

COUPLE ADAPTATION TO THE BIRTH OF A CHILD: THE ROLES OF ATTACHMENT AND PERFECTIONISM

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This study aims to examine two explanatory factors of relationship satisfaction and parental alliance among both parents of a new child, namely romantic attachment and perfectionism. A sample of 80 couples completed individual online questionnaires. Path analyses based on the Actor-Partner Interdependence Model were carried out to explore the actor and partner effects of each explanatory variable (attachment, perfectionism) on both partners' postnatal relationship satisfaction and parental alliance. Results revealed that attachment avoidance is negatively related to each partner's own relationship satisfaction and parental alliance, whereas attachment anxiety is related to their own lower parental alliance. Maladaptive perfectionism is negatively related to each partner's own relationship satisfaction, whereas adaptive perfectionism is positively related to each partner's own relationship satisfaction. These results extend the understanding of the factors contributing to parental and couple adaptation in the postnatal period. They highlight the role of attachment and perfectionism for improving postnatal professionals' interventions.

Parents of a new child have to cope with many new challenges, including changes in identity and roles (Hirschberger, Srivastava, Marsh, Cowan, & Cowan, 2009) an increase in marital conflicts (Kluwer & Johnson, 2007), and a possible decline in marital satisfaction (Doss, Rhoades, Stanley, & Markman, 2009), while developing or maintaining a good parental alliance. These challenges can increase the risk of couple separation and family disruption (Hirschberger et al., 2009), which is likely to affect the development of the children (Anderson, 2014). Since 80–90% of adults become parents (Howe, 2011), a large number of individuals will face this challenging reality. To better understand why some couples fare better than others, it is necessary to consider the experiences of both partners (Kluwer, 2010). Yet, many previous studies have neglected the father's contribution to the couple's adaptation whereas both parents' characteristics may color the ways in which couples adjust to the birth of a child. Moreover, past literature has mostly focused on relationship satisfaction during the transition to parenthood, which corresponds to the birth of the first child (Doss & Rhoades, 2017). However, the addition of subsequent children can further destabilize both the relationship satisfaction and the parental alliance created earlier on (Kuo,

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Volling, & Gonzalez, 2017), since new stressors and new responsibilities multiply themselves. To fill these gaps, this study explores the role of two explanatory factors (romantic attachment and perfectionism) of the relationship satisfaction and parental alliance in both partners following the birth of a child, whether it is a first or a subsequent one.

Decline in Relationship Satisfaction after the Birth of a Child: Still No Consensus

Relationship satisfaction—the degree to which each member of a couple is satisfied with their relationship (Graham, Liu, & Jeziorski, 2006)—has been widely studied in the last 20 years (Candel & Turluc, 2019; Fincham, & Beach, 2010; Mitnick, Heyman, & Smith Slep, 2009; Roy, James, Brown, Craft, & Mitchell, 2020). In the context of transition to parenthood, a majority of studies has documented a decrease in relationship satisfaction among partners (Doss & Rhoades, 2017; Doss et al., 2009). While some authors argue that the decline in relationship satisfaction of new parents does not differ from that experienced with the passage of time by couples without children (Mitnick et al., 2009), others report a greater decrease in relationship satisfaction among couples with children (Shapiro, Gottman, & Carrère, 2000). Recent literature reviews conclude that the decrease in relationship satisfaction after the birth of a child is temporary and more marked during the transition to parenthood, and that the satisfaction returns to a higher level as the child grows up (Doss & Rhoades, 2017; Kluwer & Johnson, 2007). However, research samples are often limited to married couples and measurements do not always consider men's experiences.

Looking at Parental Alliance

The birth of a child requires the development or modification of the parental alliance, defined as the degree to which one parent believes that they have a good collaborative relationship with the other parent in the education/care of children (Bouchard, 2014). Precisely, a good parental alliance implies that each parent is involved with the child, values the other parent's involvement with the child, respects the judgment of the other parent, and wants to communicate with the other parent (Abidin & Brunner, 1995). The alliance begins to develop during pregnancy and is a predictor of the postnatal parental alliance (Corboz-Warnery & Fivaz-Depeursinge, 2001), although it also fluctuates over time (Luz, George, Vieux, & Spitz, 2017). Parental alliance has been linked to a better infant adjustment and development (Feinberg, 2003).

Very few researchers (see Bouchard, 2014; Luz et al., 2017, for exceptions) have explored the explanatory factors for variations in both relationship satisfaction and parental alliance among both parents of a new child. Although there is a positive link between parental alliance and relationship satisfaction (Kwok, Cheng, Chow, & Ling, 2015), these two constructs are distinct. As they refer to distinct roles (partner and parent), a separated couple may maintain a good parental alliance (Abidin & Brunner, 1995).

Romantic Attachment, Relationship Satisfaction, and Parental Alliance

Although several variables have been studied to explain individual differences in levels of relationship satisfaction following the birth of a child, recent studies have suggested that romantic attachment could be a relevant factor to understand partners' adjustment as a couple and as a parental team (Bouchard, 2014; Luz et al., 2017). Romantic attachment is now considered essential for understanding conjugal interactions (Mikulincer & Shaver, 2016). It can be described as an internal pattern of self and other representations that is relatively stable over the course of life, based on the quality of interactions with parents during childhood and later transferred to a romantic partner in adulthood. The concept of attachment is based on Bowlby's studies on mother-child interactions (Bowlby, 1969). During childhood, the quality of the interactions between the mother (or father) and the child will determine the later internal working models of the self and of others. Constant and sensitive responses to the child's needs help foster a sense of security when facing threat or vulnerability, which corresponds to attachment security. On the contrary, arbitrary or inadequate responses are associated with attachment insecurity. When the attachment figure shows inconsistent and confusing behaviors, the child develops an excessive fear of abandonment and hypervigilance to rejection threats (i.e., anxious attachment). When the attachment figure is insensitive, unavailable or shows a lack of response to the child's needs, the child will learn to be distant, to rely only on oneself, and to avoid intimacy (i.e., avoidant attachment).

From childhood to adulthood, the attachment system is activated when an individual perceives a threat (e.g., conflict, danger, illness) and becomes inactive once the threat is gone or when the individual is reassured by the attachment figure (i.e., one's mother, father, or romantic partner; Brassard, Lussier, Lafontaine, Péloquin, & Sabourin, 2017). The internal working models constructed during childhood are relatively stable over time unless significant events (e.g., trauma, therapy) occur within significant relationships in adulthood, especially in romantic ones (Mikulincer & Shaver, 2016). Several challenges inherent to the couple life, including the birth of a child, are likely to activate the adult attachment system (Simpson & Rholes, 2018).

Based on the initial attachment system, an adult has developed a secure or insecure attachment, which may result in attachment anxiety or avoidance (Brassard et al., 2017). According to Brennan, Clark, and Shaver (1998), adults high in attachment anxiety see themselves as unlovable, fear rejection, and are constantly looking for proximity and support from their partner. In a romantic relationship, anxious partners constantly seek reassurance and express their insecurity through blame and criticisms, which implies a fear of being abandoned. Individuals high in attachment avoidance see others as unreliable, have a great need for self-reliance, are uncomfortable with emotional intimacy, and hide their vulnerabilities (Brennan et al., 1998). In a romantic relationship, avoidant partners highly value their own independence, do not share their feelings, and avoid conflicts and intimacy. This bi-dimensional conceptualization of adult attachment—which includes both anxiety and avoidance—is largely favored by the scientific community, as it shows how a person is positioned on each continuum, and allows for the simultaneous presence of anxiety and avoidance in an individual (Fraley & Shaver, 1998; Mikulincer & Shaver, 2016).

A large body of research has demonstrated associations between romantic attachment and relationship satisfaction (see Brassard et al., 2017; Feeney, 2016; Mikulincer & Shaver, 2016, for reviews). In most studies, both attachment anxiety and avoidance are related to lower levels of relationship satisfaction in both partners (Banse, 2004; Dandurand & Lafontaine, 2014). Fewer studies were conducted in the pre- and postnatal contexts (Simpson & Rholes, 2018). To our knowledge, Kohn et al. (2012) conducted the only dyadic study of 192 new-parent couples who used actor-partner analyses to examine the actor (one's attachment links with one's satisfaction) and partner (one's attachment links with the partner's satisfaction) associations between attachment and relationship satisfaction. Such analyses are important to measure the inter-influence of both partners' characteristics in interpersonal relationships (Cook & Kenny, 2005). Khon et al.'s results reveal that men's attachment anxiety is related to their own decreased relationship satisfaction during the transition to parenthood, whereas women's attachment anxiety is related to a decreased relationship satisfaction in both partners. In addition, each partner's attachment avoidance is related to their own decreased relationship satisfaction. So far, the literature supports the presence of Actor (individual) and Partner (dyadic) effects of romantic attachment insecurities on the relationship satisfaction of both partners when a child is born or is older (Pedro, Ribeiro, & Shelton, 2015), but very few studies have targeted the relationship satisfaction of both partners adjusting to the recent birth of a first or subsequent children.

To our knowledge, only two studies have focused on the associations between romantic attachment and parental alliance. Bouchard (2014) conducted a longitudinal study of 151 couples showing that attachment anxiety as well as avoidance are related to a weaker parental alliance 6 months after the birth of a first child. Moreover, the women's prenatal insecure attachment style is related to both partners' postnatal lower relationship satisfaction. Another recent longitudinal study conducted with 40 couples showed that the prenatal levels of attachment anxiety among mothers and fathers are related to their own perception of a weaker postnatal parental alliance (Luz et al., 2017). Moreover, mothers' and fathers' attachment avoidance are related to a weaker parental alliance in men. These studies, however, are limited in terms of a lack of diversity in their sample (Bouchard, 2014) and a small sample size (Luz et al., 2017).

In sum, the relevance of romantic attachment to explain relationship satisfaction in the pre- and postnatal contexts is well-established (Doss & Rhoades, 2017; Simpson & Rholes, 2018), but fewer studies have also examined parental alliance (Luz et al., 2017), as proposed by the present study. Other factors may also contribute to relational and parental adjustment following the birth of a child.

Some authors (Egan, Kane, Winton, Eliot, & McEvoy, 2017; Lee, Schoppe-Sullivan, & Kamp Dush, 2012) have recently underlined the role of perfectionism in the couple's postnatal adaptation. Although perfectionism is almost always considered to be a negative trait, Hamachek (1978) has proposed a two-dimensional conceptualization that includes both an adaptive and a maladaptive side. On the one hand, adaptive perfectionism characterizes individuals who are able to set high goals for themselves while feeling satisfaction and a sense of accomplishment when they attain them (Hamachek, 1978). According to a review by Lo and Abbott (2013), adaptive perfectionism positively relates to self-esteem, well-being, and life satisfaction. On the other hand, maladaptive perfectionism is present in individuals who set unrealistic goals for themselves and give themselves little room for error (Hamachek, 1978). They are afraid to disappoint others and have the impression of never doing enough. Maladaptive perfectionism is associated with depressive symptoms, negative affect, and low self-esteem (Frost, Heimberg, Holt, Mattia, & Neubauer, 1993; Rice, Ashby, & Slaney, 1998). This two-dimensional conceptualization allows considering both the positive and negative functions of perfectionism among parenting couples, which is of great interest in the postnatal context where parents may be expected to meet specific social norms about parenting and may fear to be judged by others' parents (Lévesque, Bisson, Charton, & Fernet, 2020).

Previous studies have documented the crucial role of perfectionism when adjusting to the birth of a child, especially in the development of postpartum depression. For example, in their prospective study of 71 new mothers, Egan et al. (2017) reported positive associations between prenatal clinical perfectionism and pre- and postnatal depression. Other studies also reported associations between maladaptive perfectionism and postpartum depression (Gelabert et al., 2012; Oddo-Sommerfeld, Hain, Louwen, & Schermelleh-Engel, 2016). Although these studies targeted only women, their findings support the relevance of exploring perfectionism in the postnatal context.

To our knowledge, no published studies have linked perfectionism with parental alliance and relationship satisfaction based on the adaptive and maladaptive dimensions of Hamachek (1978). Dimitrovsky, Levy-Shiff, and Schattner-Zanany (2002), with a sample of 150 pregnant women, reported that socially prescribed perfectionism (i.e., belief that others hold high standards for oneself, Hewitt, Flett, Turnbull-Donovan, & Mikail, 1991) is related to lower relationship satisfaction. For their part, Lee et al. (2012) showed that self-oriented parental perfectionism (i.e., high expectations towards oneself) is related to higher parental satisfaction (i.e., individual satisfaction as a parent) among 182 new parents (mostly women), but not socially prescribed parental perfectionism. The only exception is the doctoral dissertation of Gagné (2015), which showed a weak negative association between maladaptive perfectionism and both relationship satisfaction and parental alliance among 139 Canadian mothers but did not explore actor-partner associations in both parents. Since the birth of a child is a stressful event where uncertainty and pressure to do things perfectly are particularly salient (Deslauriers, 2017), maladaptive perfectionism could hinder the conjugal and parental relationships given the rigid and defensive tendencies of perfectionists, whereas adaptive perfectionism could play a more positive role by allowing mistakes and flexibility.

OBJECTIVE AND HYPOTHESES

This study aims to explore two factors that can contribute to both partners' adaptation to the birth of a child. It seeks to examine the actor and partner effects of romantic attachment insecurities (anxiety, avoidance) and perfectionism (adaptive, maladaptive) on the relationship satisfaction and parental alliance of both parents of a new child. First, it is expected that mothers' and fathers' attachment insecurities will be negatively related to their own relationship satisfaction (H1: actor effect) and to their partner's relationship satisfaction (H2: partner effect). It is also expected that attachment insecurities would be negatively related to one's own perception of the parental alliance (H3: actor effect), as well as to their partners' parental alliance (H4: partner effect), based on Luz et al.'s (2017) and Bouchard's (2014) studies.

Because little data are available on how perfectionism relates to relationship satisfaction and parental alliance, two exploratory research questions were developed. These questions explore whether the perfectionism of each partner relates to their own relationship satisfaction and

parental alliance (Q1: actor effect) as well as to their partner's relationship satisfaction and parental alliance (Q2: partner effect). Theoretically, it is possible that maladaptive perfectionism will be negatively related to relationship satisfaction and parental alliance, but no published studies have documented these links. Furthermore, no studies have explored the role of adaptive perfectionism, despite it possibly proving relevant to the prenatal context. Because attachment has already been identified as a key ingredient to couples' adjustment, it will be particularly relevant to explore the role of perfectionism beyond the role of attachment. Lastly, based on the very few studies documenting gender differences, whether men and women differed in all associations was examined in an exploratory manner.

METHOD

Participants and Procedure

A sample of 80 French-Canadian couples was recruited as part of a larger cross-sectional study on couple adjustment to the birth of a child. To participate, partners had to: (a) be part of a heterosexual couple; (b) live together; (c) be 18 years or older; and (d) be the biological parents of a child aged 6–24 months at the time of the study. These criteria were established to avoid skewing results because of too different realities of life (e.g., adoption, stigmatization in nonheterosexual couples) (Doss & Rhoades, 2017). The number of recruited couples relied on a statistical power analysis conducted on APIMPower (Ackerman, Ledermann, & Kenny, 2014), which estimated at 73 the number of couples required to detect medium-sized actor and partner effects with an alpha of .05 and a power of 0.80. Women were aged between 20 and 39 ($M = 30.48$, $SD = 3.72$), and men were aged between 21 and 44 ($M = 31.09$, $SD = 4.87$). Couples were married (36.3%) or in common law unions (63.7%), for an average duration of 7.55 years (from 2 to 19 years). The participants received an elementary or high school (women: 12.5%, men: 21.3%), preuniversity (women: 13.8%, men: 20.0%) or university degree (women: 73.8%, men: 58.8%). Their family income was less than CAN\$49,999 (20.0%), between \$50,000 and \$79,999 (28.8%), between \$80,000 and \$109,999 (30.0%), or \$110,000 and above (21.2%). The median family income in the province of reference in 2016 was \$89,610 (Statistics Canada, 2018). The couples had only one child (50.0%), two children (25.0%) or three or more children (25.0%). The average age of the youngest child was 13.01 months ($SD = 5.51$) and the latest pregnancy was planned for most couples (80.0%).

Couples from the province of Québec, Canada were solicited through advertising posters in public places (e.g., pharmacies, birthing centers, hospitals) and virtual invitations (e.g., university mailing lists, Facebook). To participate, each member of the couple had to answer a battery of self-administered online questionnaires via Survey Monkey's secure platform. They could also request a paper version of the questionnaires and return them by mail. To preserve confidentiality, an alphanumeric code was used to pair the couple's data. The project was approved by the research ethics board of the CIUSSS de l'Estrie-CHUS. No compensation was offered.

Measures

Participants answered a total of nine questionnaires, including measures of relationship satisfaction, parental alliance, romantic attachment, and perfectionism. All measures were in French. Internal consistency coefficients obtained in this study are presented in Table 1. A 20-item questionnaire also assessed demographics and key aspects of the last pregnancy (e.g., age, gender, education, income, marital status, relationship length, planning of pregnancy, and age of the youngest child).

Relationship satisfaction. The short version of the Dyadic Adjustment Scale (DAS: Spanier, 1976, abridged by Sabourin, Valois, & Lussier, 2005), measures relationship satisfaction. The DAS-4 has a total of four items, with three items (e.g., "In general, how often do you think that things between you and your partner are going well?") rated on a six-point scale (from "0-All the time" to "5-Never") and a fourth item rated on a seven-point scale (from "0-Extremely unhappy" to "6-Perfectly happy"). The score is determined by the sum of the items, a high score (13 or more) reflecting high relationship satisfaction. The psychometric properties of the DAS-4 are similar to those of the original DAS, with good internal consistency ($\alpha = .84$) and the ability to predict the

Table 1
Descriptive Statistics and Pearson Correlation Coefficients

	1	2	3	4	5	6	7	8	9	10	11	12
1. Relationship satisfaction W	—											
2. Relationship satisfaction M	.57**	—										
3. Parental alliance W	.74**	.37**	—									
4. Parental alliance M	.39**	.65**	.42**	—								
5. Attachment anxiety W	-.35**	-.40**	-.23*	-.30**	—							
6. Attachment avoidance W	-.62**	-.36**	-.56**	-.32**	.26*	—						
7. Attachment anxiety M	-.34**	-.32**	-.32**	-.46**	.23*	.46**	—					
8. Attachment avoidance M	-.41**	-.63**	-.49**	-.61**	.38**	.49**	.25*	—				
9. Adaptive perfectionism W	-.03	-.16	.10	-.04	-.04	-.05	.02	.02	—			
10. Maladaptive perfectionism W	-.41**	-.26*	-.15	-.09	.28*	.28*	.20	.22	.49**	—		
11. Adaptive perfectionism M	.18	.28**	.18	.21	-.22	-.16	-.07	-.31**	.09	-.07	—	
12. Maladaptive perfectionism M	.10	.03	.04	-.08	-.08	-.12	.14	-.04	.11	.01	.47**	—
M	15.59	15.51	4.25	4.33	3.30	2.03	3.05	2.23	3.40	2.49	3.43	2.05
SD	3.46	3.22	.55	.47	1.17	.98	1.27	.88	.82	1.10	.78	.78
Min	6.00	7.00	1.90	3.05	1.10	1.00	1.00	1.00	1.57	1.00	1.57	1.08
Max	21.00	21.00	5.00	5.00	7.00	4.80	5.70	4.10	5.00	5.00	5.00	4.69
Cronbach alpha (α)	.88	.80	.94	.92	.85	.88	.89	.84	.83	.96	.83	.93
Skewness	-1.03	-.52	-1.43	-.46	.30	1.02	.45	.42	-.07	.48	-.30	.99
Kurtosis	.65	-.30	3.26	-.40	-.09	.18	-.80	-.97	-.70	-.86	-.59	.79

Notes. W = Women; M = Men.

* $p < .05$. ** $p < .01$.

divorce of couples (Sabourin et al., 2005). This abridged version focuses only on the satisfaction with the relationship (and not the other dimensions of dyadic adjustment).

Parental alliance. The Parental Alliance Inventory (PAI; Abidin & Brunner, 1995) evaluates positive parental adjustment by quantifying the parents' belief in the existence of a healthy educational and parental alliance within the couple. The score is the average of 20 items (e.g., "My spouse and I are a good team") answered by using a five-point Likert scale. A high score reflects a positive perception of the parental alliance with the partner. The psychometric properties of the PAI are supported by good internal consistency ($\alpha = .97$) and convergent validity with a measure of parental attitudes for fathers ($r = .38$) and mothers ($r = .28$).

Romantic attachment. The Experiences with Close Relationships scale (ECR; Brennan et al., 1998) evaluates the two romantic attachment insecurities: avoidance (18 items, e.g., "I do not feel comfortable opening myself to my partner") and anxiety (18 items, e.g., "I'm worried about being abandoned"). Each of the 36 items is rated using a 7-point Likert scale. The scores are computed by averaging the items relevant to each scale, a high score reflecting the presence of insecurities. According to Lafontaine and Lussier (2003), the internal consistency is adequate for attachment-related anxiety ($\alpha = .86$ for women, $.89$ for men) and avoidance ($\alpha = .89$ for women, $.85$ for men) in the French version of the scale.

Perfectionism. The Perfectionism Questionnaire-Revised (PQ-R, Langlois et al., 2010) assesses adaptive and maladaptive perfectionism with 20 items rated on a 5-point Likert scale. Items are averaged to form adaptive (7 items, $\alpha_s = .80-.88$; e.g., "I always try to do well in all the things I do"), and maladaptive (13 items, $\alpha = .94$; e.g., "No matter how much I do, it's never enough for me") total scores. Higher scores indicate higher levels of perfectionism. The PQ-R was validated with five different samples. Its convergent validity is supported by correlations between a measure of obsessive-compulsive symptoms and maladaptive perfectionism ($r_s = .37-.55$), but not adaptive perfectionism (Langlois et al., 2010).

RESULTS

Preliminary Analyses

Table 1 presents descriptive statistics and Pearson correlations for the study variables. Parental alliance was subjected to a nonlinear transformation (reflect and logarithm) to correct for a negatively skewed distribution. As expected, both partners' attachment insecurities are negatively correlated with both partners' relationship satisfaction, but only men's adaptive perfectionism and women's maladaptive perfectionism are significantly related to their own relationship satisfaction. Women's maladaptive perfectionism is also related to their partners' relationship satisfaction. Men's and women's parental alliance are negatively related to both partners' attachment insecurities. No significant associations are found between perfectionism and parental alliance. Moderate to strong correlations are also observed between the adaptation variables of women and men, which supports the relevance of conducting dyadic analyses.

Comparative (*t*-tests, ANOVAs) and correlational analyses were also conducted to identify potential covariates (e.g., age, income, relationship length, number of children). These analyses reveal that the age of the youngest child is negatively related to women's ($r = -.27, p = .015$) and men's relationship satisfaction ($r = -.23, p = .039$). Moreover, *t*-test analyses reveal that women's ($t = 3.38, p = .003, d = 1.29$) and men's relationship satisfaction ($t = 2.63, p = .010, d = .71$) are higher when the pregnancy was planned than when it was unplanned and that women with one child had higher relationship satisfaction than women with more than one child ($t = 2.04, p = .045, d = .46$). Thus, pregnancy planning (0 = unplanned, 1 = planned), number of children in the family (0 = one child; 1 = more than one child), and the age of the youngest child were used as covariates in the main analyses.

Main Analyses

To test the proposed hypotheses and research questions, two path analyses based on the Actor-Partner Interdependence Model (APIM) were conducted using AMOS 25 software. These analyses integrate both actor effects (e.g., the association between men's perfectionism and their own relationship satisfaction) and partner effects (e.g., the association between men's

perfectionism and their female partners' relationship satisfaction). APIM analyses also address the nonindependence of dyadic data by considering the correlations between both partners' variables (Cook & Kenny, 2005). All predictors (attachment, perfectionism) were examined simultaneously in a dyadic model of relationship satisfaction (see Figure 1), and then parental alliance (see Figure 2). Because dyad members might be considered distinguishable on the basis of their gender, we first conducted a distinguishability test, comparing a model where all actor and partner effects were constrained to be equal (constrained model) to a model where these effects were not constrained to be equal for men and women (nonconstrained model). A nonsignificant chi-square difference test suggests that dyad members are nondistinguishable.

Relationship satisfaction. The first model attempted to predict both partners' relationship satisfaction with each partner's attachment insecurities (anxiety, avoidance) and perfectionism (adaptive, maladaptive), controlling for planned pregnancy, age of the youngest child, and number of children in the family. The dyad was considered nondistinguishable ($\Delta\chi^2(17) = 12.13, p = .792$), suggesting that there were no significant gender differences in the model. As shown in Figure 1 (only significant paths are shown for simplicity), results reveal that in both partners, attachment avoidance, but not anxiety, is negatively related to one's own relationship satisfaction, partially supporting the first hypothesis. The second hypothesis, however, is not supported, as no partner effects of attachment were found for relationship satisfaction. Furthermore, in both partners,

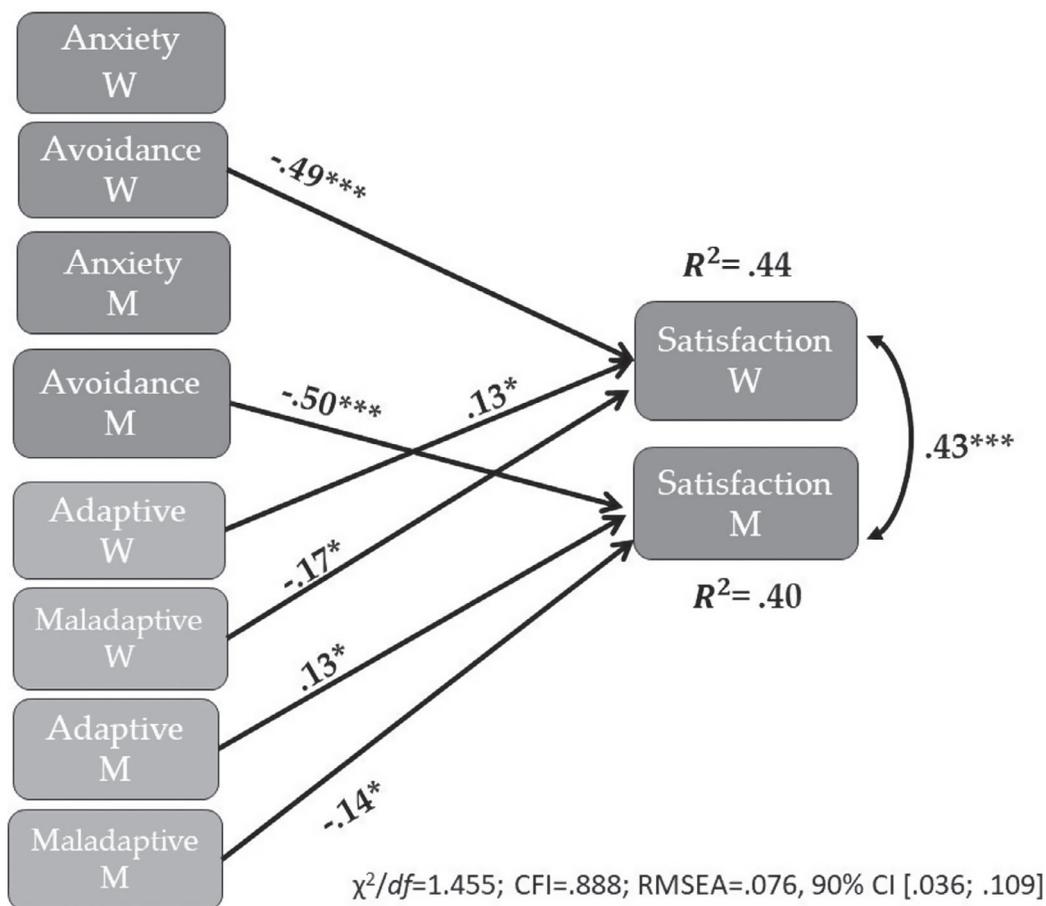


Figure 1. Actor-Partner associations among attachment insecurities, perfectionism, and relationship satisfaction, with planned pregnancy, the latest child's age, and number of children as covariates. Non-significant paths and covariates are not shown for simplicity of the presentation. * $p < .05$; *** $p < .001$.

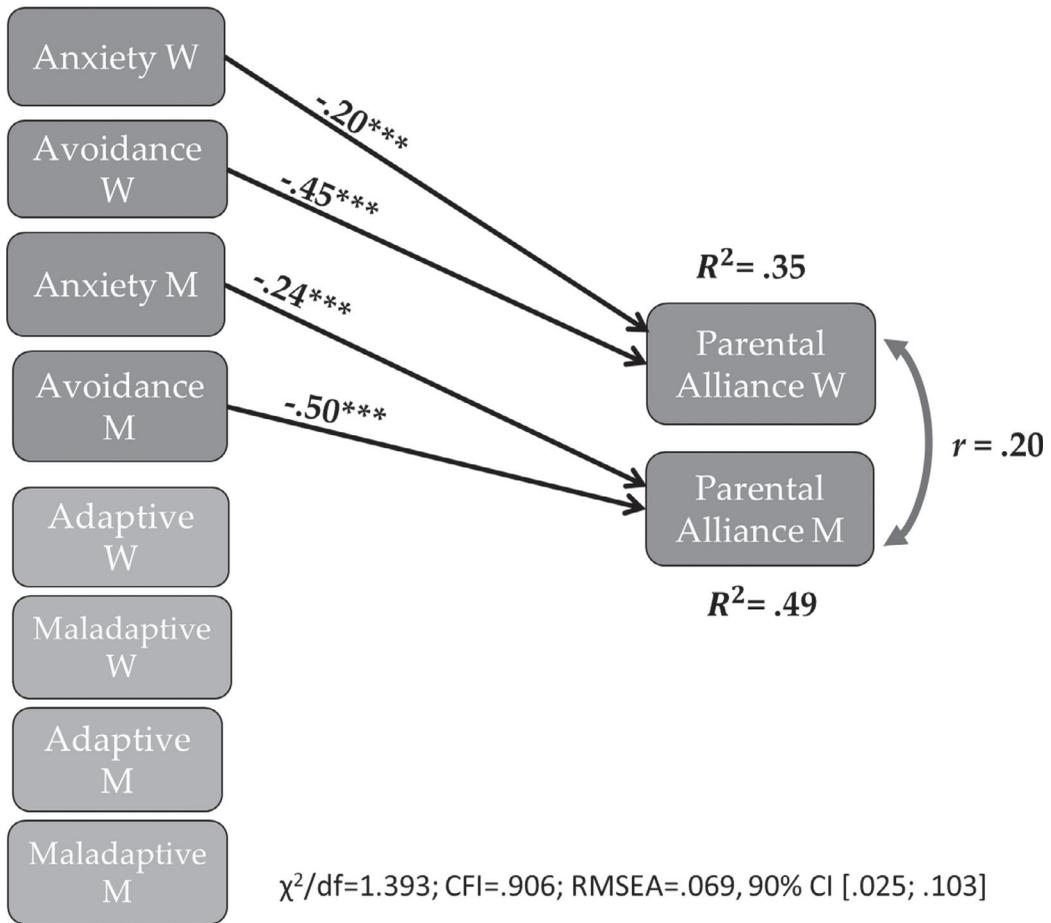


Figure 2. Actor-partner associations among attachment insecurities, perfectionism, and parental alliance, with planned pregnancy, the latest child's age, and number of children as covariates. Non-significant paths and covariates are not shown for simplicity of the presentation. $***p < .001$.

adaptive perfectionism is positively related to one's own relationship satisfaction whereas maladaptive perfectionism in both partners is negatively related to their own relationship satisfaction. These results lend support to the first research question regarding the actor effect of perfectionism, but no partner effects were found to support the second research question.

Parental alliance. The second model attempted to predict both partners' parental alliance with each partner's attachment insecurities (anxiety, avoidance) and perfectionism (adaptive, maladaptive), controlling for planned pregnancy, age of the youngest child, and number of children in the family. The dyad was also considered nondistinguishable ($\Delta\chi^2(17) = 26.36, p = .068$), suggesting that there were no significant gender differences in the model. As shown in Figure 2 (only significant paths are shown for simplicity), attachment anxiety and avoidance in both men and women were negatively related to their own parental alliance, which supported the third hypothesis. The fourth hypothesis, however, is not supported, as no partner effects of attachment were found for parental alliance. Lastly, no significant actor or partner effects of perfectionism on parental alliance were found.

DISCUSSION

This study used a dyadic approach to explore two potential predictors of relational and parental adjustment among both parents of a new child. Our results corroborated previous findings

from studies examining the role of attachment insecurities, which is a widely recognized risk factor in the context of relationship adjustment during the transition to parenthood (see Simpson & Rholes, 2018, for a review) and extended them to couples who have more than one child. In addition, our results revealed innovative findings regarding the role of maladaptive and adaptive perfectionism in both partners' relationship adjustment to the birth of a child, whether or not it is their first one.

Attachment and Couple Adaptation

First, the results highlight the prominent role of attachment-related avoidance, which was related to lower relational satisfaction and parental alliance in both partners. These results are consistent with Kohn et al.'s (2012) finding on marital satisfaction and with Luz et al.'s (2017) findings on parental alliance. Theoretically, attachment avoidance is characterized by trust issues, a difficulty regulating negative emotion and stress, more negative perceptions of conflict, a tendency to withdraw from it, and a tendency to not prioritize the maintenance of intimacy within the couple (Brassard et al., 2017; Mikulincer & Shaver, 2016). Such characteristics, especially in the demanding context of a child's birth, may color the perception of the quality of the relationship (Pedro et al., 2015). Moreover, since the parental alliance requires constant collaboration and communication with the other parent, avoiding intimacy and self-disclosure can undermine the development of a collaborative alliance between parents. These results are consistent with those of Luz et al. (2017), who argue that when at least one member of the couple has attitudes or behaviors that maintain a distance in the relationship, they may undermine the way partners evaluate the quality of their parental alliance.

Attachment anxiety was related to each partner's own perception of a poorer parental alliance. This result is consistent with the works of Bouchard (2014) and Luz et al. (2017). Anxiously attached parents may be particularly sensitive to criticism, given their negative self-image, which may contribute to their own unrealistic expectations of parenting skills and hypervigilance to any signs of disapproval from their partner. The combination of self-doubts, high expectations, and hypervigilance may undermine parents' sense of competence and prompt them to quickly interpret any feedback as a criticism, thus coloring their perception of the collaborative alliance with their partner. Attachment anxiety, however, did not emerge as a significant correlate of relationship satisfaction beyond avoidance and perfectionism, suggesting that these characteristics may play a more important role during this critical period.

Perfectionism and Couple Adaptation

In an original way, the results of this study revealed that perfectionism – but only in its adaptive form—can be an asset for parenting couples in the context of the birth of a new child. It appears that adaptive perfectionistic tendencies—namely rigor, preoccupations for quality and care—would indeed be useful in the couple relationship. In the postnatal context, a fair dose of adaptive perfectionism could denote a desire to do things well. In the light of the adaptive perfectionism definition and our results, it is possible to believe that partners with adaptive perfectionism could have clearer, but more flexible and realistic expectations toward themselves and their partner, which would contribute to each partner's relationship satisfaction. Indeed, a partner with adaptive perfectionism, whose initial expectations are more flexible and who is more tolerant and indulgent, could be more willing to accept that the other partner does things differently, which could benefit the relationship satisfaction. These results are consistent with those of Snell, Overbey, and Brewer (2005) who argued that, in a more general context, partners' satisfaction with parenting is related to having clear expectations, which mirrors the positive aspects of perfectionism. Conversely, a lower level of adaptive perfectionism could be manifested by low expectancies, a lack of consistency, or even negligence that could be seen as “not caring enough” by a partner, and in turn be associated with relationship dissatisfaction.

In addition, each partner's maladaptive perfectionism emerged as a correlate of their own lower relationship satisfaction. A higher level of maladaptive perfectionism is characterized by unachievable goals, rigidity, criticism, and personal blame, which could at some point lead parents to sideline their partner in order to execute all the expected tasks themselves and to feel that they never get help from their partner. As a result, maladaptive perfectionistic partners may

experience relationship dissatisfaction, as they may carry most family responsibilities without attaining their high standards, but also experience frustration and loneliness. Our results, surprisingly, did not suggest any links between perfectionism and parental alliance beyond the role of attachment, which can be understood by the predominant role of attachment in the development and maintenance of a positive parental alliance (Doss & Rhoades, 2017; Simpson & Rholes, 2018).

Strengths, Limitations, and Future Research

This study has strengths, including the use of bi-dimensional conceptualizations of attachment and perfectionism that allowed for a more nuanced analysis of their joint contribution to relationship satisfaction and parental alliance. The participation of both partners also led to conduct dyadic analyses while also considering the experience of men, a reality often overlooked in the scientific literature. Furthermore, recruiting both partners in a couple is known to be more challenging because men will more often decline to participate in a survey. Although a sample of 80 couples is not large, it is a relatively good sample size considering the multiple challenges faced by parents in this particularly stressful and demanding context.

This study also presents limitations. First, the cross-sectional design of the study, without prenatal measures, does not allow to establish causal links. Although theory supports the directionality of the expected links, it may also be that a couple's difficulties in adjusting to the birth of a child may exacerbate their attachment insecurities and perfectionistic tendencies. In addition, self-reported questionnaires are sensitive to desirability and recall bias as well as lack of introspection. All measures, however, showed good psychometric properties. Also, the representativeness of the sample is limited since it is mostly comprised of French-Canadian educated heterosexual Caucasian couples.

To overcome these limitations, future studies should include larger samples to reach the statistical power needed to test more complex models. For example, it would be possible to add mediating or moderating variables of the identified associations, including couple support, communication or conflict, because these variables could explain how attachment insecurity and perfectionism may disturb the conjugal and parental interactions. Moreover, it would be important to replicate the study in a larger and more representative sample before concluding that there are no partner effects or gender differences. To improve representativeness, it would also be relevant to recruit same-sex partners and couples from cultural communities. Prospective longitudinal studies would make it possible to better understand the adjustment trajectories of the parents, whereas daily diaries studies could help understand how partners adjust to their parenting role on a daily basis.

Implications

This study contributed to the identification of perfectionism as a relevant factor in the postnatal period and reiterated the key role of attachment—especially avoidance—in the relationship satisfaction and parental alliance of both parents following the birth of a new child, whether it is a first child or a subsequent one. Our original findings emphasized how adaptive perfectionism could contribute to a better couple adaptation—possibly through rigor, quality, and consistence in childcare—while maladaptive perfectionism could be deleterious to the partners' adaptation—possibly through criticism or defensiveness led by unrealistic expectations. This study relied on attachment theory, an empirically validated theoretical framework particularly relevant in the pre- and postnatal contexts (Simpson & Rholes, 2018), but also considered another personal vulnerability that each partner may bring into the parental relationship, namely perfectionism. It is anticipated that this study will be a first step to broaden the conceptual framework of the practitioners working with parental couples so that they can consider the role of perfectionism (particularly the maladaptive variety) and attachment insecurities (particularly avoidant attachment) in their interventions. By helping parents distinguish adaptive perfectionism (i.e. high standards, but with flexibility and room for error) from its maladaptive form (unattainable standards, rigidity, and self-criticism), better support could be provided to parents to foster more harmonious conjugal, parental, and family experiences.

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