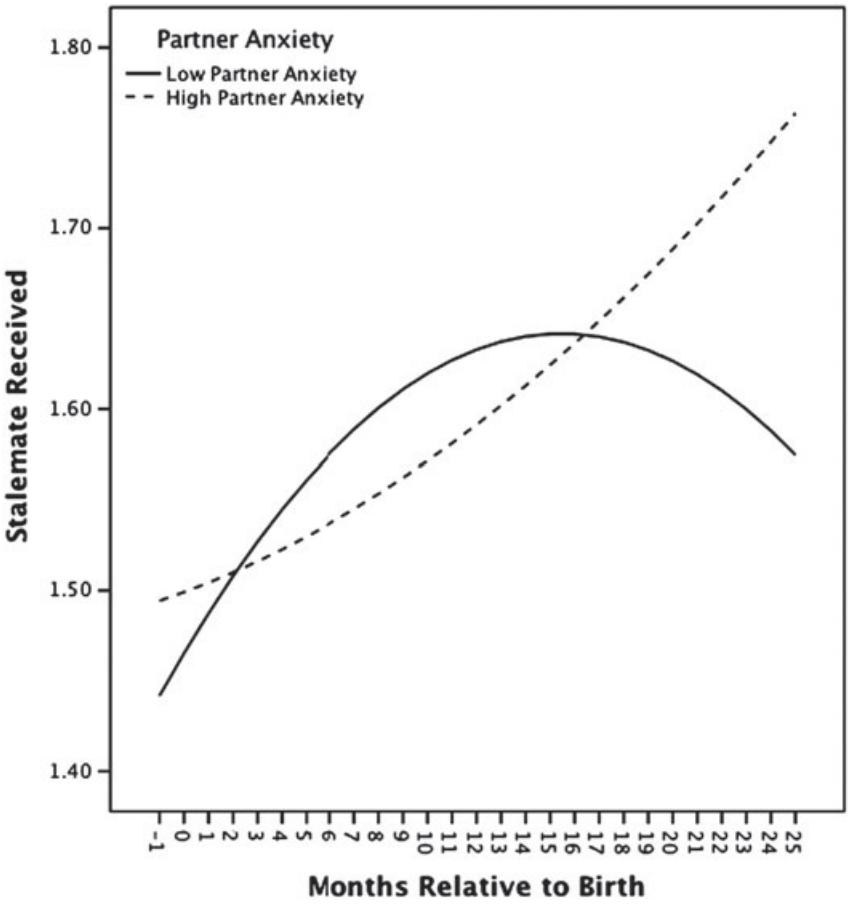

Figure 2. Nonlinear change in individuals' (actors') perceptions of stalemate received over time, moderated by partners' anxious attachment.

reported greater collaboration with their partners, regardless of their partners' anxiety levels. Although all participants reported engaging in less collaboration over time, the decline was steeper for individuals who had less anxious partners compared to those who had more anxious partners.

Stalemate

This model tested for nonlinear changes in stalemate tactics directed toward one's partner across time, treating gender, self-reported anxious and avoidant attachment, relevant partner terms, and relevant interaction terms as predictors (see Table 7). There was a significant main effect for gender, with men reporting less use of stalemate tactics than women. There were also significant main effects for actor anxiety and actor avoidance, which revealed that individuals reported engaging in more stalemate tactics toward their partners if they (individuals) were either highly anxious or highly avoidant.

There also was a significant main effect for partners' anxious attachment, which emerged within a significant two-way interaction with the nonlinear effect of time (see Figure 5, with simple slopes reported in Table 4). When individuals had more anxious partners, they reported using more stalemate tactics at childbirth, which increased across the transition and particularly during the 2nd year postpartum. In contrast, individuals who had less anxious partners reported using stalemate tactics less often at childbirth, but

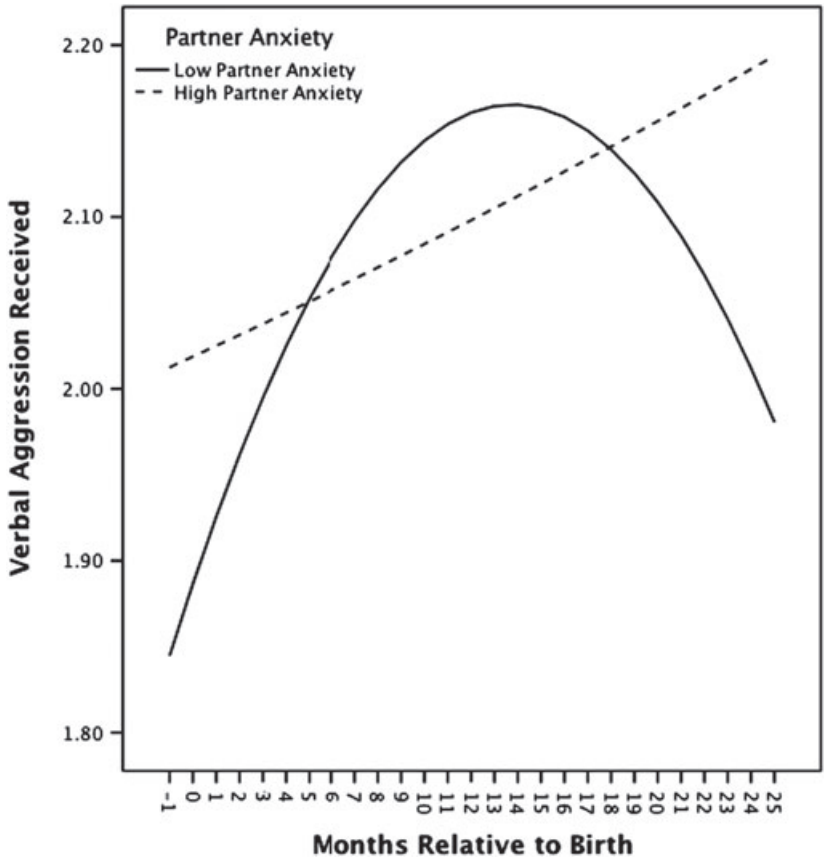

Figure 3. Nonlinear change in individuals' (actors') perceptions of verbal aggression received over time, moderated by partners' anxious attachment.

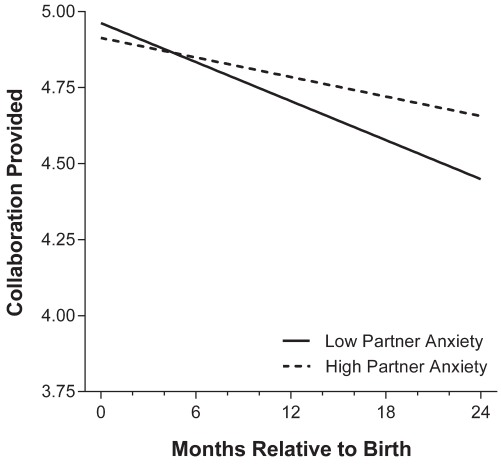

Figure 4. Linear change in individuals' (actors') use of collaboration tactics over time, moderated by partners' anxious attachment.

reported a slight increase during the 1st year postpartum. However, individuals who had less anxious partners reported a decline in their use of stalemate tactics during Year 2, returning to prebirth levels by 24 months.

Avoidance–capitulation

This model tested for nonlinear changes in avoidance–capitulation directed at one's partner over the transition, treating gender, self-reported anxious and avoidant attachment, relevant partner terms, and relevant interaction terms as predictors (see Table 7). Specifically, this analysis tested whether highly avoidant actors reported engaging in more avoidance–capitulation. There was a significant main effect for gender, such that men reported using more avoidance–capitulation tactics than women.

Table 6. *Collaboration provided and verbal aggression provided as a function of actors' and partners' attachment anxiety and avoidance*

	Collaboration provided		Verbal aggression provided	
Fixed effects	*b*	*t*	*b*	*t*
Intercept	4.938	80.21***	2.074	39.13***
Gender	−0.101	2.04*	−0.010	0.30
Time	−0.016	6.34***	0.001	0.61
Actor anxiety	0.109	1.92†	0.119	2.60**
Actor avoidance	−0.192	3.14**	0.127	2.58*
Partner anxiety	−0.024	0.41	0.071	1.58
Partner avoidance	−0.006	0.10	0.044	0.91
Time × Actor Anxiety	−0.003	1.13	−0.0003	0.18
Time × Actor Avoidance	−0.002	0.75	0.0000	0.004
Time × Partner Anxiety	0.005	2.07*	0.003	1.44
Time × Partner Avoidance	−0.001	0.38	−0.0004	0.18

Note. For gender, 1 = men, −1 = women.
†$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

Table 7. *Stalemate provided and avoidance–capitulation provided as a function of actors' and partners' attachment anxiety and avoidance*

	Stalemate provided		Avoidance–capitulation provided	
Fixed effects	*b*	*t*	*b*	*t*
Intercept	1.571	38.69***	2.102	43.70***
Gender	−0.088	3.17**	0.158	4.32***
Time	0.006	1.34	−0.004	0.76
Timesq	−0.0001	0.82	0.0001	0.24
Actor anxiety	0.144	4.00***	0.17	3.73***
Actor avoidance	0.082	2.14*	0.256	5.20***
Partner anxiety	0.074	2.11*	0.021	0.45
Partner avoidance	0.062	1.62	0.076	1.55
Time × Actor Anxiety	−0.008	1.76†	−0.012	2.24*
Timesq × Actor Anxiety	0.0002	1.04	0.001	2.36*
Time × Actor Avoidance	0.006	1.31	−0.003	0.43
Timesq × Actor Avoidance	−0.0002	1.31	0.0001	0.53
Time × Partner Anxiety	−0.008	1.85†	−0.004	0.66
Timesq × Partner Anxiety	0.0004	2.47*	0.0003	0.43
Time × Partner Avoidance	−0.001	0.28	−0.003	0.44
Timesq × Partner Avoidance	0.0001	0.34	0.0000	0.21

Note. For gender, 1 = men, −1 = women.
†$p < .10$. *$p < .05$. **$p < .01$. ***$p < .001$.

A significant main effect for actor avoidance also revealed that highly avoidant individuals reported using more avoidance–capitulation tactics toward their partners.

Furthermore, there was a significant main effect for actors' attachment anxiety, which emerged within two significant two-way interactions: one with the linear effect of time and another with the nonlinear effect of time (see Figure 6, with simple slopes reported in Table 4). When individuals reported being more anxiously attached, they engaged

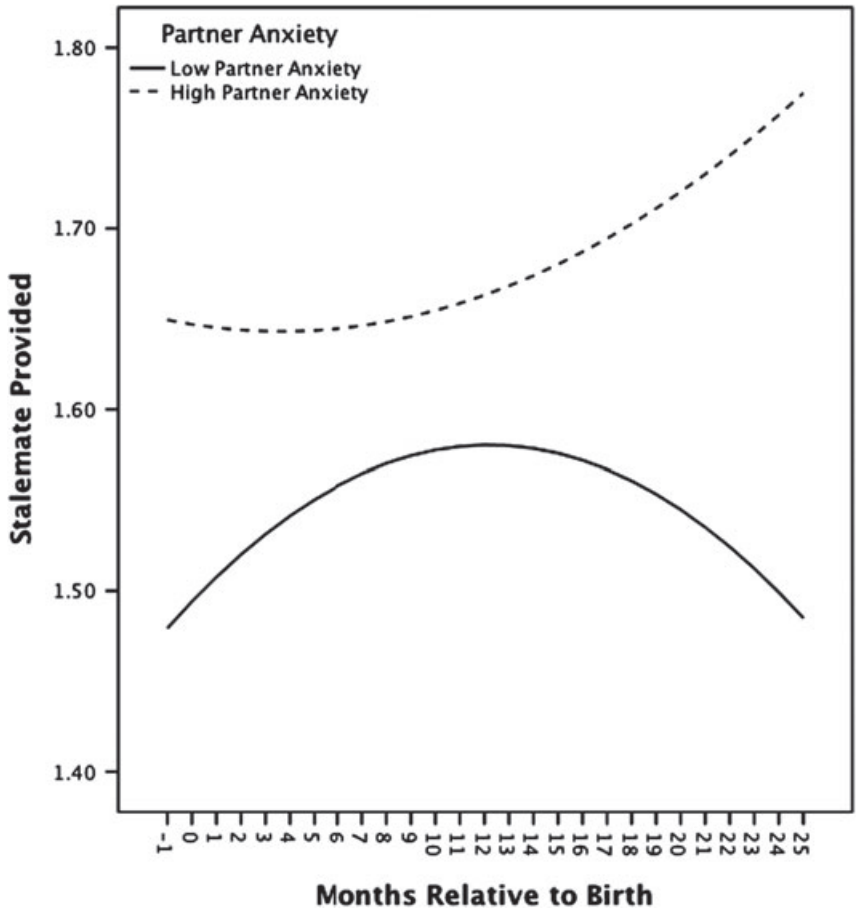

Figure 5. Nonlinear change in individuals' (actors') use of stalemate tactics over time, moderated by partners' anxious attachment.

in more avoidance–capitulation at childbirth. They also reported less avoidance–capitulation during the 1st year of the transition, reporting a slight rebound in Year 2. On the other hand, less anxious individuals reported less avoidance–capitulation at childbirth and declined slightly across time.

Verbal aggression

This model tested for linear changes in verbal aggression directed at one's partner across time, treating gender, self-reported anxious and avoidant attachment, relevant partner terms, and relevant interaction terms as predictors (see Table 6). This analysis tested whether highly anxious and highly avoidant actors both reported being more verbally aggressive. There were significant main effects for actor anxiety and actor avoidance, which indicated that individuals reported engaging in more verbally aggressive tactics toward their partners if they (individuals) were more anxious or more avoidant.[4]

Discussion

Although the transition to parenthood literature has examined the level of conflict experienced during the transition period, no

4. We reran the analyses described above using neuroticism, agreeableness, and marital satisfaction as control variables in separate analyses. In each analysis, all of the significant effects reported above remained significant.

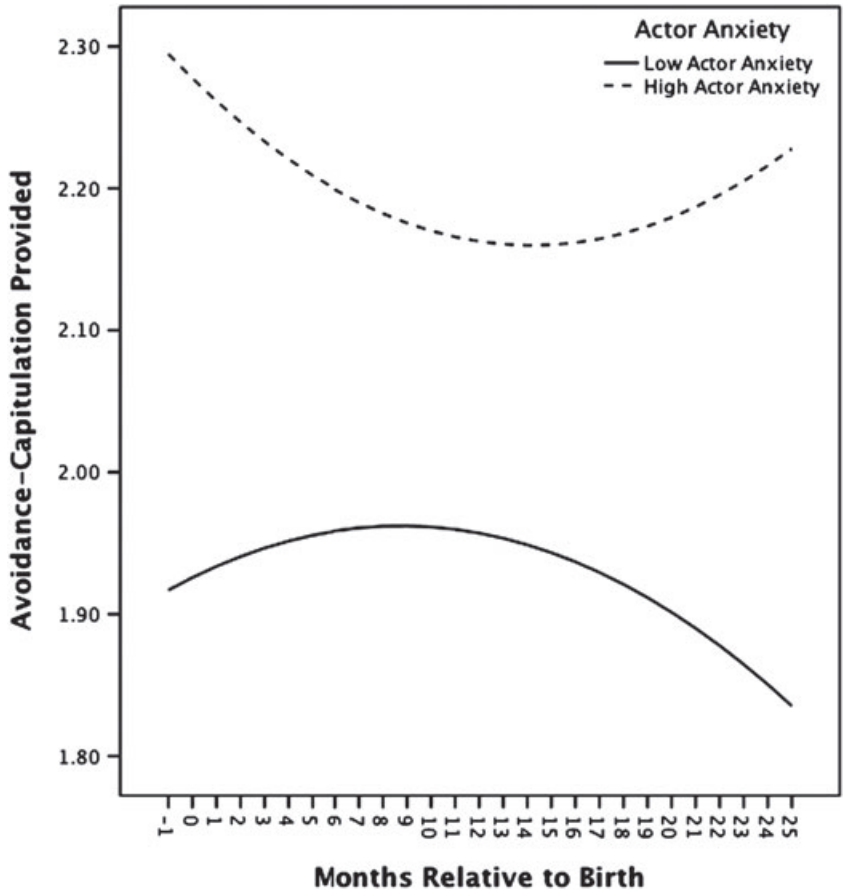

Figure 6. Nonlinear change in individuals' (actors') use of avoidance–capitulation tactics over time, moderated by actors' anxious attachment.

study to date has investigated the extent to which different *types* of conflict tactics are used to resolve problems during this chronically stressful phase of life. By examining the use of four basic conflict tactics in relation to the attachment orientations of each partner in each couple, we have generated novel insights into how new parents navigate the difficult period following the birth of the first child. Being one of the first longer term (2-year) longitudinal dyadic studies of conflict across the transition to parenthood, it reveals how both self-reported and partner-perceived conflict resolution patterns systematically change over the transition, and shows the importance of the role of the partner's attachment style.

In general, we found that more insecurely attached individuals perceived more negative conflict tactics being directed at them by their partners across the transition. For example, highly avoidant individuals perceived their partners as displaying less collaboration and using more avoidance–capitulation tactics than less avoidant individuals did. Highly anxious individuals perceived themselves as receiving the brunt of more stalemate and avoidance–capitulation tactics than less anxious individuals did.

Perceptions of conflict tactic use were also systematically associated with the romantic partners' degree of insecurity. Individuals (actors), for instance, viewed their partners as more verbally aggressive when their partners were highly anxious or highly avoidant. These partner findings are novel in the conflict literature. Moreover, individuals'

(actors') reported use of conflict tactics also varied with their own attachment orientations. Highly avoidant individuals, for instance, reported using less collaborative problem-solving and more avoidance–capitulation tactics across the transition.

Viewed together, the negative conflict tactic effects documented in this study are consistent with the existing literature on attachment orientations and conflict resolution styles (see Mikulincer & Shaver, 2007). These effects are also consistent with the psychological predispositions of highly avoidant and highly anxious people. Both the failure to collaborate and the avoidance of sensitive interpersonal issues (i.e., avoidance–capitulation) are symptomatic of the basic motivation that highly avoidant individuals have to distance themselves emotionally from their romantic partners in order to preserve their independence (Bowlby, 1973; Simpson & Rholes, 2012). Only one hypothesis was derived for attachment anxiety, which proposed that highly anxious individuals should engage in more verbal aggression during the transition period. This hypothesis, which was also confirmed, is also in accord with what is known about attachment anxiety and the expression of anger (Feeney, 2008; Mikulincer, 1998; Rholes et al., 1999).

With respect to the time variable, two sets of results emerged for partners' attachment orientations. The first set of results centered on how individuals (actors) perceive their *partner's* use of conflict tactics across the transition, depending on their partner's attachment orientation. The second set of results address how individuals (actors) perceive their *own* use of conflict tactics across the transition, depending on their partner's attachment orientations. For the first set of results, we found that individuals' (actors') perceptions of their partner's collaboration tactics tailed off across the 2-year transition period, even though individuals who had highly avoidant partners perceived greater collaboration at childbirth than did those who had less avoidant partners. In addition, individuals' perceptions of their partner's use of stalemate tactics changed over time, depending on their partners' attachment orientation. When partners were more anxious, individuals perceived that their partner's use of stalemate tactics increased steadily over the transition. By comparison, individuals who had less anxious partners perceived increases through the 1st year, after which declines occurred. Finally, when individuals were involved with highly anxious partners, they perceived their partners as being more verbally aggressive at childbirth, with verbal aggression steadily increasing across the transition. Individuals who had less anxious partners, however, perceived less verbal aggression at childbirth, with sharp increases in verbal aggression occurring during the 1st year of the transition, followed by a decline during Year 2.

With respect to the second set of results, we found that most individuals reported using more collaboration with their partners at childbirth, regardless of their partner's attachment orientation. While most individuals reported less collaboration as the transition unfolded, the decline was significantly steeper for individuals who had less anxious partners than for those who had more anxious partners. Individuals involved with more anxious partners also reported using more stalemate tactics at childbirth, which steadily increased across the transition, particularly during Year 2. Individuals involved with less anxious partners, in contrast, reported using fewer stalemate tactics at childbirth, increasing their use of stalemate tactics during the 1st year, but then reporting declines during Year 2 (returning to prebirth levels).

Individuals' conflict tactics also depended on their own attachment orientations. For example, those who were more anxiously attached engaged in more avoidance–capitulation tactics at childbirth, but they reported less use of avoidance–capitulation during the 1st year, and a slight upward rebound during Year 2. Less anxious individuals, by comparison, reported less avoidance–capitulation at childbirth, and then reported gradual declines across the transition.

It is not surprising that most people in our sample—both women and men alike—reported enacting and perceived receiving fewer positive and more negative conflict tactics as the transition to parenthood

unfolded. The stress resulting from having to adapt to a new family structure and a new daily routine can be immense (Cowan & Cowan, 2000; Oakley, 1980). As they navigate the transition, couples must negotiate major life and role changes while struggling with chronic fatigue, work–family conflict, decreased companionate and sexual activities, privacy interruptions, and often greater relationship conflict. However, not all people in our sample experienced linear declines in collaboration tactics or linear increases in stalemate, avoidance–capitulation, or verbal aggression tactics. We found four noteworthy deflections from these linear conflict tactic patterns, where individuals who were less anxious (or had less anxious partners) started reporting higher rates of positive and lower rates of negative conflict tactics at about 12 months postpartum. This raises an important question: What leads less anxious people, or those with less anxious partners, to experience positive "rebounds" in conflict tactic patterns at about 1 year?

Less anxious individuals should be more likely to construe conflict as a challenge rather than a threat to their relationships, which should permit them to be more flexible and less defensive when trying to resolve major conflicts with their romantic partners (Mikulincer & Shaver, 2007; Simpson & Rholes, 2012). Less anxious people also have more positive working models of themselves and their partners, and they value their partners and relationships a great deal (Feeney, 2008). Indeed, when less anxious persons try to resolve major relationship conflicts, they report having more positive feelings about their partners and relationships immediately after the conflict than before it began, whereas highly anxious persons show the opposite pattern (Campbell et al., 2005; Simpson et al., 1996).

Highly anxious persons may also require more time to adjust to the daily difficulties and strains of having a baby given how they cope with most stressful situations. Numerous studies have confirmed that emotion-focused coping (i.e., wishful thinking, rumination, self-blame) is the primary way in which highly anxious individuals attempt to manage stressful events, whereas problem-focused coping (i.e., developing plans to resolve the problem or eliminate the stressor) is the principal mode of coping for less anxious people (see Feeney, 2008; Mikulincer & Shaver, 2007, for reviews). Because emotion-focused coping typically does not solve problems and the rumination associated with it can actually exacerbate them, highly anxious persons should have a particularly difficult time adjusting to the new roles, responsibilities, and demands of having a baby. Moreover, if they never fully adjust, the transition to parenthood may be a critical point at which marriages that contain at least one highly anxious partner may start to deteriorate.

We also found a few gender effects. Men, for example, perceived their partners as less collaborative, more likely to use avoidance–capitulation and stalemate tactics, and more verbally aggressive relative to how women perceived their partners. This gender difference might reflect the fact that the transition to parenthood—especially the 1st year—is especially taxing on women, who not only gestate, give birth, and often breastfeed for several months, but who also assume considerably more than 50% of the child-care and household duties once the baby arrives (Cowan & Cowan, 2000; Oakley, 1980). These vast role differences could explain men's perceptions that their partners are displaying of more corrosive (or less constructive) conflict tactics during the transition period.

We also found that men reported engaging in less collaboration and more avoidance–capitulation tactics with their partners, but fewer stalemate tactics, relative to women. This specific constellation of tactics by men may reflect the enactment of a more negative, indirect approach to interacting with their partners, one in which men withdraw in the face of mounting stress and discord within their relationships. This pattern is reminiscent of the withdrawal response witnessed in "demand–withdraw" interactions in some couples (Heavey & Christensen, 1990). It is also consistent with the fact that men are more likely than women to remain in full-time

employment outside the home after childbirth, with some men viewing work as a refuge or an escape from having to perform daily childcare duties.

There also were some unexpected findings in our study, results that are difficult to interpret within an attachment theory framework. Figure 1, for example, shows that persons involved with less avoidant (i.e., more secure) partners declined more steeply over time in perceived collaboration received from their partners than did persons who had more avoidant partners. One would expect, however, that greater partner security should be associated with smaller declines in collaboration across the transition. This unexpected outcome might be attributable to the fact that absolute levels of conflict decline over time in couples that have a less avoidant partner, which suggests that collaboration might be reduced because it is not needed to solve conflicts. Figure 4 shows a similar drop-off in perceptions of collaboration, this time for individuals who have less anxious partners compared to those who have more anxious partners. One possible explanation for this unexpected finding is that the presence of a less anxious partner may attenuate the overall level of conflict in a relationship, making the use of collaboration—or any conflict tactic—less necessary and therefore less frequent.

Limitations and future directions

Our study has some drawbacks. First, the sample was predominantly White and middle-class. The effects reported in this study, therefore, may not necessarily generalize to other samples of new parents. Second, all of the data are correlational, meaning that causal inferences cannot be drawn from these findings. Third, we did not collect information on the daily lives of couples (e.g., daily diaries). If we had, we might have been able to clarify why some of the robust patterns of effects reported in this paper emerged. Fourth, we did not collect data on the number of conflicts participants had over the transition period. Finally, all of our data focus how individuals perceived their own use of conflict tactics and tactics that their partners direct toward them. Actual conflict discussions are often conducted to circumvent the limitations of self-reported conflict tactic use in this area of research. That was not feasible in this longitudinal study because repeated discussions over time (at each assessment wave) would not provide the same vivid, realistic information as would be true of discussion at the first wave (at Time 1).

As this study clearly shows, the attachment orientations of *both* relationship partners can and do impact the reported enactment and perceptions of different conflict tactics displayed in couples across the transition to parenthood. Presumably, the absolute level (amount) that each conflict tactic is displayed may also be systematically associated with the attachment orientations of each partner. Future studies should examine this over time as new parents navigate the transition to parenthood. Moreover, because conflict can be beneficial or damaging to relationship satisfaction, the perceived nature or source of conflicts would also be important to investigate. Couples that experience greater relationship well-being after having a child may have (or may perceive) either less conflict or less damaging conflict during the transition, and these couples are likely to have at least one partner who is more securely attached. Although couples with one secure partner may still struggle during the first 6 months of the transition to adjust to their new roles and handle sleep disruptions, the greater cognitive and behavioral flexibility and stronger "inner resources" associated with security may help these couples reduce the amount of conflict in their relationship compared to other couples or convert conflict into relationship-enhancing outcomes more readily.

Needless to say, many variables that were not assessed in this study may influence the expression and perception of conflict tactics across the transition to parenthood. For example, children may attend day care or may be cared for by other people outside the home while they grow up. Whether and how these factors are related to the attachment orientations of parents is another question worthy of study. Moreover, some women

experience postpartum depression or other major health problems following childbirth, which might affect the patterns of conflict tactics employed across time. Postpartum depression in women, for instance, could explain men's perceptions that their partners are displaying more dysfunctional conflict tactics. Because insecure attachment orientations are associated with more depressive symptoms across the transition (Rholes et al., 2011; Simpson, Rholes, Campbell, Tran, & Wilson, 2003), women who suffer from postpartum depression may be more anxious or more avoidant and, therefore, more likely to display negative conflict tactics.

The men in our study reported enacting conflict patterns similar to demand–withdrawal, particularly as the stress of the transition escalated over time. Future work should address how and why this happens. Is this pattern a function of men's work–life balance or financial considerations, or are other factors involved? Finally, examining how men bond emotionally with their child may provide deeper insights into why certain conflict tactics are both enacted and perceived during the transition to parenthood.

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